

Comments on Proposed Revisions to
Chapter 1.5, Division 9, Title 22, California Code of Regulations
First Aid Standards for Public Safety Personnel
45-Day Pre-public Comment Period
December 20, 2013 through February 2, 2014

SECTION # PAGE #	AGENCY	COMMENT	EMSA RESPONSE
S:100009 P:1 L:28	CAL FIRE	Including medical emergencies, (suggested addition) "by public safety agency personnel", prior to the ----	Comment acknowledged. Suggested language adds clarity, revision will be made as requested
S:100016 P:3 L: 39	CAL FIRE	Although mentioned under tactical "basic airway management" should be added between lines 39 and 40	Comment acknowledged. Suggested language will be added.
S:100016 P:5 L: 22-29	CAL FIRE	Lines 22-29 may require renumbering for format and organization	Comment acknowledged. Numbering and format changes will be made to accommodate further revisions.
S:100018 P: 7 L:14	CAL FIRE	of the LEMSA ---- add "or in the case of programs approved by the EMSA, the EMSA Medical Director will approve."	Comment acknowledged. No change. LEMSA Medical Directors have authority to approve optional skills permitted in regulations.
S:100020 P:12 L:29	CAL FIRE	Change to once every two (2) years.	Comment acknowledged. No change. Penal Code §13518 specifies first aid and CPR refresher training is required for Peace Officers once every 3 years. Proposed regulations follow the statutory provisions.
S:100018 P:7 L:15	CAL FIRE	Change "A LEMSA shall ...", to "The authorizing Agency/Authority..."	Comment acknowledged. No change. The LEMSA Medical Director has the authority to approve and verify competency of optional skills for EMS personnel within the respective

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			system.
S:100021 P:12 L:41	CAL FIRE	Change "Cal Fire" to CAL FIRE	Comment acknowledged. Requested change will be made.
S:100021 P: 13 L:24	CAL FIRE	Change "Cal Fire" to CAL FIRE	Comment acknowledged. Requested change will be made.
S:100013 P:2 L:34	CAL FIRE NR	Change 'first aid' should be "First Aid"	Comment acknowledged. First Aid is a proper noun in this context and will be capitalized.
S:100016 P:3 L:17	Nor-Cal EMS	Increase the number of training hours to 48.	Comment acknowledged, however no change will be made. No justification was provided to support requested increase in hours.
S:100016 P:3 L:46	Nor-Cal EMS	Include CPR/AED on a child.	Comment acknowledged. Inclusion of child CPR/AED will be added.
S:100016 P:4 L:5	Nor-Cal EMS	On unconscious patients add airway maintenance to include suctioning and utilization of OPA or NPA devices.	Comment acknowledged. Suggested language will be added to 100016 (c) (3) following rescue breathing.
S:100017 P:6 L:38	Nor-Cal EMS	Specify selective spinal immobilization.	Comment acknowledged. No change, the types of spinal immobilization will be determined by the LEMSA in cooperation with the service provider.

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S:100017 P:6 L:41	Nor-Cal EMS	Add assist with beta agonist inhalers and SL ntg in adult patients.	Comment acknowledged. No change. The suggested medications are outside of the topics of the proposed first aid course and would require additional course time.
S:100017 P:6 L:30	Nor-Cal EMS	Set-up and monitor IV NS under the direction of an ALS provider.	Comment acknowledged. No change to proposed regulations. This suggestion goes beyond the scope of a first aid trained individual.
S:100017 P:7 L:4	Nor-Cal EMS	Unless approved by the Local EMS Agency Medical Director and the EMSA.	Comment acknowledged. No change. Suggested change is beyond the intent of the proposed basic scope and optional skills.
S:100016 P:3	North Coast EMS	Adding this many items to the Course content but only requiring 24 hours of training seems unrealistic. The topics to be covered are relatively the same as an EMT Basic class but we are asking them to cover them all in 24 hours, 6 of which will be CPR.	Comment acknowledged. Many of the items listed are part of the currently required training, but are now more clearly identified through an itemized listing of topics. CPR training is not required to consist of 6 hours.
S:100018 P:8	North Coast EMS	Training in oxygen administration should be included in the basic Scope of Practice and not be an optional item. The regulations include the use of CPR, AED, basic airway management (OPA and NPAs) and oxygen plays a critical role in these skills. This item needs to be moved to	Comment acknowledged. Oxygen will remain an optional scope, allowing the LEMSA Medical Director discretion for the additional training if desired.

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		the basic scope list and increase the course training hours by 2 hours to accommodate the training.	
S:100019 P:11 L:6	North Coast EMS	By adding the requirement that AED providers submit PCR reports will cause a burden to small rural volunteer agencies. This could be optional for those that have access to a PCR system but you need to keep the wording in the current version as well, to allow these agencies to submit a basic report of usage etc. Requiring all agencies to use a PCR format may discourage smaller departments from using AED in the field.	Comment acknowledged. No change. Documenting the use of an AED by public safety agencies. The proposed language allows for more flexibility for the public safety agency to comply with LEMSA reporting requirements.
S:100021 P:13 L:9	North Coast EMS	By removing the option of attending Red Cross or AHA approved classes this will put a huge burden on not only the individual firefighter but also the LEMSA. The large majority of firefighters in our region are volunteer and their agencies aren't large enough to have in house training programs. These people seek out and attend classes at the local Red Cross office in order to obtain this training. By shifting this approval to the LEMSA will mean there are less available courses for the individual and add a large amount of work for the LEMSA. This will mean developing policies, procedures, training approval process, testing process and frequent review of all these items to ensure they meet current updates. The option to attend courses sponsored by Red Cross or AHA need to remain	Comment acknowledged. An American Red Cross or American Heart Association course that meets the increased training standards can be approved by the LEMSA. EMSA will consider developing a course review standard to reduce the burden of approval to the local EMS agencies.

