

641—131.5(147A) Training programs—standards, application, inspection and approval.**131.5(1) Curricula.**

a. The training program shall use the following course curricula approved by the department for certification.

(1) EMS provider curricula and course length:

1. First responder—Current DOT FR curriculum plus department enhancements, 50 to 60 hours.

2. EMT-B—Current DOT EMT-B curriculum plus department enhancements, 120 to 130 hours, clinical time or field time or both as necessary to complete objectives.

3. EMT-I—Iowa curriculum, 54 to 60 didactic hours, clinical and field time as necessary to complete objectives.

4. EMT-P—Current DOT EMT-I curriculum, 280 to 310 didactic hours, clinical and field time as necessary to complete objectives.

5. PS—Current DOT EMT-P curriculum, 600 to 660 didactic hours, clinical and field time as necessary to complete objectives.

6. Training programs that hold current accreditation by the Commission of Accreditation of Allied Health Education Programs for the EMT-P are exempt from the minimum and maximum didactic hours for the EMT-P and PS courses.

(2) Specialty curricula:

1. EMS-I—Current DOT curriculum plus department enhancements.

2. ERT—Iowa curriculum.

3. CCP—Iowa curriculum, 80 to 90 didactic hours, clinical and field time as necessary to complete objectives.

4. EMS-E—Iowa curriculum.

b. Curriculum enhancements are available from the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075.

c. The training program may waive portions of the required EMS provider training for individuals certified or licensed in other health care professions including, but not limited to, nursing, physician assistant, respiratory therapist, dentistry, and military. The training program shall document equivalent training and what portions of the course have been waived for equivalency.

131.5(2) Clinical or field experience resources. If clinical or field experience resources are located outside the framework of the training program, written agreements for such resources shall be obtained by the training program.

131.5(3) Facilities.

a. There shall be adequate classroom, laboratory, and practice space to conduct the training program. A library with reference materials on emergency and critical care shall also be available.

b. Opportunities for the student to accomplish the appropriate skill competencies in the clinical environment shall be ensured. The following hospital units shall be available for clinical experience for each training program as required in approved curricula pursuant to subrule 131.5(1):

(1) Emergency department;

(2) Intensive care unit or coronary care unit or both;

(3) Operating room and recovery room;

(4) Intravenous or phlebotomy team, or other method to obtain IV experience;

(5) Pediatric unit;

(6) Labor and delivery suite, and newborn nursery; and

(7) Psychiatric unit.

c. Opportunities for the student to accomplish the appropriate skill competencies in the field environment shall be ensured. The training program shall use an appropriate emergency medical care service program to provide field experience as required in approved curricula pursuant to subrule 131.5(1).

d. The training program shall have liability insurance and shall offer liability insurance to students while they are enrolled in a training program.

131.5(4) Staff.

a. The training program medical director shall be a physician licensed under Iowa Code chapter 148, 150, or 150A. It is recommended that the training program medical director complete a medical director workshop sponsored by the department.

b. A training program director shall be appointed who is an appropriate health care professional. This individual shall be a full-time educator or a practitioner in emergency or critical care. Current EMS instructor endorsement is also recommended, but not mandatory.

c. Course coordinators, outreach course coordinators, and primary instructors used by the training program shall be currently endorsed as EMS instructors.

d. The instructional staff shall be comprised of physicians, nurses, pharmacists, emergency medical care personnel, or other health care professionals who have appropriate education and experience in emergency and critical care. Current EMS instructor endorsement is also recommended, but not mandatory.

e. Preceptors shall be assigned in each of the clinical units in which emergency medical care students are obtaining clinical experience and field experience. The preceptors shall supervise student activities to ensure the quality and relevance of the experience. Student activity records shall be kept and reviewed by the immediate supervisor(s) and by the program director and course coordinator.

f. If a training program's medical director resigns, the training program director shall report this to the department and provide a curriculum vitae for the medical director's replacement. A new course shall not be started until a qualified medical director has been appointed.

g. The training program shall maintain records for each instructor used which include, as a minimum, the instructor's qualifications.

h. The training program is responsible for ensuring that each course instructor is experienced in the area being taught and adheres to the course curricula.

i. The training program shall ensure that each practical examination evaluator and mock patient is familiar with the practical examination requirements and procedures. Practical examination evaluators shall attend a workshop sponsored by the department.

131.5(5) Advisory committee. There shall be an advisory committee, which includes training program representatives, and other groups such as affiliated medical facilities, local medical establishments, and ambulance, rescue and first response service programs.

131.5(6) Student records. The training program shall maintain an individual record for each student. Training program policy and department requirements will determine contents. These requirements may include:

a. Application;

b. Current certifications and endorsements;

c. Student record or transcript of hours and performance (including examinations) in classroom, clinical, and field experience settings.

131.5(7) Selection of students. There may be a selection committee to select students using, as a minimum, the prerequisites outlined in rule 131.2(147A).

131.5(8) Students.

a. A student may perform any procedures and skills for which the student has received training, if the student is under the direct supervision of a physician or physician designee, or under the remote supervision of a physician or physician designee, with direct field supervision by an appropriately certified emergency medical care provider.

b. A student shall not be substituted for personnel of any affiliated medical facility or service program, but may be employed while enrolled in the training program.

c. A student is not eligible to continue functioning as a student of the training program in the clinical or field setting if the student is not in good standing with the training program, once the student has met the training program requirements, or once the student has been approved for certification testing.

