

# Alabama Department of Public Health- ADPH

Office of Emergency Medical Services- OEMS



## EMR Course Standards

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# **Alabama Department of Public Health- ADPH**

Office of Emergency Medical Services- OEMS

EMR Course Standards

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# **EMR Course Standards**

## **Introduction**

An EMR course may be taught outside of the traditional college setting if the course sponsor receives approval from the ADPH Office of EMS (OEMS). The approval process is based on national guidelines to ensure that successful EMR course completion will allow the student to take the National Registry EMR exam with a reasonable expectation of passing.

The approval process for non-collegiate course sponsors consists of obtaining this approval process document and completing all the requirements therein. Once all the requirements have been completed, an inspection will be performed by the Regional agency. Upon successful completion of application, the Regional agency will notify the OEMS for final course approval.

The EMR Course Standards establishes a process which must be followed, before and after course approval, in order for the course candidates to sit for the National Registry exam. Failure by the course coordinator to complete all the requirements set forth by these standards will place the course in review and subject to being deemed invalid and ineligible for National Registry testing.

# I. EMR Course Components

The following standards define the minimum components necessary to conduct an Emergency Medical Responder (EMR) education course in Alabama:

## A. Education Program Specifics

1. Any Institution desiring approval as an education program for EMR shall be an institution approved by the Alabama Community College System (ACCS), the Alabama Department of Public Health, Office of Emergency Medical Services (OEMS), and or the Alabama EMS Regional Office.
2. All EMS education programs shall utilize a program medical director who is licensed by the Medical Licensure Commission of Alabama, is a local member of the medical community, and is experienced and knowledgeable of the emergency care of the acutely ill and traumatized patients.

## B. Course Approval Requirements

All courses approved by the OEMS/Regional EMS Office will have the following:

1. An EMR course will have a designated Course Coordinator. The primary instructor may serve as the Course Coordinator. Course Coordinator Responsibilities:
  - a. Serve as the primary contact for the OEMS and Regional EMS Office,
  - b. Represent the sponsoring entity and provide all administrative oversight,
  - c. Provide the educational resources necessary for teaching all of the EMR course objectives,
  - d. Ensure compliance with all administrative and educational standards listed in this document,
  - e. Advance scheduling and prior orientation of all other instructors and guest lecturers to the knowledge and skills objectives of the session being taught,
  - f. Schedule and coordinate all of the educational components,
  - g. Develop, maintain and ensure all course policies and procedures are followed, to include:
    - i. Pass/Fail criteria
    - ii. Skill proficiency, and
    - iii. Attendance requirements.
  - h. Maintenance of student files documenting individual progress and eligibility for enrollment, completion and exams,
  - i. Complete, record, submit, and maintain all course documentation described in this document, and
  - j. Work with Regional EMS Office to ensure that all data necessary for registration of the course and students with NREMT is available.
2. EMR course will have a designated primary instructor and sufficient secondary or skill instructors approved at the level of course conducted to ensure no greater than a six to one (6:1) student to instructor ratio for psychomotor portions of the course.
  - a. Primary instructor (PI) responsibilities include:
    - i. Delivery of appropriate classroom and skills lessons,
    - ii. Providing continuity of qualified and experienced instruction by providing a minimum of 50% of classroom content,
    - iii. Providing physical oversight for 50% of all skills lessons and practice sessions,
    - iv. Reviewing and monitoring of all secondary instructors and guest lecturers to ensure compliance with the course objectives,

## **I. EMR Course Components (continued)**

- v. Orient all guest lecturers, clinical preceptors and field internship preceptors to the specific course objectives,
- vi. Orient all students to the ADPH OEMS licensing procedures and patient care protocols,
- vii. Evaluation of student performance and competency during didactic education, clinical rotations and field internships, and
- viii. Documentation of student attendance, performance and competency.
- ix. Meeting the primary instructor qualifications.

### **b. Secondary Instructor responsibilities include:**

- i. Assisting PI with training of students in skill objectives,
- ii. Assisting PI with valuation of student performance and competency,
- iii. Assisting PI with documentation of student performance and competency, and
- iv. Assisting the PI as directed.
- v. Meeting the secondary instructor qualifications.

### **3. EMR course will have medical direction oversight.**

- a) Physician must meet offline medical director criteria
- b) Physician provides medical oversight for all medical aspects of instruction

### **4. Equipment**

Education programs will have access to all equipment and educational aids necessary to teach, demonstrate, and practice all objectives of the national EMT curricula.

### **5. Facilities**

Classrooms used for the course are required to be conducive to learning as defined in the curriculum.

## **C. Curriculum**

- 1. Each educational program shall use the curriculum established by the National Emergency Medical Services Education Standards and shall conform to other stipulations as set forth in the 420-2-1 rules.
- 2. Each educational program shall add to its curriculum any new drugs or procedures approved by the State Board of Health, after notice is given by the OEMS to do so.
- 3. Each educational program is subject to announced and unannounced visits by personnel of the OEMS and or Alabama EMS Regional Office to check adherence to lesson plans, self-study documentation, and training objectives. If the educational program is found to be out of compliance, it may be placed on probationary accreditation status for a period of time, or the OEMS/Alabama EMS Regional Office may withdraw an education program's approval if the program is found to not be in compliance with the 420-2-1 rules, or if the program does not maintain a 70% certification examination pass rate over a three year rotating basis.

## **II. EMR Standards and Procedures**

### **I. EMR Instructor Requirements**

#### **1. Internship Preceptor**

- a. High school diploma or General Equivalency Diploma (GED)
- b. Current Alabama license at the level being supervised, or a current Alabama license as a Registered Nurse (RN)
- c. Be familiar with prehospital patient care
- d. Supervise students in the internship/field setting and accurately document their performance.