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		in the regulations.	
S:100018, P 8, LN: 4	Esther Kilian Humboldt Co American Red Cross Instructor, Fieldbrook Vol. Fire Dept. Med. Training Officer via North Coast EMS	1). My only comment re. the content of the course is that Oxygen use should be covered in the body of the course—not in a separate course.	Comment acknowledged. No change. Oxygen will remain an optional scope, allowing the LEMSA Medical Director discretion for the additional training if desired.
S:100021, P:12, LN:11-12	Esther Kilian Humboldt Co American Red Cross Instructor, Fieldbrook Vol. Fire Dept. Med. Training Officer via North Coast EMS	2). Since ARC already has a course (& trained instructors) covering most of the subject matter, why not allow them to modify their course to meet the new standards as they have done on a regular basis for years instead of reinventing the wheel and putting an additional burden on local EMS offices.	Comment acknowledged. An American Red Cross or American Heart Association course that meets the increased training standards can be approved by the LEMSA. EMSA will consider developing a course review standard to reduce the burden of approval to the local EMS agencies.
All	Esther Kilian Humboldt Co American Red Cross Instructor, Fieldbrook Vol. Fire Dept. Med. Training Officer via North Coast EMS	3).If this course is made a requirement for all rural volunteer firefighters, it will impose further hardship of time and money for many firefighters- such that some/many may resign. Small departments may have to close their doors--leaving their communities, without coverage. It is already difficult to recruit and retain (unpaid) volunteers because of the huge commitment	Comment acknowledged, the definition of Regularly Employed will be unstruck and will remain in the next draft.

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		they already must make in time and money. Please remember that many departments run on the money they bring in from bake sales, chili dinners, etc. and most volunteers have full time jobs and family responsibilities.	
All	San Mateo County EMS Agency	Thank you for the opportunity to comment in a pre-public forum	Comment acknowledged and appreciated.
General Comment	San Mateo County EMS Agency	It is confusing to have different standards for law enforcement, lifeguards and fire. Perhaps it is appropriate to separate the regulations	Comment acknowledged. No change. Training standards apply equally to all public safety personnel (Firefighters, Peace Officers and Lifeguards).
General Comment	San Mateo County EMS Agency	If the provider is not subject to a background check by their employing agency, this should be included in the requirements.	Comment acknowledged. No change. There is not statutory authority to require background checks for public safety first aid personnel.
S:100016 (a)	San Mateo County EMS Agency	Twenty four hours of training for this curriculum seems inadequate. It would be more reasonable to allow minimum of 48 hours for first aid and CPR/AED which is consistent with national standards	Comment acknowledged. No change. Many of the items listed are part of the required training, but as proposed are more clearly identified through an itemized listing of topics. 48 hours is the National Standard for the EMR, however the training proposed in these regulations does not cover all training required at the EMR level.

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S:100016 (C) L: 27	San Mateo County EMS Agency	Add care of the amputated part as well as care of amputation.	Comment acknowledged. No change. As broadly listed, "amputations" will include care of both the amputation site and body part.
S:100024 (f)	San Mateo County EMS Agency	Testing shall include a written test or the equivalent and skills testing...	Comment acknowledged. Section referenced requirement for both written and skills competency testing.
S:100018 (new c)	San Mateo County EMS Agency	Add: (c) recognition of the signs and symptoms of acute anaphylaxis and/or severe asthma and the differential symptoms of severe pulmonary edema	Comment acknowledged. Signs and symptoms for acute anaphylaxis will be added. Severe asthma will be deleted from this section.
S:100018 (D) 2	San Mateo County EMS Agency	Set up of oxygen delivery for a breathing patient to include opening of the oxygen tank, use of the oxygen regulator and selection of liter flow	Comment acknowledged. This will be added to (d) (1) (D) for Oxygen Delivery Systems.
S:100018	San Mateo County EMS Agency	Need to add accessing ALS system or transportation to a hospital for patients who have received epinephrine or 2-PAM and atropine	Comment acknowledged. This will be added to (1)(G).
Entire document	Los Angeles Police Department	We recommend that the current First Aid Standards remain the same for it meets the needs of public safety.	Comment acknowledged. This chapter of regulations requires revision to update education standards and clarify permitted activities for public safety personnel.
S:100013 P:2 L: 28	City of Grover Beach Police Chief/Assistant	Although I support the use of AED, our agency does not have them deployed, nor do we have funds for buying them, nor do we have the ability	Comment acknowledged. The proposed regulations only require AED training, and do not

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	City Manager	to provide the necessary Training. Our local fire department also responds to <u>all</u> medical aid calls for service and is able to perform such first aid duties. I do not support mandatory use and training without attached funding.	mandate AED use. AED training is standard in most, if not all, CPR courses.
S: 100015 P: 3 L: 6	City of Grover Beach Police Chief/Assistant City Manager	Without funding, we have no way of meeting this within 1 year. In addition, being short staffed, we have no way of getting staff trained in the use of AED's even is we were able to obtain them.	Comment acknowledged. No change. There are no proposed changes to the timeframe for completion of initial training. Public safety personnel who have completed first aid and CPR training within one year of initial employment prior to the effective date of these revisions shall be grandfathered and will not need to compete this initial training, but will need to meet the refresher training requirements.
S:10006 P: 3 L:17	City of Grover Beach Police Chief/Assistant City Manager	I supported the 6 hours of first aid training, however, I do not support the 24 hours, we do not have enough staff to fill or allow the time for this mandatory training. And we would not be able to accomplish this within the 1 year time period. Without funding for the equipment or the training this should not be mandatory for all to be implemented.	Comment acknowledged. The proposed regulations would require a total of 24 hours, including completion of required first aid, CPR and AED training. Existing regulations require 21 hours for first aid and CPR, and an additional 4 hours for optional AED training. Public safety personnel who have completed first aid and CPR training within

