

**CENTRAL CALIFORNIA**  
**EMERGENCY MEDICAL SERVICES**  
A Division of the Fresno County Department of Public Health

**HEALTH SERVICES AGENCY**  
**POLICIES AND PROCEDURES**

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 111.2  Page 1 of 3
Subject	Public Safety First Aid Training Programs	
References	California Code of Regulations, Title 22, Division 9 Division 2.5 of the California Health and Safety Code	Effective 08/01/94

**I. POLICY**

The Fresno/Kings/Madera EMS Agency shall review and approve First Aid for Public Safety Training Programs according to the current criteria established by the State, when submitted to the EMS Agency. First Aid for Public Safety in Fresno, Kings and Madera Counties shall be offered only in approved training programs. If the program is not approved by the EMS Agency, the training program must have documentation on file of approval from another agency as stated in the State Regulations.

**II. PROCEDURE**

Procedure for program approval when submitted to the Fresno/Kings/Madera EMS Agency.

- A. Training programs shall submit a written request for First Aid for Public Safety approval to the EMS Agency.
- B. The EMS Agency shall review and approve the following materials prior to approving a First Aid for Public Safety training program:
  - 1. a statement of course objectives;
  - 2. lesson plans for a minimum of 15 hours in first aid and 6 hours of cardiopulmonary resuscitation;
  - 3. a course outline;
  - 4. performance objectives for each skill;
  - 5. airway module from an approved EMT-I curriculum if program is planning to train in airway and oxygen use;
  - 6. final written and practical exam;

Approved By	<b>Daniel J. Lynch</b> (Signature on File at EMS Agency)	Revision
EMS Division Manager		
	<b>Jim Andrews, M.D.</b> (Signature on File at EMS Agency)	
EMS Medical Director		

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7. the names and qualifications of the First Aid instructors. Instructors shall be proficient in the skills taught, and qualified to teach by education and/or experience as outlined in the State Regulations. Instructors shall be approved by the EMS Agency. The Instructor Information Form provided by the EMS Agency shall be submitted with the curriculum;
8. inform the EMS Agency of all course dates, times and locations;
9. the content of the training program shall include, at the minimum, all topics listed in the State Regulations and shall be skill-oriented;
10. an outline and objectives of a retraining course.
11. the retraining requirements shall follow the requirements listed in the State Regulations. An approved retraining course shall include a review of the topics and demonstration of skills outlined in the State Regulations and shall consist of no less than twelve (12) hours. Retraining can be offered yearly by the training agency, but in no event shall the retraining course be offered less than once every three (3) years.

### III. Program Approval

- A. Program approval or disapproval shall be made in writing by the EMS Agency to the requesting training agency within a reasonable period of time after receipt of all required documentation. This time period shall not exceed three (3) months for new programs.
- B. The EMS Agency shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
- C. Program approval shall be for three years following the effective date of program approval and may be renewed subject to the procedure specified in this policy.
- D. Program Review and Reporting
  1. All program materials specified in this policy shall be subject to periodic review by the EMS Agency.
  2. All programs shall be subject to periodic on-site evaluation by the EMS Agency.
  3. Any person or agency conducting a training program shall notify the EMS Agency in writing within thirty (30) days of any change in course content, hours of instruction, or instructors.

### IV. Withdrawal of Program Approval

Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel or noncompliance with any other applicable provision of this policy may result in withdrawal of program approval by the EMS Agency.

**FRESNO/KINGS/MADERA**  
**EMERGENCY MEDICAL SERVICES**

A Division of the Fresno County Department of Public Health

**FIRST AID FOR PUBLIC TRAINING PROGRAM**  
**PRINCIPAL INSTRUCTOR INFORMATION FORM**

NAME

\_\_\_\_\_

TITLE

\_\_\_\_\_

OCCUPATION

\_\_\_\_\_

DAY PHONE

\_\_\_\_\_

**PROFESSIONAL AND/OR ACADEMIC DEGREE(S) HELD:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL LICENSE/CERTIFICATION NUMBER(S):**

\_\_\_\_\_

EXPIRATION DATE

\_\_\_\_\_

\_\_\_\_\_

EXPIRATION DATE

\_\_\_\_\_

**CALIFORNIA TEACHING CREDENTIAL(S):**

\_\_\_\_\_

TYPE

EXPIRATION DATE

\_\_\_\_\_

\_\_\_\_\_

TYPE

EXPIRATION DATE

\_\_\_\_\_

**ACADEMIC OR CLINICAL/EXPERIENCE IN EMERGENCY MEDICINE WITHIN THE PAST FIVE YEARS:**

RESPONSIBILITIES	ORGANIZATION	POSITION	DATES
_____	_____	_____	_____
RESPONSIBILITIES	ORGANIZATION	POSITION	DATES
_____	_____	_____	_____
RESPONSIBILITIES	ORGANIZATION	POSITION	DATES
_____	_____	_____	_____
INSTRUCTOR SIGNATURE			DATE
_____			_____

The above named individual is qualified to teach those sections of the course to which he/she is assigned.

DIRECTOR SIGNATURE	DATE	COURSE
_____	_____	_____
DIRECTOR SIGNATURE	DATE	MEDICAL
_____	_____	_____

**EMS AGENCY USE ONLY**

REVIEWED BY	DATE
_____	_____

☐ APPROVED    ☐ DISAPPROVED \_\_\_\_\_