#### **2. Course Instructor**

- a. High school diploma or General Equivalency Diploma (GED)
- b. Current Alabama license as an EMT or above, or currently licensed in Alabama as a physician.
- c. Certification from an EMS instructor course approved by the OEMS.
  - i. Level 1 National Association of Emergency Medical Services Educators (NAEMSE)
  - ii. Department of Transportation (DOT) instructor course
  - iii. Alabama Fire College instructor course
  - iv. Department of Defense (DOD) instructor course
  - v. AHA Core Instructor Course
- d. Minimum of three (3) years of prehospital field experience as a licensed practitioner at or above the level being taught.
- e. Current CPR certification.

### III. EMR Course Administrative Requirements

To receive EMR course approval from the OEMS, all EMR courses must be compliant with the administrative requirements described in this section. The course coordinator, primary instructor, and assistant instructor(s) share responsibility for ensuring full compliance with these requirements.

- A. All EMR courses require application and course approval prior to conducting the education.
  - 1. EMR Course application packages are available from the regional EMS office.
  - 2. EMR Course approval process is conducted by the regional EMS office.
  - 3. EMR Course application packages are approved by the ADPH OEMS.
  - 4. EMR Course approval number is provided by the ADPH OEMS through the regional EMS office.
  - 5. EMR Course approval number will be referenced on all course forms, documents, and correspondence.
- B. The EMR Course Coordinator is responsible for submission of all EMR course approval documentation to the regional EMS agency.
- C. The EMR course approval process should begin at least five (5) weeks prior to the first day of class. This will allow enough time to submit the required documents, complete a site evaluation, receive certification, and receive final approval from ADPH. If all documentation is completed and ready for submission, a shorter approval process may be granted by OEMS.
- D. Initial EMR course application paperwork (A-Forms) must be received by the regional EMS office five (5) weeks prior to the first day of class unless a shorter time has been approved. The initial EMR course application paperwork due:
  - 1. Verification Flow Sheet (Part 1)- provides check list for all materials due and sets date for course.
  - 2. EMR Course Application (Form A1)- provides the regional EMS office and OEMST with course, instructor, clinical and field EMS sites (if applicable), and course Medical Director demographics.
  - 3. EMR Course Instructor Information (Form A2)- provides instructor designation and qualifications. A separate form must be completed for each lead and secondary instructor(s), each skills practice instructor, and CPR instructor(s).
  - 4. EMR Course Schedule (Form A3)- provides the regional EMS office and OEMST with instructor assignments and a detailed description of how the national scope material for EMR will be covered throughout the course. The schedule should show material to be covered each class. All classroom hours and skills sessions must be listed. Instructions and an example are provided on Form A3 of this standard.
  - 5. EMR Course Equipment List (Form A4)- describes the minimal equipment necessary for the course will be available. The list is based on Alabama State EMS Rules and the National Scope of Practice. Any equipment, which will be obtained/borrowed/leased from any agency/person other than the sponsor, should be listed in a letter of agreement from each agency and must be attached.
  - 6. EMR students must receive a copy of the EMR course guidelines, attendance policy, dress code, course objectives, grading method and scale, and instructor contact information. A copy of this material should be provided in the Initial EMR course application. (Verification Flow Sheet- Part 1)

### III. EMR Course Administrative Requirements (continued)

7. At a minimum, National Registry skills sheets must be used for verifying EMR skills. A copy of these sheets, along with any other skills sheets that might be used, should be provided in the Initial EMR course application.
- E. A detailed preliminary EMR course student roster is due one week prior to the first course date. Verification Flow Sheet (Part 2)- provides check list for all of the required roster information.
1. Roster must have EMR course sponsoring agency, course coordinator, primary instructor, course location, and course starting and ending dates listed in header.
  2. Roster must show student first and last name, middle initial, address, and phone number.
  3. A place to write the date received by regional EMS office and the approved course number should be provided on the roster.
- F. On first course date- EMR students must receive a copy of the EMR course guidelines, attendance policy, dress code, course objectives, grading method and scale, and instructor contact information. (A copy of this material should have been provided in the Initial EMR course application.)
- G. On first course date- EMR students must receive a Student Application Packet (B-Forms). Students should be given adequate time to complete forms however all B-Forms are due at the regional EMS office within ten (10) business days of the first course date.
1. EMR Student Registration (Form B1)- provides the regional EMS office and OEMS with student information and demographics as well as assurance that course fees, course accreditation, college credit, and EMR eligibility has been discussed. A copy of provided college information sheets should be attached to the B1 form.
  2. Confidentiality Briefing Statement (Form B2)- provides the regional EMS office and OEMS with written acknowledgment from the student that he or she understands and agrees to the confidentiality requirements for EMR students.
  3. Release of Liability (Form B3)- provides the regional EMS office and OEMS with written acknowledgment from the student that he or she understands the risks of exposure to blood and/or other potentially infectious materials and that these risks include potentially lethal viruses such as hepatitis and HIV. This form is required even if no clinical or EMS field rotations are scheduled.
- H. Changes to an approved course must meet ADPH OEMS standards and require written notification to the regional EMS office within five (5) days. Additional documentation may be required. Changes that require notification are listed below. Contact regional EMS office if other changes arise.
1. Course Coordinator, any instructor, physician
  2. Course beginning or ending dates, classroom dates, classroom hours



### III. EMR Course Administrative Requirements (continued)

I. Instructor Requirements are defined below and are listed on the Instructor Information form A2:

1. EMR Course Primary Instructor
  - a. Alabama licensed EMSP at EMT level or above
  - b. Must have an instructor certification
  - c. Must have a minimum of three years field experience.
2. EMR Course Secondary Instructor
  - a. Alabama licensed EMSP at EMT level or above
  - b. Must have an instructor certification
  - c. Must have a minimum of three years field experience.
3. Skills Assistant or other Instructor
  - a. Alabama EMSP
  - b. Nurse with pre-hospital field experience
4. CPR Instructor  
Certified at Healthcare Provider level by AHA, ASHI, American Red Cross, or equivalent.
5. Special Presenter or Speaker
  - a. Recognized as having superior skill and/or knowledge of the presented material.
  - b. Lead or secondary instructor must be in attendance during presentation or skills.