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			one year of initial employment prior to the effective date of these revisions shall be grandfathered and will not need to compete this initial training, but will need to meet the refresher training requirements.
S:100019 P:10 L:39	City of Grover Beach Police Chief/Assistant City Manager	Does this mean that if an agency does not obtain or provide AED's that we would not be an AED provider? A little contrary to above section as stated that public safety is required to be trained. Or does this give agencies who don't provide them an out?	Comment acknowledged. To be an AED provider, the provisions outlined in section 100019 must be met. The regulations do not require a public safety agency to become an AED service provider.
S:100020 P:12 L:18-29	City of Grover Beach Police Chief/Assistant City Manager	I support the change to 8 hours of recertification, however, again, this is part of the reason our agency cannot maintain the use of AED's as we had a difficult time managing, staffing, allowing training time, and finding adequate trainers to perform the training every 2 years.	Comment acknowledged. No change recommended. The regulations do not require a public safety agency to become an AED service provider.
S:100021 P: 12 L: 39-42	City of Grover Beach Police Chief/Assistant City Manager	I am opposed to having the AED as a requirement for training as I am opposed to having to carry them as a mandatory requirement without funding for such.	Comment acknowledged. AED training is standard in most, if not all, CPR courses. The regulations do not require a public safety agency to become an AED service provider.
S:100007 P:1 L:16	Contra Costa County EMS	Delete "adequate"	Comment acknowledged. No change.
S:100007 P:1	Contra Costa	Delete "adequate" and "either spontaneously or"	Comment acknowledged. No

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L:17	County EMS		change.
S:100013 P:2 L:38	Contra Costa County EMS	Delete “apostrophe” – EMTs is plural	Comment acknowledged. Will delete apostrophe.
S:100018 P:7 L:21	Contra Costa County EMS	Concern re: length of training hours The topic may be able to be sufficiently covered in less than 2 hours	Comment acknowledged. The training hours are consistent with those required in the EMT regulations for epinephrine administration.
S:100018 P:8 L:1	Contra Costa County EMS	Demonstrating aseptic technique during medication administration – this is overkill as there is no skin prep with the auto injector	Comment acknowledged. No change recommended. Aseptic technique is a best practice.
S:100021 P:13 L:16	Contra Costa County EMS	“healthcare provider level” has been added. The training is required to be equivalent to the standards of the American Red Cross and/or American Heart Association – while both entities have CPR and AED training at the healthcare provider level neither have first aid courses at the healthcare provider level. “Healthcare provider level” should be placed behind “first aid” or deleted.	Comment acknowledged. Recommended change will be made.
S:100018 P:7 L:24	Contra Costa County EMS	Recommend that “severe asthma symptoms” be deleted.	Comment acknowledged. “Severe asthma symptoms” will be deleted.
S:100018 P:7 L:15-17	Contra Costa County EMS	Requires the local EMS Agency to approve non-standardized training programs for optional scope skills. This invites the potential for significant variability and represent a mandate for local agencies that will likely be problematic	Comment acknowledged. Training standards for optional skills are outlined in §100018 and are at the discretion of the Medical Director of the LEMSA.

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		given the lack of medical personnel associated with many of these agencies.	
S:100020 P:12, L: 27-29	Glendora Police Department	<p>I have a comment I wish to be considered regarding the draft regulations for Public Safety AED Providers. You may remember that I sat with the committee in 2009 when the revisions were written for Reference No. 413 – AED Public Safety Service Provider Program Requirements. I am concerned that one regulation is set to be changed as it relates to peace officers, which I think will be a mistake.</p> <p><i>Why are there differences in retraining between peace officers and others?</i></p> <p>There is a simple answer to that (as we previously discussed). POST (the California Commission on Peace Officer Standards and Training) requires officers to complete a First Aid/CPR refresher once every 3 years. It made sense to have a similar time frame written in to the Reference 413 and it is just as important that the same language be included in Title 22 Division 9.</p> <p>If the goal of the change to Title 22 is to force POST to change their standards from 3 to 2 years, that is one issue. But if the goal is to have consistency between POST requirements and Title 22 standards, then the language giving officers 3 years to update their First Aid/CPR</p>	Comment acknowledged. Penal Code §13518 specifies first aid and CPR refresher training is required for Peace Officers once every 3 years. Proposed regulations follow the statutory provisions.

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		skills should stand as written (I was the one who requested this language when the committee wrote Reference 413).	
S:100016 P:5 L:22-29	Inland Counties Emergency Medical Agency (ICEMA)	Concern that this is advanced scope and a minimum of one hour training is insufficient for proper use. There is no language about medical control or LEMSA oversight related to a medical procedure.	Comment acknowledged. This training standard is consistent with the training standards listed in the EMT regulations for hemostatic dressings.
S:100018 P:9 L:9	ICEMA	Even though it is under local optional scope it is a concern that 1st responders will carry auto injectors for use on general population. Use of nerve agent antidotes for the responder is appropriate but use on the general population is concerning. Regulations have just allowed this procedure for EMT's and they have significantly longer training hours.	Comment acknowledged. Items in optional scope are left to the discretion of the Medical Director of each LEMSA for approval.
S:100019 P:11 L:6	ICEMA	Thank you for making Patient Care Records mandatory for first aid providers when an AED is used. Please add this as a requirement for any patient care activity no matter how minor.	Comment acknowledged. Patient care reports are proposed for the use of an AED in accordance with LEMSA policy requirements. Documenting the use of an AED by a public safety agency is currently required in regulations. We are not proposing that public safety agencies complete patient care reports on all patient contacts, unless they are paramedic providers (different chapter of regulations).

