



County of Santa Clara Emergency Medical Services System

Policy #305: Procedure for Suspension or Revocation of EMT Training, Paramedic Training, or CEP Program Approval

PROCEDURE FOR SUSPENSION OR REVOCATION OF EMT TRAINING, PARAMEDIC TRAINING, OR CE PROVIDER PROGRAM APPROVAL

Effective: September 12, 2014
Replaces: January 22, 2007
Review: November 12, 2017

Resources:
None

I. Purpose

The purpose of this policy is to provide a procedure for suspending or revoking EMT or paramedic training program approval for failure to comply with Division 2.5 of the California Health & Safety Code or any rules or regulations adopted pursuant thereto.

II. Procedure

A. Establish Need to Review

The Agency shall evaluate information received from credible sources, including information obtained from an audit or complaint, indicating the possibility of a failure of an EMT or paramedic training program ("Program") to comply with Division 2.5 of the California Health and Safety Code or any rules of regulations adopted pursuant thereto.

B. Investigation

An investigation will be conducted by the Agency if warranted. An investigation may consist of, but is not limited to, further collection and review of documents, evidence collection, interviews, etc.

C. Submission to Medical Director

If the Agency's investigation determines that facts support suspension or revocation of a Program's approval, the allegations may be submitted to the Agency's Medical Director, or his or her designee.

D. Issue Formal Accusation, and Inform Program of Rights

Prior to or concurrent with submission of the allegations to the Medical Director, the Agency shall notify the Program of the allegations in writing. The notice, along with a copy of this policy and *Santa Clara County Prehospital Care Policy Reference Guide 810: Investigation and Enforcement Guide*, shall be sent by certified mail to the Program. The notice shall state all of the following:

1. The acts or omissions with which the Program is charged.
2. The statutes, rules, or regulations that the Program is alleged to have violated.
3. The potential actions that the Agency may take as a result of an adverse determination.
4. The Program's right to respond to the allegations orally or in writing, or both.
5. The deadline for responding to the allegations.

E. Response to Allegations

1. The Program may, within fifteen (15) calendar days of the date that the notice is received, request in writing that a hearing (Independent Review Panel) be convened. Within thirty (30) days of receipt of such a request, the Medical Director shall convene a hearing.
2. The Program may submit a written response to the allegations to the Medical Director, without requesting a hearing by an IRP
3. The Program shall have thirty (30) days from the receipt of the notice, or up to five (5) days before the date of the hearing, whichever is earlier, to submit a written response to the allegations and supporting documentation to the Medical Director
4. The failure of the Program to respond orally, or in writing, to the allegations by the above deadlines may result in the Program losing the opportunity to be heard concerning the allegations

F. Proceedings of an Independent Review Panel (IRP)

The following procedures will be observed if a hearing by an IRP is requested by the Program:

1. The Medical Director shall set the hearing date
2. Any written materials submitted by the Agency or the Program (the "Parties") to the IRP shall also be provided by the Parties to the other

3. The Parties may call witnesses and present relevant testimony
4. The Agency shall present testimony first, after which the Program may present testimony. The Parties shall also have the opportunity to rebut the testimony of the other. Thereafter, the Parties may each make closing arguments. The IRP may call and examine witnesses, determine the number and order of witnesses, limit the time for each witness or for argument, and conclude the hearing at any time after both parties have presented testimony and argument
5. The IRP may permit cross-examination of witnesses at its discretion
6. Witnesses shall not be required to testify under oath
7. A record of the hearing shall be prepared by electronic recording or stenographic reporter
8. The hearing will only be held open to the public if the Program so requests; however, the IRP may close all or part of the hearing to the public to the extent that it is necessary, taking into account the rights of all persons. The IRP may also exclude witnesses from the hearing when they are not testifying, except that neither of the Parties may be excluded.
9. The Program may be represented by a person of his or her choice
10. The IRP shall not have “ex parte” communications with the Parties concerning the allegations before a determination of the case is made

G. IRP Decision

1. After the hearing, the IRP shall assess all the information in the record in order to resolve the case. The IRP may not consider evidence that is outside of the record. The IRP may consider hearsay evidence for the purpose of explaining or supplementing other evidence, but such evidence shall not be sufficient by itself as a basis for a finding unless it would be admissible over objections in civil actions.
2. The Agency has the burden of proof by a preponderance of the evidence. This burden must be met even in the event the Program fails to respond to the allegations.
3. The IRP shall issue a written decision, no later than thirty (30) days after the hearing, which includes findings of facts, a determination of the issues, and any proposed disciplinary action (i.e. probation, suspension or revocation of Program approval) that

shall occur as a result. The written decision shall also include the proposed effective date of any proposed disciplinary action.

H. Final Review

The Medical Director shall issue a final written decision in every case. The Medical Director shall issue the decision no later than thirty (30) days after a decision of the IRP, or no later than thirty (30) days after deadline for a written response if no IRP is requested. Unless the decision of the IRP is adopted, the Medical Director's determination shall include findings of facts, a determination of the issues, and any disciplinary action (i.e. probation, suspension, or revocation of Program approval) that shall occur as a result. The written decision shall also include the effective date of any disciplinary action.

If an IRP has issued a decision on the matter:

1. The Medical Director may adopt the recommendations of the IRP in whole
2. The Medical Director may adopt the recommendations of the IRP in part, or with modifications.
3. The Medical Director may reject the recommendations of the IRP and issue a separate decision

I. Probation or Suspension of Program Approval

1. The term of any probation or suspension and any conditions for reinstatement (i.e. plan of correction) shall be determined based on the facts of the case
2. Upon expiration of the term of any suspension, probation, or combination of suspension and probation, the Program's approval may be reinstated by the Medical Director if all of the conditions of reinstatement have been met. If the conditions of reinstatement have not been met, the Medical Director may continue the suspension or probation until all conditions for reinstatement have been met.
3. If, during a probationary period, a Program fails to meet the conditions for reinstatement, the Medical Director may suspend the Program's approval until all the conditions for reinstatement have been met

J. Immediate Suspension

The Medical Director may immediately suspend a Program's approval, pending a decision made under this policy, if, in the opinion of the Medical Director, immediate suspension is necessary to ensure the public health and safety.