J. Upon completion of the EMR course, the course coordinator will provide:

1. A detailed final EMR course student roster provided to regional EMS office within ten (10) days of last course date, and at least every two weeks until all student dispositions are declared PASS or FAIL (or other final disposition):
  - a. Roster must show EMR course sponsor, course coordinator, primary instructor, course location, and course starting and ending dates listed in header.
  - b. All students listed on the preliminary EMR course roster must also be listed on the final EMR course roster with end of course disposition appropriately noted.
  - c. The final roster must provide the following information for each student:
    - 1) First and last name with middle initial.
    - 2) Social Security Number (for National Registry)
    - 3) EMR Course disposition (Pass, Fail, Pending, Withdraw, Dismissed)
    - 4) National Registry Skills verification (Pass, Fail, Pending, Withdraw, Dismissed)
    - 5) A place to write the date received by regional EMS office and the approved course number should be provided on the roster.
2. A course completion document issued to all students who successfully complete the educational program. The course completion document will include the following:
  - a. Type of course (EMR),
  - b. Name of the sponsoring entity,
  - c. Location of EMR course
  - d. The full legal name of the student,
  - e. Course completion date,
  - f. The ADPH OEMS EMR course approval number,
  - g. Printed name and signature of the course coordinator,
  - h. Printed name and signature of the primary instructor.
3. Completed National Registry skills verification sheets.

### III. EMR Course Administrative Requirements (continued)

- K. The regional EMS agency will maintain complete official course documentation in paper format for five (5) years from course completion, which includes:
1. Original course application as submitted to the regional EMS office,
  2. Course approval issued by the ADPH OEMS
  3. Documentation of student compliance with all required prerequisites for the level of the course
  4. EMR course preliminary roster as submitted to the regional EMS office,
  5. Final EMR course schedule to include:
    - a. Documentation of canceled, modified or added classes, and
    - b. Dates, times, instructor and location changes.
  6. Class attendance roster for each session, to include:
    - a. The dates individual classes were held,
    - b. Lesson number(s),
    - c. Signatures of attending students, and Instructor(s),
  7. List of any make-up session(s) to include:
    - a. Session date(s),
    - b. Lesson plan objectives,
    - c. Verification of the accomplishment of objective(s) for each student participating, and
    - d. Instructor(s) signatures.
  8. Documentation of remediation conducted for any student who, by written examination or skill evaluation, failed to demonstrate achievement of an objective during regularly scheduled class time, to include:
    - a. The objective(s) being remediated,
    - b. Date of session(s),
    - c. An evaluation demonstrating achievement of the objective(s),
    - d. Student(s) and instructor(s) signature.
  9. Individual skill evaluation(s) that document:
    - a. Student performance for each specific psychomotor objective contained in the curriculum,
    - b. Pass/fail criteria,
    - c. Student name and Individual score, and
    - d. Date administered.
  10. Examinations, quizzes or evaluations administered during the course to include:
    - a. Student name,
    - b. Individual score,
    - c. Pass/fail criteria, and
    - d. Date administered.
  11. Documentation recording the individual reasons that student(s) failed to complete the course of study.
  12. Documentation should be provided in the order it is listed in this section.
  13. If the sponsoring agency wishes to keep records, providing the regional EMS agency a paper copy of the documentation paperwork listed in this section is acceptable.

## IV. EMR Course Quality Monitoring

The regional EMS office will monitor and evaluate approved EMR courses for compliance with ADPH OEMS EMR course standards. To ensure compliance, the regional EMS office may audit any or all course records at any time.

- A. Audits/evaluations may include but are not limited to the following:
  - 1. Sponsoring entity compliance with the educational standards,
  - 2. Course coordinator compliance with educational standards,
  - 3. Instructor performance evaluated by:
    - a. Students, using an evaluation tool provided by the ADPH OEMS or regional EMS office, and/or
    - b. Review of student performance on National Registry examinations or other course examinations.
  - 4. Course physician compliance with educational standards,
  - 5. Inspection of the educational facility for compliance with educational standards,
  - 6. Inspection of educational equipment and training aids for suitability to the curricula, and
  - 7. A formal audit of any or all records for compliance with the educational standards.
- B. The regional EMS office may make summaries of education program findings, including National Registry testing outcomes, available to licensed EMS services, organizations sponsoring EMS educational programs, and individuals interested in historical course performance when considering attendance.
- C. The regional EMS office is authorized to enter the training facility at reasonable times, for the purpose of assuring that the training program meets or exceeds the provisions of rule and standards.
- D. Planned Site Visits:
  - 1. Required for:
    - a. A new sponsoring entity, or a new course location, and
    - b. All sponsoring entities once each year
  - 2. Consists of assuring compliance with standards for:
    - a. Facilities, Equipment
    - b. Curriculum, Processes
    - c. Physician, Instructors, Course coordinator
- E. Unplanned Site Visits:
  - 1. Due to complaints or compliance questions, and
  - 2. Consists of assuring compliance with standards for:
    - a. Facilities, Equipment
    - b. Curriculum, Processes
    - c. Instructors
- F. The regional EMS office must be able to attest to course completion, skills competency, and CPR competency for National Registry acceptance. ***The following information is required prior to any students receiving approval for National Registry testing:***
  - 1. Copies of all required EMR course documents, paperwork, and rosters.
  - 2. Copies of all student National Registry Skills verification forms
    - a. Each skills sheet must be timed, scored, and signed by evaluator
    - b. There must be a complete set of skills sheets for each student
    - c. Failures must be explained and documented on skills sheet
  - 3. Copies of EMR course completion certificates and CPR cards for each student.