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S:100020 P:12 L:19	ICEMA	Don't understand why the retraining requirements are different for Peace Officer. It should be mandatory for Peace Officers to have a valid CPR card renewal every two years like any other provider.	Comment acknowledged. Penal Code §13518 specifies first aid and CPR refresher training is required for Peace Officers once every 3 years. Proposed regulations follow the statutory provisions.
General questions	ICEMA	Is there going to be any certification requirements either by EMSA or LEMSA's and if not how are we going to ensure that they won't over step their scope. If they train to the optional scope but choose not to notify the LEMSA or have a medical director or follow the EMSQIP. LEMSA's need some authority and knowledge of first responders practicing in their region.	Comment acknowledged. A certification is not a part of the proposed regulations. Any optional skills require the approval of the LEMSA Medical Director.
	ICEMA	Are these regs intending to act as the EMR regs with less training hours and less oversight?	Comment acknowledged. The required hours and training standard are less than those required for the EMR level. EMR training does satisfy the requirements of this Chapter, though it is not required. One intent of these proposed revisions is to set a scope of practice for first aid trained public safety personnel and not an EMR scope of practice.
Entire Chapter	Los Angeles County EMS	The recommended changes should only be applied to Peace Officers as a separate scope of	Comment acknowledged, no change. Training and scope of

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	Agency	practice. The recommended changes do not address medical oversight and integration into the EMS system.	practice is the same for peace officers and firefighters and lifeguards. We will add EMS system integration to (1)(G).
Entire Chapter	Los Angeles County EMS Agency	If this regulation is meant for Peace Officers then remove firefighters and lifeguards from this document. If so, possibly creating separate regulations that address firefighters and lifeguards. These 3 professions have very different missions	Comment acknowledged, no change. Training and scope of practice is the same for peace officers and firefighters and lifeguards
Entire Chapter	Los Angeles County EMS Agency	Is the LEMSA required to approve these programs and ensure competency?	Comment acknowledged, no change. §100021 states courses shall be approved by the EMS Authority or the LEMSA.
S:100007 P:1 L:17-18	Los Angeles County EMS Agency	Delete word “ensuring”. Delete the line “either spontaneously or by means of closed chest cardiac compression” Add the word “current” before American Heart Association’s	Comment acknowledged. No changes will be made to the recommended deletions. We will add “current” before “American Heart Association’s”
S:100010 P:2 L:4	Los Angeles County EMS Agency	Delete – the words “regularly employed” were removed from the definition previously, but it is used in Section 100013. Should be deleted from both	Comment acknowledged, the definition of Regularly Employed will be unstruck and will remain in the next draft.
S:100011 P:2 L:6	Los Angeles County EMS Agency	Same as above	Comment acknowledged, the definition of Regularly Employed will be unstruck and will remain in the next draft.
S:100013 P:2 L:27	Los Angeles County EMS	Delete “regularly employed”	Comment acknowledged, the definition of Regularly Employed

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	Agency		will be unstruck and will remain in the next draft.
S:100013 P:2 L:36	Los Angeles County EMS Agency	For RNs, PAs and MDs: some of the training (i.e., threat assessment, hemostatic dressings, etc.) are not part of the core curriculum for these licenses. We recommend the development of an orientation program for these professions which would be specific to these items.	Comment acknowledged. No Change. These topics may be derived from the course content of an approved program and used to supplement the RNs, PAs and MDs training and or experience.
S:100013 P:2 L:38	Los Angeles County EMS Agency	Delete the apostrophe in EMT's	Comment acknowledged. Apostrophe will be deleted.
S:100016 P:3 L:22	Los Angeles County EMS Agency	Delete "recognition and treatment"	Comment acknowledged, no change. Recognition and treatment are essential to the ability of the public safety personnel to render assistance.
S:100016 P:3 L:23	Los Angeles County EMS Agency	States "shall be skill oriented" – There are no skill's specifically referenced	Comment acknowledged. "Skills" is used as a term to demonstrate ability to perform the specific topics outlined in §100016.
S:100016 P:3 L:29	Los Angeles County EMS Agency	Add orientation to local EMS and trauma systems.	Comment acknowledged. Will add trauma system orientation to EMS orientation system under §100016 (c) (16) (C).
S:100016 P:3 L:33-34	Los Angeles County EMS Agency	Move to line 11 on page 4	Comment acknowledged. Will delete (c) (6) (A) "Heart Attack".

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S:100016 P:3 L:35-36	Los Angeles County EMS Agency	Move to fall under line 37 on page 3 (all BLS items should be moved under 1 header)	Comment acknowledged. No changes will be made as the topics are suitably ordered.
S:100016 P:3 L:40	Los Angeles County EMS Agency	Add –mouth to mouth, mouth to mask and Bag Valve Mask (BVM)	Comment acknowledged. We will add suggested language to proposed section. §100016
S:100016 P:3 L:41	Los Angeles County EMS Agency	Delete “Automated External Defibrillators” it has already been used as AED earlier in the document	Comment acknowledged. We will use the AED acronym.
S:100016 P:3 L:47-48	Los Angeles County EMS Agency	Add lines in order add single rescuer CPR/AED on child and Two rescuer CPR/AED on child	Comment acknowledged. Will add lines as suggested.
S:100016 P:4 L:1	Los Angeles County EMS Agency	Add line in order to add Two rescuer CPR on infant	Comment acknowledged. Will add lines as suggested.
S:100016 P:4 L:3-5	Los Angeles County EMS Agency	Part of BLS and should be moved under (3) on page 3	Comment acknowledged. No changes will be made as the topics are suitably ordered.
S:100016 P:4 L:31	Los Angeles County EMS Agency	Specify types of spinal immobilization	Comment acknowledged. No change, the types of spinal immobilization will be determined by the LEMSA in cooperation with the service provider.
S:100016 P:4 L:32	Los Angeles County EMS Agency	Specify types of splinting	Comment acknowledged. No change, the types of splinting will be determined by the LEMSA in cooperation with the service provider.
S:100016 P:4	Los Angeles	Remove the word “treatment” or add the word	Comment acknowledged. We will

