



California Fire Chiefs Association Southern Division Communications Section Newsletter

The Meeting Minutes

From the meeting November 7th, 2002

The meeting was held at Rialto Fire Station #203 and hosted by Tom Barnes and Dave Dowling of the San Bernardino County EOC.

The meeting was an informative Tech Talk for Dispatchers with Pizza lunch hosted by Cal Chiefs.

The Secretary's Report:

No Report.

The Treasurer's Report:

No Report.

Training:

South Bay Communications is hosting a 3-day PowerPhone EMD class on January 27th, 28th and 29th. For those already trained by PowerPhone, there will be an 8-hour refresher class held on the 28th. If interested, contact Bonnie Agee at 310-973-1802 ext.103 for information.

New Business

No new business.

Website:

www.CalChiefsSouth.org.

If anyone else has links that they would like added to the website, contact the Webmaster Jason DeVita on the website.

There is now a "Job Openings" page on the website. To have a job opening placed on the website, contact Webmaster DeVita by email and send him the information on the posting. If it is a downloadable form, please have the form in PDF format.

As of September, Webmaster DeVita resigned from his position at South Bay and moved out of state. He has graciously volunteered to continue hosting and maintaining our website.

Old Business:

No old business.

Committee Report:

Membership Committee – No Report

Northern Update:

No Report.

Legislative Report:

Attached to this newsletter, are the proposed guidelines for the for EMD, There will be an extensive discussion held on these guidelines at the January

Round Table:

Due to the Tech Talk, there was no round table at this meeting.

2003 Meeting Schedule:

January 30th – South Bay Comm.

The meeting dates and locations will be set at the January meeting.

It is that time of year again, Please remember to renew your dues for 2003. The membership application can be obtained off of the website.

Upcoming Meeting:

January 30th, 2003, at 10:00 a.m.

Location: South Bay Communications
4440 W. Broadway Ave.
Hawthorne, CA 90250
(310) 973-1802

Directions: From the San Diego Freeway (405), Exit El Segundo Blvd eastbound. Turn Left on Grevillea (1 block west of Hawthorne Blvd). Turn Right on Broadway to the dispatch center. Parking is on the west side of the building or on the street in front.

From the Westbound 105 freeway, exit on Hawthorne Blvd. From the off ramp, turn Left (southbound) on Hawthorne Blvd. Turn Right on Broadway to the dispatch center. Parking is on the west side of the building or on the street in front.

2002 MEMBERSHIP

Gabby Moreno – Mercy Air
Steve McClellan – Ventura Co. Fire
Don Wise – Verdugo Fire
Olivia Ramirez – Costa Mesa Fire
Deborah Keyworth – Brea Fire
Brian Acosta – San Bernardino City Fire
Denny Neville – Rancho Santa Fe Fire
Janey Hall – South Bay Communications
Gary Stevens – South Bay Comm.
Jason DeVita – South Bay Comm.
Isabel Dean – La Habra Fire
Tom Hayward – La Habra Fire
Sheryn Ballard – La Habra Fire
Susan Wysong – North Co. Disp. JPA

PAID January Meeting Agenda:

This is a partial listing of items to be discussed at the January meeting:

1. State EMD Guidelines
2. Establish an Election Committee for the election of 2003 Officers,(President, Vice-President and Secretary)



California Fire Chiefs Association Communications Section, Southern Division

MEMBERSHIP APPLICATION

January 1, 2003 through December 31, 2003 -- Due Date: January 31, 2003
INDIVIDUAL AND GROUP MEMBERSHIP

<u>TYPE OF MEMBERSHIP</u>		<u>DUES</u>
NEW MEMBER(S)	<input type="checkbox"/>	REGULAR <input type="checkbox"/> \$25.00
RENEWAL MEMBER	<input type="checkbox"/>	ASSOCIATE <input type="checkbox"/> \$15.00
		LIFE <input type="checkbox"/> \$15.00
		GROUP* <input type="checkbox"/> \$50.00
		COMMERCIAL <input type="checkbox"/> \$100.00

AGENCY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

NAME: _____

TITLE: _____ E-MAIL: _____

NAME: _____

TITLE: _____ E-MAIL: _____

NAME: _____

TITLE: _____ E-MAIL: _____

Type of Communications Center: Fire Fire/EMS
Fire/Law Fire/EMS/Law

Make check payable to: Cal-Chiefs Communications Division

**Mail application and check to: Cal-Chiefs Communications Division
C/O Gabby Moreno
Mercy Air Service, Inc.
P.O. Box 2532
Fontana, Ca. 92334**

* Each group will consist of three (3) people.
Each group member must qualify for REGULAR membership (see by-laws).
If you have more then one (1) group in four agency just duplicate this form.