# EMR Course Application

(OEMS Course Approval Number: \_\_\_\_\_)

Form A1

Training Program Name: \_\_\_\_\_ Course start date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Course Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is the training program a for-profit business? ☐ No ☐ Yes, name: \_\_\_\_\_

Type of Sponsorship: ☐ Accredited educational institution, or  
(Check One) ☐ Public safety organization, or  
☐ Accredited hospital, clinic, or medical center, or  
☐ Other State approved institution or organization

Identify type and amount of all fees associated with EMR course:

☐ Tuition, amount: \_\_\_\_\_ Required? ☐ Yes ☐ No, but recommended

☐ Book(s) and/or workbook(s), total amount: \_\_\_\_\_ Required? ☐ Yes ☐ No, but recommended

☐ Supplies, total amount: \_\_\_\_\_ Required? ☐ Yes ☐ No, but recommended (Provide supply list on line below)

☐ Uniform, amount: \_\_\_\_\_ Required? ☐ Yes ☐ No, but recommended

☐ Other amount: \_\_\_\_\_ Required? ☐ Yes ☐ No, but recommended (Provide list on line below)

Total Required Cost for EMR course (per student): \_\_\_\_\_

Does program have a business license as required by law? ☐ Yes (Attach copy of required license(s)) ☐ No ☐ N/A

Is Training Program Accredited for teaching EMR classes? ☐ Yes (Attach Accreditation Documentation) ☐ No

Will completion of EMR class provide transferrable college credit? ☐ Yes ☐ No ☐ Unknown

Will completion of EMR class allow student to attend EMT- Advanced at an accredited college? ☐ Yes ☐ No ☐ Unknown

☐ *Student candidates have a right to be informed about the Training Program's standing in the community. Student candidates must receive a written explanation of the training program's accreditation and college credit information prior to the beginning of the course. Information must include, as a minimum, explanation of current training program accreditation status, eligibility of college credit and contact information for two (2) nearby accredited college EMR programs. A copy of the information provided to the student candidate must be attached to this form.* ☐ **PAPERWORK VERIFIED (ATTACHED TO A1)**

☐ *HIPPA education must be provided to each student by the training program. Training should include a confidentiality form, for and signed by each student, acknowledging that the student understands current HIPPA rules.* ☐ **FORM VERIFIED (ATTACHED TO A1)**

(Form Continues- See Reverse Side)

# EMR Course Application

## Form A1 Reverse

Course Location (Facility Name): \_\_\_\_\_

Course Location (Address): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Room Number: \_\_\_\_\_

Course Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Each instructor/skills assistant/coordinator must complete a separate EMR Course Instructor Information Form A2.  
Medical Director must meet Alabama Offline Medical Director Criteria.**

Medical Director \_\_\_\_\_ MCP ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Hours To Teach: \_\_\_\_\_ (4)

Date Course Begins: \_\_\_\_\_ Date Course Ends: \_\_\_\_\_

Days and Times Class Meetings: \_\_\_\_\_

Text Book Required (Name, Edition, Author): \_\_\_\_\_

Workbook Required (Name, Edition, Author): \_\_\_\_\_ ☐ No Workbook

Total Hours Classroom: \_\_\_\_\_ (45), Skills Verification hours: \_\_\_\_\_ (16),

Registration Form A1 must be submitted to AERO five (5) weeks prior to the course start date.

PROCESS DATES (For AERO Use)

Received \_\_\_\_\_ Date Approved \_\_\_\_\_ To ADPH OEMS&T \_\_\_\_\_

**EMR Instructor Information**

(OEMS Course Approval Number: \_\_\_\_\_)

**Form A2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ **Primary Instructor**- Must be Alabama licensed EMSP at EMT level or higher, have an instructor certification, and have a minimum of five years field experience.

☐ **Secondary Instructor**- Must be Alabama licensed EMSP at EMT or higher level, have an instructor certification, and have a minimum of three years field experience.

☐ **CPR Instructor**- Certified at Healthcare Provider level by AHA, ASHI, American Red Cross, or equivalent.

☐ **Skills Assistant**    ☐ **Clinical Coordinator**    ☐ **Presenter/Speaker or Other Instructor**: \_\_\_\_\_

**Alabama Healthcare Certification Level** (Must provide a copy of the certificate):

☐ Paramedic    ☐ Intermediate EMT    ☐ Advanced EMT    ☐ EMT    ☐ EMR    ☐ RN    License No. \_\_\_\_\_

**Primary and Secondary Instructor Certification** (Must provide a copy of the certificate):

☐ DOD    ☐ DOT    ☐ Alabama Fire College    ☐ NAEMSE    ☐ Other: \_\_\_\_\_

**Education Certifications** (Must provide copies of certificates):

☐ ACLS    ☐ ITLS    ☐ PALS    ☐ PHTLS    ☐ AMLS    ☐ OTHERS: \_\_\_\_\_

**Pre-Hospital Care (Field) Experience**

Agency	City	Contact Number	Years On Ambulance	Years Responding

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Training Program Affiliation: \_\_\_\_\_

**Required documents attached:**    ☐ Healthcare Certification Level    ☐ Instructor Certification    ☐ Education Certifications

**EVERY PARTICIPATING INSTRUCTOR AND SKILLS ASSISTANT MUST SUBMIT FORM A2**

## EMR Course Proposed Schedule

## Form A3

The regional EMS office and OEMS must to be able to verify that the course is well organized and that the minimum required material is provided.