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L:33	County EMS Agency	“basic” before treatment. Change to “recognition of signs and symptoms of shock.	add suggested language.
S:100016 P:5 L:2	Los Angeles County EMS Agency	Remove duplicate “Bites and Stings” and replace with “Envenomation”	Comment acknowledged. No change, the intent is to use simple language. Also, it may not clearly be evident when actual envenomation occurs.
S:100016 P:5 L:7	Los Angeles County EMS Agency	Expand this and clarify what this will include (i.e., recognition and scene safety) since each practitioner has different levels	Comment acknowledged. We will add clarification as suggested.
S:100016 P:5 L:11-12	Los Angeles County EMS Agency	Remove completely; this is too broad and dependent on a multitude of situations.	Comment acknowledged. We will add clarification of the topic.
S:100016 P:5 L:13-17	Los Angeles County EMS Agency	There is no standard curriculum for the entry level training. This should be a totally separate training or replace with a General Overview. This does not require skills training.	Comment acknowledged. Tactical and rescue training topic is intended to provide a standard basic level of training to all classes of public safety personnel.
S:100016 P:5 L:19-21	Los Angeles County EMS Agency	Move to page 3 line 29 and add “orientation to local EMS and trauma systems”	Comment acknowledged. Will add trauma system orientation to EMS orientation system under §100016 (c) (16) (C).
S:100016 P:5 L:22-29	Los Angeles County EMS Agency	Move to page 4 below line 23 under bleeding control	Comment acknowledged. Will make suggested change.
S:100017 P:6 L:26	Los Angeles County EMS Agency	The Chapter does not address who will ensure competency, monitor compliance with the scope of practice and what type of credential will be	Comment acknowledged. Competency is evaluated through the competency-based

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		used to identify completion and competency with this scope of practice. We strongly recommend that this scope of practice should only be applicable to Peace Officers.	written and skills exam administered by an approved training program. Scope of practice is designed to apply to all classes of public safety personnel.
S:100017 P:6 L:30	Los Angeles County EMS Agency	Insert word "basic" before treatment	Comment acknowledged. We will add suggested language.
S:100017 P:6 L:35	Los Angeles County EMS Agency	Add use of mouth to mouth, mouth to mask and BVM use in conjunction with OPAs and NPAs	Comment acknowledged. We will add suggested language.
S:100017 P:6 L:38	Los Angeles County EMS Agency	Specify types of spinal immobilization	Comment acknowledged. No change, the types of spinal immobilization will be determined by the LEMSA in cooperation with the service provider.
S:100017 P:6 L:39	Los Angeles County EMS Agency	Specify types of splinting	Comment acknowledged. No change, the types of splinting will be determined by the LEMSA in cooperation with the service provider.
S:100017 P:6 L:40	Los Angeles County EMS Agency	Specify types of emergency eye irrigation	Comment acknowledged. We will add irrigation solution types.
S:100017 P:7 L:46	Los Angeles County EMS Agency	Chest seals and dressings are not addressed in the training requirements	Comment acknowledged. We will add suggested language to the course content.
S:100017 P:7	Los Angeles	Remove "medical care including, but not limited	Comment acknowledged. We will

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L:2	County EMS Agency	to,” and move this statement to top of scope of practice	add suggested language.
S:100018 P:7 L:9	Los Angeles County EMS Agency	General comment: How will this be monitored and tracked to ensure competency, and how will this be integrated into the EMS system	Comment acknowledged. The LEMSA Medical Director is responsible for ensuring proof of completed training since optional skills are at the discretion of the Medical Director.
S:100018 P:8 L:37-39	Los Angeles County EMS Agency	Delete “for self or peer care”	Comment acknowledged. No changes will be made. The proposed text limits use to “self or peer” and not the general population.
S:100019 P:11 L:6-7	Los Angeles County EMS Agency	This chapter does not require documentation of other treatments. This is onerous and redundant. This is not realistic in light of ePCRs.	Comment acknowledged. No change. The only reporting requirement is for the use of an AED according to LEMSA policy requirements.
S:100020 P:12 L:16-20	Los Angeles County EMS Agency	Why are there differences in retraining between peace officers and others?	Comment acknowledged. Penal Code §13518 specifies first aid and CPR refresher training is required for Peace Officers once every 3 years. Proposed regulations follow the statutory provisions.
S:100020 P:12 L:29	Los Angeles County EMS Agency	This is medical care therefore retraining should be every 2 years.	Comment acknowledged. Penal Code §13518 specifies first aid and CPR refresher training is required for Peace Officers once