**EMERGENCY MEDICAL SERVICES
DISPATCH PROGRAM
STANDARDS AND GUIDELINES**



December 2002
EMSA #132

**EMERGENCY MEDICAL SERVICES
DISPATCH PROGRAM
STANDARDS AND GUIDELINES**

Prepared by

**Richard E. Watson
Interim Director**

**Maureen McNeil
EMS Division Chief**

**Carol Biancalana
Communications Dispatch Coordinator**

December 2002

Vision Access Committee Members

Larry Anderson
Fremont Fire Department

California Fire Chiefs Association

Carol Biancalana
Communications/Dispatch Coordinator

EMS Authority

Linda Broyles
Scripps Hospital

Emergency Nurses Association (ENA)

Geoff Cady
EMS Consultant

National Academy of Emergency Dispatch

Jeff Clet
Fire Chief, City of Gilroy

Chair, Vision Access Committee

Robert Cordray
EMS Training Division

State Fire Marshal

Jeff Fehlberg
Heartland Fire Communications

California Chapter of National
Emergency Numbers Association

Virginia Ferral
Dispatch Manager, Placer County

California Sheriff's Association

Jay Goldman, M.D.
Kaiser Permanente

Managed Care Organizations
Emergency Medical Directors Association of
California

Ardith Hamilton
Marin County EMS Administrator

California State Association of Counties

Mark Hartwig
San Bernardino County Fire Dept

California Professional Firefighters

Katie Hurt, M.D.

CA Chapter of American College of
Emergency Physicians

Denis Jackson,
Vice President

American Medical Response

Gwen Jones
San Diego County EMS Administrator

California State Association of Counties
EMS Administrators Association of CA

Cindy Keehen
Supervising Public Safety Dispatcher
San Jose Fire Department

Association of Public Safety
Communications Officials (APCO)

Jim McPherson
Santa Clara County EMS Agency
Operations Director

EMS Administrators Association of CA

Mel Ochs, M. D.
Medical Director
San Diego County EMS Agency

Emergency Medical Directors Association of
California

Dan Paxton
Emergency Medical Services Division

California Highway Patrol

Susan Promes, M.D.
Highland Hospital-Oakland

CA Chapter of American College of
Emergency Physicians

Sam Spiegel
Police Chief, City of Folsom

California Peace Officers Association
California Police Chiefs Association

Miranda Swanson
Vision Project Manager

EMS Authority

Mike Warren
Fire Chief, City of Corona

League of California Cities

Kevin White
EMS/Health & Safety Director

California Professional Firefighters

Sue Wright
Information Mgmt Division

California Highway Patrol

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Introduction and Background

The Commission on Emergency Medical Services (EMS) and the EMS Authority joined in a cooperative effort to improve EMS statewide in June 1997 by participation in the EMS Vision for the Future Project. Eight committees were established and each were assigned to review a different EMS category (Finance, Governance and Medical Control, Education and Personnel, System Evaluation and Improvement, Access, and Prevention and Public Education). Each of the committees was chaired by a commissioner. The original eight committees were reduced to the six committees mention above during the first Vision conference, December 3-4, 1998.

The Vision Access Committee, one of the six multi-disciplinary, volunteer committees, reviewed eight EMS communication objectives submitted during the first EMS Vision Conference. These eight objectives were consolidated into four by the Committee. Development of Emergency Medical Dispatch Standards was one of the Committee's four objectives.

The EMD Standards and Guidelines document is the product of numerous meetings held by the EMS Vision Access Committee conducted over a three-year period and has been developed for usage within the 9-1-1 system environment. The EMD Standards and Guidelines were drafted by a multi-disciplinary committee representing all dispatcher stakeholder interests (law enforcement, fire departments, ambulance companies, hospitals, medical directors, and EMS and dispatch administrators, etc). The intent of the document is to provide a voluntary, statewide EMD Standard to encourage both primary and secondary public safety answering points to use medical pre-arrival instructions and EMD protocols.