- ☐ ***The EMR course proposed schedule must provide the EMR Program name, course coordinator name, and date of course.***
- ☐ ***The EMR course proposed schedule must show the class numbers, dates and times of instruction, presentation topics, homework and exam planning, and instructor assignments.***
- ☐ ***The EMR course proposed schedule must provide a place for providing the course approval number once it is assigned.***

All classroom and skill session hours must be listed.

### Sample Classroom Schedule Layout

Sally's EMR Program  
Course Coordinator: Sally Mae  
January 1- March 21, 2014

Class	Date	Hours	Presentation Topics	Homework	Exam	Instructor
1	Jan 1, 2014	5p-10p	Introduction to EMS System	Read CH 1	None	Smith
2	Jan 3, 2014	5p-10p	Chapter 1- EMR Safety and Wellness	Read CH 2	CH 1	Smith
3	Jan 4, 2014	5p-10p	Chapter 2- Vital Signs Skills- Vital Signs	Read CH 3	None	Smith Varnedoe

(Approved Course Number: \_\_\_\_\_)

OEMS Course Approval Number: \_\_\_\_\_

**EMR EQUIPMENT LIST**

(OEMS Course Approval Number: \_\_\_\_\_)

**Form A4**

The following equipment is the minimum required (available) for an EMR class size of twelve (12) or less students, and is considered one (1) set of equipment. For a class size of 13-24, two (2) sets of equipment are the required minimum. For a class size of 25-36, three (3) sets of equipment are the required minimum. The equipment does not need to be owned by the course instructors.

Minimum Number	Item
<b>CPR MANIKINS, AIRWAYS &amp; AIRWAY TRAINERS</b>	
1	CPR Manikin – Adult
1	CPR Manikins – Adult
2	CPR Manikins – Infant
1	Airway Trainer – Adult
<b>OXYGEN EQUIPMENT / ADJUNCTS</b>	
1	Portable Oxygen Tank
1	Oxygen Tank Regulator
1	Oxygen Tank Wrench
1	Nasal Cannula – Adult
1	Non-Rebreather Face Mask – Adult
1	Non-Rebreather Face Mask – Child
2	Bag-Valve-Mask unit with Reservoir - Adult
2	Bag-Valve-Mask unit with Reservoir - Infant
1	Portable Suction Unit
1	Suction Catheter
1	OPA (Oral Airways) – Set of assorted sizes
<b>SPLINT MATERIALS</b>	
1	Traction Splint
2	36" Padded Board Splints or Equivalent
2	15" Padded Board Splints or Equivalent
1	Long Spine Board with straps
1	Head Immobilization Device for Long Spine Board
1	Vest-Type (Half) Spine Immobilization Device
2	Cervical Spine Immobilization Collars (Rigid Type)
2	Blankets ( <i>Wash after each course</i> )
1	Pillow
12	Triangular Bandages ( <i>Wash after each course</i> )
<b>BANDAGE MATERIALS</b>	
<i>These are disposable supplies and should be replaced with each course</i>	
1	Aluminum Foil / Vaseline Gauze
12	Roller – Type Gauze
24	4 x 4 Dressings
12	5 x 9 or larger ABD (Abdominal) Pads
<b>MISC. EQUIPMENT</b>	
1	A.E.D. Trainer ( <i>Automatic External Defibrillator</i> )
1	Elevating Stretcher
4	Blood Pressure Cuff
4	Regular Stethoscope



**EMR EQUIPMENT LIST**

(OEMS Course Approval Number: \_\_\_\_\_)

**Form A4**

The following equipment is the minimum required (available) for an EMR class size of twelve (12) or less students, and is considered one (1) set of equipment. For a class size of 13-24, two (2) sets of equipment are the required minimum. For a class size of 25-36, three (3) sets of equipment are the required minimum. The equipment does not need to be owned by the course instructors.

Minimum Number	Item
<b>CPR MANIKINS, AIRWAYS &amp; AIRWAY TRAINERS</b>	
	CPR Manikin – Adult
	CPR Manikins – Adult
	CPR Manikins – Infant
	Airway Trainer – Adult
<b>OXYGEN EQUIPMENT / ADJUNCTS</b>	
	Portable Oxygen Tank
	Oxygen Tank Regulator
	Oxygen Tank Wrench
	Nasal Cannula – Adult
	Non-Rebreather Face Mask – Adult
	Non-Rebreather Face Mask – Child
	Bag-Valve-Mask unit with Reservoir - Adult
	Bag-Valve-Mask unit with Reservoir - Infant
	Portable Suction Unit
	Suction Catheter
	OPA (Oral Airways) – Set of assorted sizes
<b>SPLINT MATERIALS</b>	
	Traction Splint
	36" Padded Board Splints or Equivalent
	15" Padded Board Splints or Equivalent
	Long Spine Board with straps
	Head Immobilization Device for Long Spine Board
	Vest-Type (Half) Spine Immobilization Device
	Cervical Spine Immobilization Collars (Rigid Type)
	Blankets ( <i>Wash after each course</i> )
	Pillow
	Triangular Bandages ( <i>Wash after each course</i> )
<b>BANDAGE MATERIALS</b>	
<i>These are disposable supplies and should be replaced with each course</i>	
	Aluminum Foil / Vaseline Gauze
	Roller – Type Gauze
	4 x 4 Dressings
	5 x 9 or larger ABD (Abdominal) Pads
<b>MISC. EQUIPMENT</b>	
	A.E.D. Trainer ( <i>Automatic External Defibrillator</i> )
	Elevating Stretcher
	Blood Pressure Cuff
	Regular Stethoscope



***Student Registration must be filled out entirely; incomplete forms will not be accepted***

**PRINT ALL INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Circle highest Completed Education: 9 10 11 12 13 14 15 16 17 18 Degree: \_\_\_\_\_ GED: \_\_\_\_\_

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been convicted of a DUI? ☐ Yes ☐ No

Are you now or have you ever been addicted to controlled substance or intoxicating liquors? ☐ Yes ☐ No

Have you ever been treated for mental illness? ☐ Yes ☐ No

Is your eyesight impaired in any manner? ☐ Yes ☐ No If yes, is it corrected? ☐ Yes ☐ No

Have you ever had any type of professional license revoked, suspended or surrendered? ☐ Yes ☐ No

If yes, provide a written explanation.