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			every 3 years. Proposed regulations follow the statutory provisions.
S:100021 P:13 L:9-10	Los Angeles County EMS Agency	This deletion eliminated the Nationwide Standardized training for lifeguards	Comment acknowledged. The deletion eliminates courses independently approved by the American Red Cross. Standardized training remains a requirement for lifeguards.
S:100021 P:13 L:13-15	Los Angeles County EMS Agency	DOT educational standards do not include several elements required in this regulation such as? Jacqui - Give examples - RT.	Comment acknowledged. More information is required in order to respond to this comment.
S:100021 P:13 L:16	Los Angeles County EMS Agency	Move "healthcare provider level" in front of CPR.	Comment acknowledged. Recommended change will be made.
S:100021 P:13 L:19-21	Los Angeles County EMS Agency	General Comment: There are no criteria to preclude "blanket approvals" especially for out of state CE programs.	Comment acknowledged. Retraining is required, but CE is not required. Approved courses are listed in §100021.
S:100021 P:13 L:24	Los Angeles County EMS Agency	There needs to be provisions regarding LEMSA charging for fees to recoup the cost of approving, validation and oversight of training programs.	Comment acknowledged. No Change. LEMSAs may implement a fee structure through adoption of local policies.
S:100022 P:13 L:30	Los Angeles County EMS Agency	This section needs to clarify program oversight and periodic review to determine non-compliance.	Comment acknowledged. We will add language to clarify program oversight.
S:100023 P:14 L:6-38	Los Angeles County EMS Agency	Move this entire section to end of the document	Comment acknowledged. No changes will be made as the topics are suitably ordered.

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S:100023 P:14 L:6-38	Los Angeles County EMS Agency	The Chapter should include a provision for approval notification so it is consistent with this notice of revocation. Will there be a registry of approved programs? This is not mentioned in the document.	Comment acknowledged. We will provide access to the training database to add approved public safety training programs. We will add language requiring program approval notification.
S:100024 P:15 L:4	Los Angeles County EMS Agency	This section refers to a “verification form” but it is not included in the document.	Comment acknowledged. The skills form was inadvertently left out of the proposed draft regulations. The proposed form would follow a similar format to the EMT skills verification form.
S:100025 P:15 L:13	Los Angeles County EMS Agency	There needs to be criteria or guidelines for determining a qualified instructor.	Comment acknowledged. Instructor requirements include being proficient in the skills taught and qualified to teach as determined by the approving authority.
S:100026 P:15 L:19	Los Angeles County EMS Agency	There are no criteria regarding oversight or validation of training programs.	Comment acknowledged. §100026 (d) provides for inspection by the approving authority upon request.
S:100026 P:15 L:29	Los Angeles County EMS Agency	Inconsistent expiration dates. This states 2 years but earlier in the document peace officers should re-certify every 3 years. Should be every 2 years for all	Comment acknowledged. We will add language to clarify the 3-year retraining requirement for peace officers in accordance with Penal Code 13518.
S:100016 P:3 L:30	Los Angeles County Sheriff's	Line 30 (E) Duplicates P5 Line 19,20,21. Recommend removal from P5	Comment acknowledged. No changes will be made. The

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	Department		referenced sections refer to integration, orientation and interaction with EMS personnel.
S:100016 P:4 L:42	Los Angeles County Sheriff's Department	L42 (D) Dental Emergencies: Needs to be generalized, tooth loss, etc.	Comment acknowledged. No change, this topic needs to be general so as not to be restricted by regulatory language only on specific topics.
S:100016 P:4 L:22	Los Angeles County Sheriff's Department	L22 (K) Sudden infant death syndrome SIDS, Does not relate to first aid. First aid will be performed as if an infant is unconscious and not breathing.	Comment acknowledged. Health and Safety Code 1797.193 requires a course relating to Sudden Infant Death Syndrome.
S:100016 P:5 L:17	Los Angeles County Sheriff's Department	L17 (D) Medical threat assessment and planning. Duplicates Scene safety and Size up taught for assessment	Comment acknowledged. Medical threat assessment differs from environmental scene safety.
S:100016 P:5 L:22	Los Angeles County Sheriff's Department	L22 . Hemostatic dressings should be in the Optional Skills Section 100018 and Authorized by LEMSA	Comment acknowledged. Hemostatic dressings, while not listed in the optional skills section, are at the discretion of the Medical Director of the LEMSA.
S:100017 P:6 L:34	Los Angeles County Sheriff's Department	Oropharyngeal (OPA) and Nasopharyngeal (NPA) is not covered in initial course. OPA and NPA should be in Optional Skills section 100018	Comment acknowledged, topics for placing OPAs and NPAs will be added to the required course content.
S:100017 P:6 L:38	Los Angeles County Sheriff's Department	Spinal immobilization should indicate "Manual" spinal immobilization or needs a section in	Comment acknowledged. We will add clarifying language to specify types of spinal immobilization.

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		optional training to include “C-spine” collars and back Boards.	
S:100017 P:6 L:43	Los Angeles County Sheriff’s Department	Pressure Points should be removed. They are no longer part of bleeding control.	Comment acknowledged. We will change the topic of training to principals of pressure points to address any devices that may be coming out related to using pressure points.
S:100020 P:12 L:29	Riverside County Sheriff’s Dept.	Change three (3) years to two (2) years to coincide with other information in section 100020.	Comment acknowledged. Penal Code §13518 specifies first aid and CPR refresher training is required for Peace Officers once every 3 years. Proposed regulations follow the statutory provisions.
S:100026 P:15 L: 27	Riverside County Sheriff’s Dept.	Clarify what “topics completed” will be required to be on the certificate (First Aid/CPR/AED or all subjects listed in section 10016.	Comment acknowledged. Topics completed would include: Public Safety First Aid, CPR and AED.
S:100016 P:4 L: 25	San Diego Fire Rescue	Control of bleeding, including direct pressure, tourniquet, <i>wound packing</i> and hemostatic dressings;	Comment acknowledged. We will make the suggested revision.
S: 100016 P:5 L: 15	San Diego Fire Rescue	Extrication and movement of patients <i>using soft litters and manual extractions including fore/aft, side-by-side, shoulder/belt</i>	Comment acknowledged. We will add the suggested language.
S:100017 P:6 L: 43	San Diego Fire Rescue	Hemorrhage control using direct pressure, pressure bandages, pressure points, tourniquets, <i>wound packing</i> and/or hemostatic dressings	Comment acknowledged. We will add the suggested language.