In the development of the EMD Standards and Guidelines document, the Vision Access Committee made a fundamental decision to create a document that would be "enabling" rather than "limiting". The EMD document contains all of the core components of an EMD program.

The EMS Vision Access Committee reviewed and approved the draft EMD Standards and Guidelines document on August 23, 2002 with two abstaining votes—one from the EMS Administrators Association of California and one from the California Emergency Nurses Association. The EMD document was then forwarded to the Vision Leadership Team (VLT) for review and approval. At the September 10, 2002 meeting, the VLT unanimously approved the EMD Standards and Guidelines document with the caveat that there should be more discussion on medical oversight and system organization. The EMD Standards document was submitted to the interim director of the EMS Authority, who is now releasing the EMD Standards and Guidelines document for a forty-five day comment period to facilitate further discussion.

EMERGENCY MEDICAL DISPATCH PROGRAM STANDARDS

I. DEFINITIONS

- A. Advanced Life Support (ALS) Provider** shall mean special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.
- B. Compliance to Protocol** shall mean the adherence to the written text or scripts and other processes within the approved emergency medical dispatch priority response system except that, deviation from the test or script may only occur for the express purpose of clarifying the meaning or intent of a question or facilitating the clear understanding of a required action, instruction, or response from the caller.
- C. Continuing Dispatch Education (CDE)** shall mean educational experiences in accordance with standards set forth in this Chapter.
- D. Continuous Quality Improvement (CQI) Program** shall mean a program administered by the emergency medical dispatch provider agency for the purpose of insuring safe, efficient, and effective performance of emergency medical dispatchers in regard to their use of the emergency medical dispatch priority response system, and patient care provided. This program includes at its core, the random case review process: evaluating emergency medical dispatcher performance, providing feedback of emergency medical dispatch priority response system compliance levels to emergency medical dispatchers, and submitting compliance data to the emergency medical dispatch medical director.
- E. Course Curriculum Certification Agency** shall mean the Commission on Peace Officer Standards and Training (POST), the California State Fire Marshal's Office (CSFM) and/or the State of California Emergency Medical Services Authority (EMSA).
- F. Dispatch Life Support (DLS)** shall mean the knowledge, procedures, and skills used by trained emergency medical dispatchers in providing care and advice through post dispatch instructions and pre-arrival instructions to callers requesting emergency medical assistance.
- G. Emergency Medical Dispatcher (EMD)** shall mean a person trained to provide emergency medical dispatch services in accordance with this Chapter, and that is employed by an emergency medical dispatch provider agency.
- H. Emergency Medical Dispatching** shall mean the reception, evaluation, processing, and provision of dispatch life support; management of requests for emergency medical assistance; and participation in ongoing evaluation and improvement of the emergency medical dispatch process.

- I. Emergency Medical Dispatch Medical Direction (EMD Medical Direction)** shall mean the management and accountability for the medical care aspects of an emergency medical dispatch provider agency including: responsibility for the medical decision and care rendered by the emergency medical dispatcher and emergency medical dispatch provider agency; approval and medical control of the emergency medical dispatcher priority reference system; evaluation of the medical care and pre-arrival instructions rendered by the emergency medical dispatch personnel; direct participation in the emergency medical dispatch system evaluation and continuous quality improvement process; and the medical oversight of the training of the emergency medical dispatch personnel.
- J. Emergency Medical Dispatch Medical Director (EMD Medical Director)** shall mean a person who is licensed as a physician in the State of California, board certified or qualified in emergency medicine; who possesses knowledge of emergency medical systems in California and of the local jurisdiction; and who provides emergency medical dispatch medical direction to the emergency medical dispatch provider agency.
- K. Emergency Medical Dispatch Priority Reference System (EMDPRS)** shall mean a medical director approved emergency medical dispatch system that includes: the protocol used by an emergency medical dispatcher in an emergency medical dispatch provider agency to dispatch aid to medical emergencies that includes: systematized caller interrogation questions; systematized dispatch life support instructions; systematized coding protocols that match the dispatcher's evaluation of the injury or illness severity with the vehicle response mode and vehicle response configuration; continuous quality improvement program that measures compliance to protocol through ongoing random case review for each emergency medical dispatcher; and a training curriculum and testing process consistent with the specific emergency medical dispatch priority reference system protocol used by the emergency medical dispatch provider agency.
- L. Emergency Medical Dispatch Provider Agency (EMD Provider Agency)** shall mean any company, organization, or government agency that accepts the responsibility to provide emergency medical dispatch services for emergency medical assistance in accordance with the standards set forth in this Chapter.
- M. Emergency Medical Dispatch Services** shall mean the process for taking requests for emergency medical assistance from the public, identifying the nature of the request, prioritizing the severity of the request based on the emergency medical dispatch provider agency's local policies and procedures, dispatching the necessary resources, providing medical aid and safety instructions to the callers, and coordinating the responding resources as needed.
- N. Post-Dispatch Instructions (PDI)** shall mean case-specific advice, warning, and treatments given by trained emergency medical dispatchers whenever possible and appropriate through callers after dispatching field responders.
- O. Pre-Arrival Instructions (PAI)** shall mean the medically approved scripted instructions given in time-critical situations where correct evaluation, verification, and advice is given