\_\_\_\_\_

\_\_\_\_\_

Location of EMR Course: \_\_\_\_\_

☐ I have received an explanation of the total cost for my EMR course. Total cost of EMR course: \_\_\_\_\_

☐ I have received a written explanation of the training program's accreditation and college credit information prior to the beginning of the course. Information included explanation of my current training program accreditation status, eligibility of college credit, eligibility to attend EMT- Advanced courses, and contact information for two (2) nearby accredited college EMR programs.

☐ I understand I must receive HIPPA education from my EMR course and sign a confidentiality statement.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OEMS Course Approval Number: \_\_\_\_\_

**CONFIDENTIALITY STATEMENT AND AGREEMENT**

I understand that as a participant EMR student I may have access to, or witness first hand, patient care information that is confidential. This information may include a patient's identity, current injury or illness, and past medical history. Understanding that the confidentiality of this information is protected by law, I shall:

1. Respect and maintain the confidentiality of all patient care information, discussions, deliberations, records, or other information connected with my participation in the EMR education Program.
2. Make no voluntary disclosures regarding any patient care information, discussions, deliberations, records, or other information generated in connection with my participation in the EMR education program, except to those individuals who are authorized to receive it.

***I understand that any breach of confidentiality is detrimental to the EMR program and to its mission of EMR education, including the field training hours at hospitals and EMS providers, and further acknowledge that any breach of confidentiality may result legal proceedings for the individuals involved.***

***Furthermore, I understand that any breach of confidentiality may also be detrimental to the patient and the patient's family.***

Examples of unacceptable disclosures include, but are not limited to:

- ✗ Discussion of any patient information with anyone not directly involved with that patient and patient care.
- ✗ Discussion of an event which might identify a patient, even though the patient's name is not disclosed.
- ✗ Discussion of injuries or medical history in such a manner that the information could be associated with the patient.

Having read the above statement, I \_\_\_\_\_ (print legal name)  
hereby certify that I have received a confidentiality briefing (HIPPA) by the instructor teaching my EMR class.

I fully understand the sensitive and confidential nature of the data and information received by myself from patients, practitioners and providers of health care, as a result of patient care functions. I shall not knowingly or willingly communicate, deliver, or transmit in any manner, patient information to any unauthorized person or agency.

I further understand that a breach of this policy can result in my immediate dismissal from the EMR Course and that I could also face legal consequences.

Name of EMR Course (or location): \_\_\_\_\_

EMR Course Primary Instructor: \_\_\_\_\_

Dates of EMR Course: First Class- \_\_\_\_\_ Last Class- \_\_\_\_\_

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (PRINT)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

OEMS Course Approval Number: \_\_\_\_\_

## Release of Liability/Indemnification and Hepatitis-B Agreement

## Form B3

I understand that due to my educational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I, the undersigned, hereby knowingly and voluntarily waive, release and discharge the EMR Program and its officers, employees, and agents (hereafter collectively called the School) from any and all claims for damages for personal injury, including death, and damages to property. This release is intended by me to discharge in advance the School from and against any and all liability arising out of or connected in any way with my enrollment in the EMR course through the School even though that liability may arise out of negligence or carelessness on the part of the School.

I understand that as part of my participation in the EMR field classes I may perform, participate in, or observe a variety of activities which can be dangerous. I further understand that in response to emergencies and rendering emergency life saving measures serious accidents can occasionally occur. I acknowledge that individuals engaged in or performing lifesaving activities and functions occasionally sustain personal injuries, such as, but not limited to lacerations, sprains, and possible exposure to and contraction of the HIV virus. Knowing and understanding the risks involved in the EMR skills, nevertheless, I hereby agree to assume any and all risk of injury and further judgments, claims, damages of, connected with, or resulting from my enrollment in and participation in the EMR Field class of the School.

I acknowledge that I have read this document and that I am relying wholly upon my own judgment, belief and knowledge of the risks of injury to myself by enrollment in and participation in the EMR skills through the School. As of the date of this agreement, I am 18 years of age or older.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I have completed the Hepatitis B Series:     ☐ Yes     ☐ No

Name of EMR Program: \_\_\_\_\_

EMR Program Instructor: \_\_\_\_\_

Dates of EMR Program: \_\_\_\_\_

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (PRINT)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

OEMS Course Approval Number: \_\_\_\_\_

## EMR Course Application Process

## Verification Flow Sheet STEP 1 of 5

Date of first class: \_\_\_\_\_

Date five weeks prior to first class: \_\_\_\_\_

Date Received: \_\_\_\_\_

The initial EMR course application paperwork listed below is due in regional EMS office five (5) weeks prior to the first day of class. (Unless prior approval for shorter time is approved)

*All initial EMR course application paperwork should arrive together at the regional office in a single folder; arranged in the order that it is presented below.*

**Incomplete or improperly filed initial applications will not be processed.**

- ☐ EMR Course Application (Form A1)
  - ☐ Copy (sample) of college information letter provided with Form A1
    - ☐ EMR course accreditation status
    - ☐ Eligibility of college credit
    - ☐ Eligibility to attend EMR course
    - ☐ Contact information for two nearby accredited colleges providing EMR courses
  - ☐ Copy (sample) of HIPAA certification of completion (form or certificate) provide with Form A1
- ☐ EMR Course Instructor Information (Form A2) for each instructor
- ☐ Course Schedule (Form A3)
- ☐ EMR Course Equipment List (Form A4)
- ☐ Copy of student handout paperwork:
  - ☐ Instructor contact information
  - ☐ EMR course guidelines
  - ☐ Attendance policy
  - ☐ Dress code
  - ☐ Course objectives
  - ☐ Grading method and scale
- ☐ Copy of National Registry skills sheets or equivalent