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S:100009 P:1 L:27	San Luis Obispo EMS	“Public Safety First aid” Should be changed to “Public Safety First Aid” or simply, “First Aid”.	Comment acknowledged. We will capitalize the “A” in Aid.
S:100017 P:6 L:34 & 35	San Luis Obispo EMS	“(C) Use oropharyngeal (oral) airways (OPAs) and nasopharyngeal (nasal) airways (NPAs) This should be listed under Section 100018, Optional Skills. AHA teaches use of barrier device and bag-mask devices, but does not review OPAs or NPAs for First Responders. Since we have certified, advanced health care providers in this facility, HPOs should not need to review this additional information.	Comment acknowledged, topics for placing OPAs and NPAs will be added to the required course content.
S:100020 P:12 L:19-26	San Luis Obispo EMS	No Revisions suggested; just two questions: Guidelines call for a competency-based written and skills PRETEST of the topics to be covered in class, with the ability to reduce the amount of time needed for perishable skills training as indicated by the pretest. 1. Will this PRETEST be written by the American Heart Association, or by the approved authority (i.e. Department of State Hospitals, etc.)? 2. If we can reduce the retraining hours, is there a minimum number of training hours with a perfect PRETEST score, per AHA?	Comment acknowledged. The pre-test option is limited to peace officers and would be provided by the approved training program. We will revise this section to clarify the training agency as the approved training program. The minimum number of hours is limited to the hours needed to cover the topics indicated necessary by the pre-test.
S:100021 P:13 L:16-18	San Luis Obispo EMS	“A course of <u>at least 24 hours</u> in <u>healthcare provider level</u> first aid and CPR <u>and AED</u> equivalent to the standards of the American Red Cross and/or American Heart Association and approved by the local EMS agency; or”	Comment acknowledged. The Red Cross standards are applicable for first aid, however the AHA standards are applicable to both first aid and

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		<p>“A course of at least 24 hours in healthcare provider level first aid, and CPR and AED equivalent to the standards of the American Red Cross and/or American Heart Association and approved by the local EMS agency; or” (Per Section 100007, Page 1, Line 20, American Red Cross is no longer recognized under the definition for Cardiopulmonary Resuscitation.)</p>	<p>CPR training standards.</p>
<p>ALL</p>	<p>Santa Rosa Junior College Public Safety Training Center.</p>	<p>There are a number of significant changes proposed in this document. Though some changes in this area would be beneficial to law enforcement, I question the value and motivation of the inclusion of skills that have normally been reserved for the Emergency Medical Technician (EMT) or Emergency Medical Responder level which require a much greater training period.</p> <p>The traditional EMT skills brought to this level make me wonder if it is a mechanism for the other disciplines covered by this code (Firefighters and Lifeguards) to circumvent the 2010 Live Scan requirements imposed on EMT's. In 2010, the State implemented a criminal background check program requiring all EMT's to undergo live scan fingerprinting. This legislation was brought on for the safety of the public given EMT trained individuals may be in people's homes and handling a patient when they may be most vulnerable. When the 2010</p>	<p>Comment acknowledged, no change. The proposed regulations do not implement the EMR training standards or scope of practice. EMSA does not have the statutory authority to require background checks for public safety first aid providers.</p>

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		Live Scan program was introduced there was resistance about this program due to the increased fees to maintain certifications and perhaps what may be uncovered in criminal backgrounds. The proposed changes allow for those individuals to practices traditionally EMT level skills and without the live scan and background requirements imposed on them.	
S:100016 P:4 L: 22	Santa Rosa Junior College Public Safety Training Center.	Though very important, this is redundant material for peace officers attending academy training and should be moved under optional training to better use the course time for other material. If to be included then increase the class by another hour.	Comment acknowledged, no change. Health and Safety Code 1797.193 requires firefighters to complete a course relating to Sudden Infant Death Syndrome. However, the topic is applicable to all public safety personnel.
S:100016 P:5 L: 9	Santa Rosa Junior College Public Safety Training Center	Though very important, this is redundant material for peace officers attending academy training and should be moved under optional training to better use the course time for other material. If to be included then increase the class by another hour.	Comment acknowledged, no change. Psychological emergency training is applicable to all public safety personnel.
S:100016 P:5 L:12	Santa Rosa Junior College Public Safety Training Center.	Peace officers rarely engage in patient lifts and carries beyond emergency movement. This is not an essential skill for them and should be placed under optional training to permit course time to be spent focusing on emergency life saving skills. If to be included then increase the class by at least another hour or two.	Comment acknowledged, no change. The training content is intended to provide a standard basic level of training to all classes of public safety personnel. Even though peace officers may not routinely engage