by trained emergency medical dispatchers to callers that provide necessary assistance and control of the situation prior to arrival of emergency medical services personnel.

P. Vehicle Response Configuration shall mean the specific vehicles(s) of varied types, capabilities, and numbers responding to render assistance.

Q. Vehicle Response Mode shall mean the use of emergency driving techniques, such as warning lights-and-sirens versus routine driving response.

II. GENERAL PROVISIONS

A. Implementation of an Emergency Medical Dispatch Program

1. The decision to implement an Emergency Medical Dispatch (EMD) program shall reside at the lowest level of local government responsible for public safety dispatch services.

B. EMD Program Components shall include the following:

1. Emergency Medical Dispatch Priority Reference System (EMDPRS)
2. Basic EMD Training Program and Curriculum Standards
3. Continuing Dispatch Education (CDE) Standards
4. Continuous Quality Improvement (CQI) Standards
5. Policies and Procedures
6. Medical Direction and Oversight
7. Records Management

C. Scope of Practice of the Emergency Medical Dispatcher

1. The EMD scope of practice includes any or all of the following duties and responsibilities:
 - a. Receiving and processing calls for emergency medical assistance,
 - b. Determining the nature and severity of medical incidents,
 - c. Prioritizing the urgency of the response,
 - d. Dispatching appropriate emergency medical services (EMS) resources,
 - e. Giving post-dispatch and pre-arrival instructions to callers at the scene of an emergency,
 - f. Relaying pertinent information to responding personnel,
 - g. Coordinating with public safety and EMS providers as needed, and
 - h. Other medical activities as approved by the EMD Medical Director.

III. EMD PROGRAM COMPONENTS

A. Emergency Medical Dispatch Priority Reference System (EMDPRS)

1. An EMD Program shall include an EMDPRS selected by the EMD Provider Agency and approved by the EMD Medical Director as its foundation.
2. The EMDPRS is a medically approved protocol based system used by the EMD to interrogate callers, dispatch aid, and provide life support instructions during medical emergencies.

3. An approved EMDPRS shall include:
 - a. Systematized caller interrogation questions,
 - b. Systematized dispatch life support instructions,
 - c. Systematized coding protocols that allow the agency to match the dispatcher's evaluation of the injury or illness severity with the vehicle response mode and level of care (ALS/BLS).

B. Basic EMD Training and Curriculum Standards

1. Basic EMD training is designed to provide additional training to dispatchers who are already skilled and knowledgeable in dispatch and telecommunication procedures in order to provide medical assistance to callers.
2. Required Basic EMD Training Course Hours
 - a. Basic EMD Training shall consist of not less than twenty- four (24) hours (one classroom hour of instruction shall be defined as fifty minutes).
 - b. In addition, EMDs shall satisfactorily obtain and maintain record of course completion in adult, child, and infant CPR.
3. Required Basic EMD Training Course Content.
 - a. The Basic EMD Training course content shall include instruction to result in competence in the following:
 - 1) Introduction
 - a) Emergency Medical Dispatcher role and responsibilities
 - b) Legal and liability issues in EMD
 - c) Emergency Medical Dispatch concepts
 - 2) Information gathering and dispatch
 - a) Obtaining information from callers
 - b) Resource identification and allocation
 - c) Providing emergency care instructions
 - 3) EMD priority reference system and chief complaints
 - a) Introduction to the emergency medical dispatch protocol reference system
 - b) Introduction to chief complaint types
 - 4) Local EMS system overview
 - 5) Scenario based skills/practical exercises
 - 6) Final Examination
 - b. Course content shall be reviewed and approved by the EMD Medical Director who provides oversight of the program.
4. Training Program Provider Criteria
 - a. Each training program provider shall have:
 - 1) An EMD Training Program Manager that can correct any elements of the program found to be in conflict with this Chapter.
 - 2) A management structure that monitors all of its EMD training programs.