131.5(9) *Financing and administration.*

a. There shall be sufficient funding available to the training program to ensure that each class started can be completed.

b. Tuition charged to students shall be accurately stated.

c. Advertising for training programs shall be appropriate.

d. The training program shall provide to each student, no later than the first session of the course, a guide that outlines, as a minimum:

(1) Course objectives.

(2) Required hours for completion.

(3) Minimum acceptable scores on interim testing.

(4) Attendance requirements.

(5) Grievance procedure.

(6) Disciplinary actions that may be invoked, the grounds for such actions, and the process provided.

(7) Requirements for certification.

131.5(10) *Training program application, inspection and approval.*

a. An applicant seeking initial or renewal training program approval shall use the EMS Training Program Application provided by the department. The application shall include, as a minimum:

(1) Names of appropriate officials of the applicant;

(2) Evidence of availability of clinical resources;

(3) Evidence of availability of physical facilities;

(4) Evidence of qualified faculty;

(5) Qualifications and major responsibilities of each faculty member;

(6) Policies used for selection, promotion, and graduation of trainees;

(7) Practices followed in safeguarding the health and well-being of trainees and of patients receiving emergency medical care within the scope of the training program; and

(8) Level(s) of EMS certification to be offered.

b. New training programs shall submit a needs assessment which justifies the need for the training program.

c. Applications shall be reviewed in accordance with the 2005 Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions, published by the Commission on Accreditation of Allied Health Education Programs. Failure to comply with the standards may lead to disciplinary action as described in rule 641—131.8(152C).

d. An on-site inspection of the applicant's facilities and clinical resources will be performed. The purpose of the inspection is to examine educational objectives, patient care practices, facilities and administrative practices, and to prepare a written report for review and action by the department.

e. The department shall inspect each training program at least once every five years. The department without prior notification may make additional inspections at times, places and under such circumstances as it deems necessary to ensure compliance with Iowa Code chapter 147A and these rules.

f. No person shall interfere with the inspection activities of the department or its agents. Interference with or failure to allow an inspection may be cause for disciplinary action regarding training program approval.

g. Representatives of the applicant may be required by the department to meet with the department at the time the application and inspection report are discussed.

h. A written report of department action accompanied by the department inspection report shall be sent to the applicant.

i. Training program approval shall not exceed five years.

j. The training program shall notify the department, in writing, of any change in ownership or control within 30 days.

k. Temporary variances. If during a period of authorization there is some occurrence that temporarily causes a training program to be in noncompliance with these rules, the department may grant a temporary variance. Temporary variances to these rules (not to exceed six months in length per

any approved request) may be granted by the department to a currently authorized training program. Requests for temporary variances shall apply only to the training program requesting the variance and shall apply only to those requirements and standards for which the department is responsible. To request a variance, the training program shall:

(1) Notify the department verbally (as soon as possible) of the need to request a temporary variance. The program shall submit to the department, within ten days after having given verbal notification to the department, a written explanation for the temporary variance request. The address is Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

(2) Cite the rule from which the variance is requested.

(3) State why compliance with the rule cannot be maintained.

(4) Explain the alternative arrangements that have been or will be made regarding the variance request.

(5) Estimate the period of time for which the variance will be needed.

l. Training program applications and on-site inspection reports are public information.

131.5(11) *Out-of-state training program application and approval.*

a. An out-of-state training program shall apply to the department for approval.

b. An applicant seeking department approval shall use the out-of-state training program application provided by the department. The application shall include, as a minimum:

(1) Verification of approval to conduct initial EMS training by the authorizing agency within the applicant's home state;

(2) Evidence of physician medical direction oversight;

(3) Evidence of qualified faculty;

(4) Evidence of curriculum utilized;

(5) Evidence of written contracts between the out-of-state training program and clinical and field sites being utilized within Iowa; and

(6) Description of practices followed in safeguarding the health and well-being of trainees and of patients receiving emergency medical care within the scope of the training program.

c. An out-of-state training program shall provide the department with a roster of students who will be participating in the clinical or field experience within the state of Iowa and, for each program, the sites where they will be participating.

d. An out-of-state training program shall not be authorized to provide initial EMS training within the state of Iowa.

e. An out-of-state training program shall be limited to utilization of clinical or field sites or both within Iowa.

f. Representatives of the applicant may be required by the department to meet with the department at the time the application is discussed.

g. An out-of-state training program approval shall not exceed five years.

h. An out-of-state training program shall notify the department, in writing, of any change in ownership, control, or approval status by the out-of-state training program's authorizing state agency within 30 days.

131.5(12) *Out-of-state students.*

a. An out-of-state student shall be a registered student in good standing of an approved out-of-state training program.

b. An out-of-state student may perform any procedure and skills that the student is training for provided that the skill is within the Iowa scope of practice policy of a comparable Iowa EMS provider. The student must be under the direct supervision of a physician or physician designee, or under the remote supervision of a physician or physician designee, with direct supervision by an appropriately certified emergency medical care provider.

c. An out-of-state student shall not be substituted for personnel of any affiliated medical facility or service program, but may be employed while enrolled in the training program.

d. An out-of-state student participating in the clinical or field setting within the state of Iowa shall provide documentation of liability insurance.

e. An out-of-state student is not eligible to continue functioning as a student of the approved out-of-state training program in the clinical or field setting if the student is not in good standing with the approved out-of-state training program, once the student has met the training program's requirements, or once the student has been approved for certification testing.

f. An out-of-state student shall not be eligible for Iowa EMS certification without meeting the requirements for certification through endorsement in 131.4(9).