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			in patient lifts and carries, there may be an occasion to use these techniques.
S:100016 P:5 L:13 - 18	Santa Rosa Junior College Public Safety Training Center.	Law enforcement already includes developing skill sets that can be modified to work under these circumstances. To effectively cover this material requires a significant amount of time beyond already allotted for this course. This should be placed under the optional training list. There are 40 plus hour programs built on this topic alone, so squeezing it into this program without expanding hours or severely impacting the learning of other material is not realistic. If to be included, increase the class by at least 5 hours and include interactive skill and scenario practice.	Comment acknowledged. Tactical and rescue training topics are intended to provide a standard basic level of training to all classes of public safety personnel.
S:100017 P: 6 L:34	Santa Rosa Junior College Public Safety Training Center	Most law enforcement agencies do not provide nasal and oral airways. The use of nasal and oral airways is an invasive procedure that can cause harm to a patient if not properly used. It is a more advanced level of training and if taught should include at least an additional 5 -10 hours of training added to the core training for proficiency. This would be best served to be under optional training.	Comment acknowledged, topics for placing OPAs and NPAs will be added to the required course content.
ALL	Santa Rosa Junior College Public Safety	RECOMMENDATION OPTIONS: <input type="checkbox"/> California EMSA to recognize EMR as a certified level of training for those that want to	Comment acknowledged. There is not wide stakeholder support to implement EMR as a certified

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		the public we are here to protect and serve by not requiring a background check.	
General	Sierra – Sacramento Valley EMS Agency	The proposed training requirements and scope of practice exceeds a First Aid level of certification. It appears that the EMS Authority is attempting to match (and in some instances exceed) the National Highway Safety Administration (NHTSA) Emergency Medical Responder (EMR) EMS certification level without adequate training or LEMSA oversight (certification) of these personnel.	Comment acknowledged. No change. The EMS Authority is introducing a first aid level scope of practice and the training that is consistent with that scope. The required hours and training standard are less than those required for the EMR level. EMR training does meet the requirements of this Chapter. In these proposed regulations, LEMSAs would be responsible for training program approval and local optional scope approval. Aside from training program and local optional scope approval, this is first aid level training.
S:100016 P:3 L:17&18	Sierra – Sacramento Valley EMS Agency	The proposed 24 hour training requirement (including CPR and AED) is woefully inadequate to cover the proposed course content and exceeds a First Aid level of certification.	Comment acknowledged. Many of the items listed are part of the required training, but are now more clearly identified through an itemized listing of topics.
S:100016 P:3, L:25 – 46, P:4 (all), and P: 5	Sierra – Sacramento Valley EMS	Some of the proposed course content exceeds the NHTSA EMR recommended course content, educational standards and guidelines.	Comment acknowledged. Training content is intended to provide a standard basic level of

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(all).	Agency		training to all classes of public safety personnel. The intent is not to meet or exceed EMR requirements.
S:100018 P:7 L:13,14	Sierra-Sacramento Valley EMS Agency	Suggest mirroring the EMT regulations and require LEMSA accreditation in order to be approved for Optional Skills	Comment acknowledged. Training standards for optional skills are outlined in §100018 and are at the discretion of the Medical Director of the LEMSA
S:100018 P:7 through P: 9	Sierra – Sacramento Valley EMS Agency	These Optional Skills exceed a First Aid Level of Certification. Epinephrine Auto-Injector exceeds the NHTSA EMR National Scope of Practice Model.	Comment acknowledged, no change. The training content and hours are consistent with the EMT training standard and are at the discretion of the Medical Director of the LEMSA.
S:100020 P:12 L:18	Sierra – Sacramento Valley EMS Agency	Refresher training of 8 hours every 2 years (including CPR/AED) is inadequate for the proposed scope of practice.	Comment acknowledged, no change. Refresher training is a review of topics and demonstration of competency and can be accomplished within eight hours.
S:100020 P:12 L:19	Sierra – Sacramento Valley EMS Agency	The exception from standard retraining requirements for Peace Officers has no clinical basis and should be removed. Lifeguards, Firefighters, and Peace Officers should be held to the same standards.	Comment acknowledged. Penal Code §13518 specifies first aid and CPR refresher training is required for Peace Officers once every 3 years. Proposed regulations follow the statutory provisions.

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S:100015 P:3 L:4	Sierra – Sacramento Valley EMS Agency	The time limitation for initial training of up to one year creates a potential loophole whereby seasonal employees may never get this important training.	Comment acknowledged. There are no proposed changes to the timeframe for initial training.
S:100016(a)	Emergency Nurses Association California State Council	Twenty four hours of training for this curriculum seems inadequate. It would be more reasonable to allow minimum of 48 hours for first aid and CPR/AED which is consistent with national standards	Comment acknowledged. Many of the items listed are part of the currently required training, but are now more clearly identified through an itemized listing of topics. 48 hours is the National Standard for the EMR, however the training proposed in these regulations does not cover all training required at the EMR level.
S:100016(F) L:1	Emergency Nurses Association California State Council	Add Child CPR to the curriculum	Comment acknowledged. We will add the suggested language.
S:100016(C) L:27	Emergency Nurses Association California State Council	Add care of the amputate part as well as care of amputation	Comment acknowledged. As broadly listed, “amputations” will include care of both the amputation site and body part.

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S:100024(f)	Emergency Nurses Association California State Council	Testing shall include a written test or equivalent and skills testing...	Comment acknowledged. Section referenced requirement for both written and skills competency testing.
S:100018(new c)	Emergency Nurses Association California State Council	Add: (c) recognition of the signs and symptoms of acute anaphylaxis and/or severe asthma and the differential symptoms of severe pulmonary edema	Comment acknowledged. Signs and symptoms for acute anaphylaxis will be added. Severe asthma will be deleted from this section.
S:100018 (D) 2	Emergency Nurses Association California State Council	Set up of oxygen delivery for a breathing patient to include opening of the oxygen tank, use of the oxygen regulator and selection of liter flow	Comment acknowledged. This will be added to (d) (1) (D) for Oxygen Delivery Systems.
S:100018	Emergency Nurses Association California State Council	Need to add accessing ALS system or transportation to a hospital for patients who have received epinephrine or 2-PAM and atropine	Comment acknowledged. This will be added to (1)(G).