- 
- ☐ **Regional EMS Office Verification of Initial Application.**
  - ☐ **EMR Class Approval request submitted to OEMS**

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **ADPH OEMS Course Approval Number:** \_\_\_\_\_

Date one week prior to first class: \_\_\_\_\_

Date Received: \_\_\_\_\_

***A detailed preliminary EMR course student roster is due one week prior to the first course date.***

***The roster must be typed or printed and must contain the following information:***

**Header Information**

- ☐ EMR course sponsoring agency
- ☐ Course coordinator
- ☐ Lead instructor
- ☐ Course location
- ☐ Course starting and ending dates

**Student Information**

- ☐ Student first and last name
- ☐ Student address
- ☐ Student phone number
- ☐ Place for approved course number

**SAMPLE STUDENT ROSTER**

Sponsoring Agency: Raining Chicken VFD

Course Location: 31 Nest Rd, Coop, AL 35969

Course Coordinator: Chicken Little

Course dates: August 25- November 20, 2014

First Name	Last Name	Address	Phone
Hugh	Hollon	Suite 1100, Montgomery, AL 36104	205-555-3456
Rony	Najjar	101 Sivley, Huntsville, AL 35801	256-656-9999
Stephen	Wilson	201 Monroe Street, Montgomery, AL 36104	205-876-5309

☐ **Regional EMS Office Verification Preliminary Student Roster**

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OEMS Course Approval Number: \_\_\_\_\_

## EMR Course Application Process

## Verification Flow Sheet STEP 3 of 5

Date of first class: \_\_\_\_\_

Date ten business days after first class: \_\_\_\_\_ Date Received: \_\_\_\_\_

**The following student forms are due in regional EMS office within ten (10) business days of first class. The course coordinator may provide copies and keep the original forms.**

- ☐ EMR Student Registration (Form B1)
- ☐ Confidentiality Briefing Statement (Form B2)
- ☐ Release of Liability (Form B3)

**On-Site Inspection within ten (10) business days of first class**      Date: \_\_\_\_\_

### Faculty

- ☐ Course Coordinator
- ☐ Lead Instructor
- ☐ Instructors listed on course schedule
- ☐ Adequate instructor for skills verification, *if applicable*

### Facility

- ☐ ADA Compliant
- ☐ Sufficient Space for Class size
- ☐ Controlled Environment
- ☐ Adequate classroom learning accommodations (desks, chairs, lighting)
- ☐ Adequate classroom skills learning area(s)

### Resources

- ☐ Instructional Materials: \_\_\_\_\_
- ☐ Presentation Equipment: \_\_\_\_\_

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☐ **Regional EMS Office Verification of ten day requirements and on-site inspection.**

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OEMS Course Approval Number: \_\_\_\_\_



Date of course completion: \_\_\_\_\_

Date ten days from course completion: \_\_\_\_\_

**The following course documentation is required within ten (10) days after course completion. The sponsor may provide the originals for storage by the Regional Office.**

- ☐ Final EMR course roster
  - ☐ Shows EMR course sponsor
  - ☐ Shows course coordinator and lead instructor
  - ☐ Shows course location, and course starting and ending dates listed in header.
  - ☐ All students listed on preliminary EMR course roster are listed on the final EMR course roster
  - ☐ Student first and last name with middle initial
  - ☐ Student Social Security Number (for National Registry)
  - ☐ Student EMR Course disposition (Pass, Fail, Pending, Withdraw, Dismissed)
  - ☐ Student National Registry Skills disposition (Pass, Fail, Pending, Withdraw, Dismissed)
  - ☐ A place to write the date received by regional EMS office
  - ☐ A place to write the approved course number
- ☐ EMR course attendance rosters showing attendance and instructors for each class session

## **Student Information required within ten (10) days after course completion:**

- ☐ National Registry Skills verification forms (or equivalent) for each student on final course roster
  - ☐ Each skill sheet timed, scored, and signed by evaluator
  - ☐ Complete set of skill sheets for each student
  - ☐ Failures explained and documented on skills sheet
- ☐ Copies of EMR course completion certificate for each student
- ☐ Copy of AHA Healthcare Provider (or equivalent\*) CPR card for each student.
  - \*Equivalent must include infant, child, adult, 1-rescuer, and 2-rescuer, BVM usage

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## ☐ **Regional EMS Office Verification of course completion records**

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OEMS Course Approval Number: \_\_\_\_\_

## EMR Course Application Process

## Verification Flow Sheet STEP 5 of 5

Date of last student completion: \_\_\_\_\_

Date ten (10) days after last student completion: \_\_\_\_\_

☐ Post-course documentation records are should be provided to regional EMS office ten days after the last student has been assigned a PASS or FAIL disposition.

☐ The regional EMS office will maintain the complete set of course documentation for five (5) years.