5. EMD Instructor Criteria
 - a. Each training program shall have a principal instructor(s), approved by the EMD Training Program Manager, who :
 - 1) Is a currently licensed or certified physician, registered nurse, physician assistant, EMT-P, or EMT- II , who has at least two years of practical experience within the last five years in pre-hospital emergency medical services, and with training in emergency medical dispatch; or
 - 2) Is an EMD with at least two years of practical experience within the last five years.
6. Course Curriculum Certification
 - a. EMD course curriculum shall be submitted to the training program provider's course curriculum certification agency (POST, CSFM or EMSA).
 - b. It is the training program provider's responsibility to submit the curriculum as required by their course curriculum certification agency, and to comply with the requisite policies and procedures of that agency.
 - c. The training program provider shall issue a course completion record to each person who has successfully completed an EMD course.

C. Continuing Dispatch Education Standards

1. An EMD shall receive a minimum of twenty-four (24) hours of continuing dispatch education (CDE) every two-years.
2. CDE shall be coordinated and organized through the EMD Provider Agency, and approved by the EMD Medical Director.
3. CDE shall include issues identified by the EMD continuous quality improvement process, and one or more of the following:
 - a. Medical conditions, incident types, and criteria necessary when performing caller assessment and prioritization of medical calls,
 - b. Use of the EMD protocol reference system,
 - c. Call taking interrogation skills,
 - d. Skills in providing telephone pre-arrival instructions,
 - e. Technical aspects of the system (phone patching, emergency procedures, etc.), and/or
 - f. Skill practice and critique of skill performance.
4. Methodologies for presenting CDE includes:
 - a. Formalized classroom lecture
 - b. Video, CD, Internet
 - c. Articles
 - d. Tape Reviews

- e. Participation on medical dispatch committee and/or
 - f. Field observations (e.g. ride-alongs with EMS personnel or Emergency Department observation of communications activities)
5. Formalized classroom CDE may be submitted to the training program provider's course curriculum certification agency (POST, CSFM, or EMSA) to count towards continuing dispatch education credits.
 - a. If the training program provider chooses to submit CDE curriculum to their course curriculum certification agency:
 1. It is the training program provider's responsibility to submit the CDE curriculum as required by their course curriculum certification agency, and to comply with the requisite policies and procedures of that agency.
 2. The training program provider shall issue a course completion record to each person who has successfully completed a CDE course.

D. Continuous Quality Improvement Standards

1. The EMD Provider Agency shall establish a continuous quality improvement (CQI) program.
2. A continuous quality improvement program shall measure compliance to minimum protocol compliance standards as established by the Medical Director through ongoing random case review for each emergency medical dispatcher.
3. The CQI process shall:
 - a. Monitor the quality of medical instruction given to callers including observing telephone care rendered by EMDs for compliance with defined standards.
 - b. Conduct random or incident specific case reviews to identify calls/practices that do not conform to defined policy or procedures.
 - c. Review EMD reports, and /or other records of patient care to compare performance against medical standards of practice.
 - d. Recommend training, policies and procedures for quality improvement.
 - e. Perform strategic planning and the development of broader policy and position statements.
4. EMD case review is the basis for all aspects of continuous quality improvement in order to maintain a high level of service and to provide a means for continuously checking the system. Consistency and accuracy are essential elements of EMD case review.
 - a. Critical components of the EMD case review process:
 - 1) Each CQI program shall have a case reviewer(s) who is:
 - a) A currently licensed or certified physician, registered nurse, physician assistant, EMT-P, EMT-II, or EMT-I, who has at least two years of practical experience within the last five years in pre-hospital emergency medical services with a basic knowledge of emergency medical dispatch, and who has received specialized training in the case review process, or
 - b) An EMD with at least two years of practical experience within the last five years, and who has received specialized training in the case review process.

