



Draft Policy Public Comments Received: 12/31 - 01/31/2025

S-306 Emergency Medical Services Continuing Education		
DATE	NAME	PUBLIC COMMENT
1/28/2025	Nate Pearson	I support combining these two policies. However, in the process of updating and combining there are several new requirements that do not seem necessary and may reduce the number of viable CE providers in the county as well as reduce the eligibility of certain courses. Section IV - G.5 - unclear "CE courses within the CoSD EMS jurisdiction shall not be advertised or offered until CoSD EMS CE approval has been granted." This is listed under "CE Provider Approving Authority". I believe this is intended to state that a new CE provider may not advertise their classes until the status as an approved provider has been completed. The way it reads, a class may not be advertised until CoSD EMS has reviewed and approved the class.

<p>1/28/2025</p>	<p>Nate Pearson (Cont.)</p>	<p>This is further confused by text later in the document in Section V. H.2. - "Courses shall use current American Heart Association Emergency Cardiovascular Care (ECC) and cardiopulmonary resuscitation (CPR) guidelines." This would indicate that even if someone has their AHA CPR card but chooses to offer an alternate cardiac resuscitation course as education, that course could not qualify for CE. This seems unnecessarily restrictive and would eliminate CE opportunity. If AHA is silent on a cardiovascular care topic, can it still be offered? Consider removing or relocation to recertification. Section V A.1.d. - The way this reads a new CE provider would have to have a year of programmed classes with all the listed materials to include with their initial application. Excessive. B.3. - Minimum of 9 EMS CE courses in each 12 month period during the prior 4 year approval period. Excessive, consider removing. Some smaller agencies may choose group together to consolidate the effort of CE development and provision. Even if two agencies worked together and did one CE every other month they would not meet the threshold to maintain their approval. Additional, some agencies provide some internal CE and contract with hospitals or other providers to offer CE to ensure quality and variety of information. This minimum seems unnecessary and may lead to few CE providers throughout the county.</p>
<p>1/29/2025</p>	<p>Christine Wells</p>	<p>In reading through S-306, I find that parts of the policy are confusing. The purpose seems to be on designating authorized providers of EMS CE, but parts of it read as if it is also approving individual courses. Under section V.A. Application and approval process, is this for becoming a provider, or for having a course approved? Section d seems to focus on individual courses, and I am not sure if that was the intent. If that is the intent, could the policy be divided into two distinct sections: one for becoming a provider and one for approving courses? Thanks</p>

1/29/2025	Brian Covell	Suggested edits for following sections in S-306: V. Procedures/ A. Application and Approval Process "for CE Providers". Add "for CE Providers" for clarity of the purpose of this section. Remove or relocate items from V.A.1.d. and f. as they do not make sense here. Could consider move to section H. Curriculum Standards? Items d. & f. seem to pertain to course specific details and not necessarily for a CE Provider application.
1/31/2025	Christopher Kahn	As with any new or significantly revised policy, there are areas that would benefit from clarification. Under III (definitions), clarification is needed regarding the definitions of clinical director and program director. While the role of the clinical director is defined, the role of the program director is not. Both roles should be clearly defined; it is likely that these terms are not uniformly used throughout the county. Additionally, as written (and realizing that this is taken verbatim from state regulations), the definition of program director suggests that the individual needs to have taught methodology for forty hours. It seems more likely that the intended meaning is that they need to have received at least forty hours of instruction in the methodology of teaching consistent with the definition of such courses later in this section. Under IV.H (policy/curriculum standards), please clarify whether it is permissible to include information that is not part of the National Standard Curriculum such as the existence of mobile integrated healthcare programs.

1/31/2025

Christopher Kahn
(Cont.)

It is likely that statewide regulatory change is needed in this section, as CCR 100099.07 (presumably the source of this requirement) refers to a website that no longer exists to find documents over a quarter-century old which obviously cannot have been updated since then to reflect the advancement of knowledge within EMS. Further, is it the intent of San Diego County EMS to reverse their prior guidance allowing any CPR course which met the ECC/CPR guidelines and now mandate that all CPR courses must be the American Heart Association branded courses? If not, please clarify that in this section. Under V.A.1.d.6, this should likely be “e.g.” rather than “i.e.”. Under V.A.1.d.7/8, is it truly the intent of San Diego County EMS to require that every single quiz, test, and other evaluation instrument be submitted to your office for review and approval? If an additional test question or clarification in wording becomes needed, does this policy state that the CE provider would be in violation if that change was made during a course without having given your office 90 days to review and approve the change? This seems unworkable and goes beyond what is required in CCR 100102.01, CCR 100102.02, and CCR 100104. V.A.1.i also goes far beyond what is called for in State regulations and is likely unworkable. State regulations require that CE courses be open to visits from the LEMSA and that records be made available during “scheduled site visits” (CCR 100104(d)). There is no State regulation requiring direct electronic access to student records.

1/31/2025

Christopher Kahn
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Facilitating this would likely require that the LEMSA be given administrator access to student records, which would then unfairly place the LEMSA directly in the investigative crosshairs should there be any question of alteration or inappropriate access of those records. CE providers who receive any funding from the US Department of Education (e.g., community colleges) are also subject to FERPA (20 USC 1232(g) and 34 CFR Part 99), which will require significant time and discussion with legal counsel to determine whether the LEMSA can legally be provided direct access to those records rather than what State regulation calls for – review of records during a scheduled site visit. We strongly urge you to remove the requirement for direct electronic access to student records. V.A.1 and V.B.2. It would be preferable for the LEMSA’s required lead time to match the State’s requirement of 60 days under CCR 100102.02 and CCR 100104, rather than an arbitrarily longer time frame of 90 days. Under V.B.3, is the requirement to have taught nine courses considered to be met if the same course is taught nine times, or must this be nine different courses? Does a longer-term program (e.g., one that takes months instead of a day) still count as “one course”, or is each day of instruction a separate course? If a single day of CE covering 8 continuing education hours with one topic per hour is taught 22 times in one month, is that considered 1 course, 8 courses, 22 courses, or 176 courses? As there is no requirement for this under State regulations nor any reference in the policy to an evidence-based rationale for this requirement, it is not possible to make further determinations of the meaning and intent of this requirement without further clarification.