☐ Documentation already on file with regional EMS office at completion of course:

- ☐ Original course application, and related forms, as submitted to the regional EMS office
- ☐ Copy (sample) of college information letter provided with Form A1
- ☐ Copy (sample) of HIPAA certification of completion (form or certificate) provide with Form A1
- ☐ Course approval form issued by the OEMS
- ☐ EMT course preliminary roster as submitted to the regional EMS office
- ☐ EMT Course Instructor Information (Form A2) for each instructor
- ☐ Hospital Affiliation Agreement (Form C1)
- ☐ Ambulance/Rescue (EMS) Agency Affiliation Agreement (Form C2)
- ☐ Course Schedule (Form A5)
- ☐ EMT Course Equipment List (Form A6)
- ☐ Copy of student handout paperwork:
- ☐ Copy of National Registry skills sheets

☐ Documentation to be provided to regional EMS office within 10 days of completing of course:

- ☐ Final EMT course schedule
- ☐ Attendance roster for each class meeting
- ☐ List of make-up session(s), if applicable
- ☐ Documentation of remediation conducted, if applicable
- ☐ Individual skill verifications (National Registry forms)
- ☐ Copy of each examination, quiz or evaluation administered during the course
- ☐ Documentation recording the individual reasons that student(s) failed to complete the course of study.

***NOTE: If the sponsoring agency wishes to keep records, providing the regional EMS agency a paper copy of the documentation paperwork listed in this section is acceptable.***

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☐ Regional EMS Office Verification of five year records package

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OEMS Course Approval Number: \_\_\_\_\_

		Emergency Medical Responder EMR
Educational Facilities	National	<ol style="list-style-type: none"> <li>1. Facility sponsored or approved by sponsoring agency</li> <li>2. ADA compliant facility</li> <li>3. Sufficient space for class size</li> <li>4. Controlled environment</li> </ol>
	State	Same as above
Student Space	National	<ol style="list-style-type: none"> <li>1. Provide space sufficient for students to attend classroom sessions, take notes and participate in classroom activities</li> <li>2. Provide space for students to participate in kinematic learning and practice activities</li> </ol>
	State	Same as above
Instructional Resources	National	<ol style="list-style-type: none"> <li>1. Provide basic instructional support material</li> <li>2. Provide audio, visual, and kinematic aids to support and supplement didactic instruction</li> </ol>
	State	<ol style="list-style-type: none"> <li>1. Same as above</li> <li>2. Same as above</li> <li>3. Textbooks and Instructor material must meet National EMS Education Standards and Instructional Guidelines</li> </ol>
Instructor Preparation Resources	National	<ol style="list-style-type: none"> <li>a. Provide space for instructor preparation</li> <li>b. Provide support equipment for instructor preparation</li> </ol>
	State	Same as above
Storage Space	National	Provide adequate and secure storage space for instructional materials
	State	Same as above
Sponsorship	National	<b>Sponsoring organizations shall be one of the following:</b> <ol style="list-style-type: none"> <li>1. Accredited educational institution, or</li> <li>2. Public safety organization, or</li> <li>3. Accredited hospital, clinic, or medical center, or</li> <li>4. Other State approved institution or organization</li> </ol>
	State	Same as above
Programmatic Approval	National	Sponsoring organization shall have programmatic approval by authority having jurisdiction for program approval
	State	State/Regional approval <b>(EMT Course Application, FORM A1)</b>
Medical Director Oversight	National	Provide medical oversight for all medical aspects of instruction
	State	In addition to one above, the physician must meet offline medical director criteria.

		Emergency Medical Responder EMR
Faculty	National	<b>The course primary instructor should:</b> <ol style="list-style-type: none"> <li>1. Be educated at a level higher than he or she is teaching; however, as a minimum, he or she must be educated at the level he or she is teaching</li> <li>2. Have successfully completed an approved instructor training program or equivalent</li> </ol>
	State	<b>EMR Primary Instruction Requirements:</b> <ol style="list-style-type: none"> <li>1. Must be Alabama licensed at the EMT level or above.</li> <li>2. Must have instructor certification from a recognized organization such as Department of Transportation (DOT), Department of Defense (DOD), Alabama Fire College Instructor Course, AHA Core Instructor Course, or the National Association of EMS Educators (NASEMSE).</li> <li>3. Must have 3 years min of field experience.</li> <li>4. A CPR Instructor may be used to teach a CPR course, as long as the primary EMT instructor is present.</li> </ol> <b>EMR Secondary Instructor Requirements:</b> <ol style="list-style-type: none"> <li>1. Must be Alabama licensed as an EMT.</li> <li>2. Must have instructor certification from a recognized organization such as Department of Transportation (DOT), Department of Defense (DOD), Alabama Fire College Instructor Course, AHA Core Instructor Course, or the National Association of EMS Educators (NASEMSE).</li> <li>3. Must have 3 years min of field experience.</li> <li>4. A CPR instructor may be used to teach a CPR course, as long as the secondary instructor is present.</li> </ol>
Hospital/ Clinical Experience	National	None required at this level
	State	Same as above
Field Experience	National	None required at this level
	State	Same as above.
Course Length	National	<ol style="list-style-type: none"> <li>1. Course length is based on competency, not hours</li> <li>2. Course material can be delivered in multiple formats including but not limited to:</li> <li>3. Independent student preparation</li> <li>4. Synchronous/Asynchronous distributive education</li> <li>5. Face-to-face instruction</li> <li>6. Pre- or co-requisites</li> <li>7. Course length is estimated to take approximately 48-60 didactic and laboratory clock hours</li> </ol>
	State	<ol style="list-style-type: none"> <li>1-6 Same as above</li> <li>7. Course length is 45 hours at a minimum.</li> </ol>

		Emergency Medical Responder EMR
Course Design	National	Provide the following components of instruction: <ul style="list-style-type: none"> <li>• Didactic instruction</li> <li>• Skills laboratories</li> </ul>
	State	Same as above
Student Assessment	National	1.Perform knowledge, skill, and professional behavior evaluation based on educational standards and program objectives 2.Provide several methods of assessing achievement 3.Provide assessment that measures, as a minimum, entry level competency in all domains
	State	Same as one above
Program Evaluation	National	1.Provide evaluation of program instructional effectiveness 2.Provide evaluation of organizational and administrative effectiveness of program
	State	Same as one above