- 2) The case reviewer shall measure individual EMD performance in an objective, consistent manner, adhering to a standardized scoring procedure.
- 3) The regular and timely review of a pre-determined number of EMD calls shall be utilized to ensure that the EMD is following protocols when providing medical instructions.
- 4) Routine and timely feedback shall be provided to the EMD to allow for improvement in their performance.
- 5) The case reviewer shall provide a protocol compliance report at least annually to the EMD Medical Director to ensure that the EMD Provider Agency is complying with their chosen EMDPRS minimum protocol compliance standards, and Agency policies and procedures.

E. Policies and Procedures

1. The EMD Provider Agency shall establish policies and procedures through its continuous quality improvement program, consistent with the EMD scope of practice that includes, but is not limited to:
 - a. Ensuring the EMD call answering point maintains direct access to the calling party,
 - b. Providing systematized caller interview questions,
 - c. Providing systematized post-dispatch and pre-arrival instructions,
 - d. Establishing protocols that determine vehicle response mode and configuration based on the EMD's evaluation of injury or illness severity,
 - e. Establishing a call classification coding system, for quality assurance and statistical analysis,
 - f. Establishing a written description of the communications system configuration for the service area including telephone and radio service resources, and
 - g. Establishing a record-keeping system, including report forms or a computer data management system to permit evaluation of patient care records to ensure EMD compliance with the EMDPRS, and timeliness of interview questions and dispatch.

F. Medical Direction and Oversight

1. The EMD Provider Agency shall employ, or contract the services of a physician Medical Director (which may include a Local EMS Agency (LEMSA) Medical Director), who shall provide medical oversight for all medical aspects of the EMD program including: the emergency medical dispatch protocol reference system, EMD training program, continuing dispatch education program, compliance standards, policies and procedures, continuous quality improvement program and risk management functions, and records management.
2. The EMD Medical Director shall:
 - a. Be licensed as a physician in California, board certified or qualified in Emergency Medicine, and
 - b. Possess knowledge of EMS systems in California and of the local jurisdiction.
 - c. Be familiar with dispatching systems and methodologies.

3. The EMD Medical Director shall be responsible for ensuring that the Agency's EMD Program is in accordance with standards set forth in this Chapter.
4. The EMD Medical Director shall be responsible for the:
 - a. Approval of the EMD training program and participating in ongoing evaluation and review of those programs,
 - b. Approval and oversight of the continuing dispatch education program,
 - c. Design of medical aspects of the emergency medical dispatcher orientation and performance evaluations,
 - d. Evaluation of the medical care, post-dispatch and pre-arrival instructions rendered by EMD personnel,
 - e. Approval of the emergency medical dispatch protocol reference system to be utilized, and
 - f. Review of all continuous quality improvement, training and risk management functions in the agency's CQI plan, including the establishment and monitoring of programs designed to correct identified medical quality issues, and
 - g. Participation in the local EMS system CQI process.

G. Records Management

1. Course Completion Records:
 - a. The EMD Provider Agency shall maintain a copy of the basic EMD training program course completion record in the individual EMD's training file.
 - b. The EMD Provider Agency shall maintain a record of "in- house" EMD CDE topics, methodologies, date, time, location, and the number of CDE hours completed for each session of CDE in the individual EMD's training file.
 - c. The EMD Provider shall maintain a copy of EMD CDE program course completion records from an approved EMD training program provider in the individual EMD's training file.
2. Training Program Provider Records:
 - a. Each training program provider shall retain the following training records as provided by local ordinance:
 - 1) Records on each course including, but not limited to: course title, course objectives, course outlines, qualification of instructors, dates of instruction, location, participant sign-in rosters, sample course tests or other methods of evaluation, and records of course completions issued.
 - 2) Summaries of test results, course evaluations or other methods of evaluation. The type of evaluation used may vary according to the instructor, content of program, number of participants and method of presentation.
3. CQI Case Review Records:
 - a. Each EMD Provider Agency shall retain protocol compliance reports as required by law.