

1 **California Code of Regulations**
2 **Title 22. Social Security**
3 **Division 9. Prehospital Emergency Medical Services**
4 **Chapter 2. Emergency Medical Technician**

5
6 **ARTICLE 1. DEFINITIONS**

7
8 **§ 100056. No change.**

9 **§ 100056.1. No change.**

10 **§ 100056.2. No change.**

11 **§ 100057. Emergency Medical Technician Approving Authority.**

12 (a) "Emergency Medical Technician (EMT) approving authority" means an agency or
13 person authorized by this Chapter to approve an EMT training program, as follows:

14
15 ~~(a) (1)~~ The EMT approving authority for an EMT training program conducted by a
16 qualified statewide public safety agency shall be the director of the Emergency Medical
17 Services Authority (Authority).

18
19 ~~(b) (2)~~ ~~The EMT approving authority for any~~ Any other EMT training programs not
20 included in subsection (a)(1) shall be approved by the local EMS agency (LEMSA)
21 within that has jurisdiction in the county where the training program is located.

22
23 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
24 Code. Reference: Sections 1797.94, 1797.109, 1797.170 and 1797.208, Health and
25 Safety Code.

26
27 **§ 100057.1. High Fidelity Simulation.**

28 "High Fidelity Simulation" means using computerized manikins that are operated by a
29 technologist from another location to produce audible sounds and to alter, simulate and
30 manage physiological changes within the manikin to include, but not be limited to,
31 altering the heart rate, respirations, chest/lung sounds, blood pressure and saturation of
32 oxygen.

33
34 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
35 Code. Reference: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
36 Code.

37
38 **§ 100057.2. Electronic Health Record.**

39 "Electronic health record" (EHR) or "electronic patient care record" (ePCR) means real-
40 time, patient-centered records that make information available securely to authorized
41 users in a digital format capable of being shared with other providers across more than

1 one health care organization.

2
3 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
4 Code. Reference: Sections 1797.107, 1797.109, 1797.170, 1797.208 and 1797.227,
5 Health and Safety Code.

6
7
8 **§ 100058. No change.**

9
10 **§ 100059. EMT Certifying Written Cognitive Examination.**

11 “EMT Certifying Written Cognitive Examination” means the National Registry of
12 Emergency Medical Technicians EMT-~~Basic~~ Written Cognitive Examination to test an
13 individual applying for certification as an EMT. ~~Examination results will be valid for~~
14 ~~application purposes two (2) years from the date of examination.~~

15
16 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
17 and Safety Code. Reference: Sections 1797.63, 1797.170, 1797.175, 1797.184,
18 1797.210 and 1797.216, Health and Safety Code.

19
20 **§ 100059.1. EMT Certifying Skills Psychomotor Examination.**

21 “Certifying Skills Psychomotor Examination” means the National Registry of Emergency
22 Medical Technicians EMT-~~Basic~~ Skills Psychomotor Examination to test an individual
23 applying for certification as an EMT. ~~Examination results will be valid for one (1) year for~~
24 ~~the purpose of being eligible for the National Registry of Emergency Medical~~
25 ~~Technicians EMT-~~Basic~~ Written Examination.~~

26
27 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
28 and Safety Code. Reference: Sections 1797.63, 1797.170, 1797.175, 1797.184,
29 1797.210 and 1797.216, Health and Safety Code.

30
31 **§ 100059.2. EMT Optional Skills Medical Director.**

32 “EMT Optional skills medical director” means a Physician and Surgeon licensed in
33 California who is certified by or prepared for certification by either the American Board
34 of Emergency Medicine or the Advisory Board for Osteopathic Specialties and is
35 appointed by the LEMSA medical director to be responsible for any of the ~~EMT-Optional~~
36 ~~Skills~~ that are listed in Sections 100063(b) and 100064 of this Chapter including
37 medical control. Waiver of the board-certified requirement may be granted by the
38 LEMSA medical director if such physicians are not available for approval.

39
40 Note: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.
41 Reference: Sections 1797.52, 1797.90, 1797.107, 1797.170, 1797.176 and 1797.202,
42 Health and Safety Code.

43
44 **§ 100060. No change.**

1 **§ 100061. EMT Local Accreditation.**

2 “Local accreditation” or “accreditation” or “accredited to practice” as used in this
3 Chapter, means authorization by the LEMSA to practice the optional skill(s) specified in
4 Section 100064. Such authorization assures that the EMT has been oriented to the
5 LEMSA and trained in the optional skill(s) necessary to achieve the treatment standard
6 of the jurisdiction.
7

8 Note: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.
9 Reference: Sections 1797.7, 1797.170, 1797.176, 1797.177, 1797.178, 1797.200,
10 1797.204, 1797.206, 1797.210 and 1797.214, Health and Safety Code.
11

12 **§ 100061.1. No change.**

13 **§ 100061.2. No change.**

14 ARTICLE 2. GENERAL PROVISIONS

15
16 **§ 100062. Application of Chapter to Operation of Ambulances.**

17 (a) Except as provided herein, the attendant on an ambulance operated in emergency
18 service, or the driver if there is no attendant, shall possess a valid and current California
19 EMT certificate. This requirement shall not apply during officially declared states of
20 emergency and under conditions specified in Health and Safety Code, Section
21 1797.160.
22

23 (b) The requirements for EMT certification of ambulance attendants shall not apply,
24 unless the individual chooses to be certified, to the following:
25

26 (1) Physicians currently licensed in California.
27

28 (2) Registered nurses currently licensed in California.
29

30 (3) Physicians' assistants currently licensed in California.
31

32 (4) Paramedics currently licensed in California.
33

34 (5) Advanced Emergency Medical Technicians (Advanced EMTs) currently certified in
35 California.
36

37 (c) EMTs who are not currently certified in California may temporarily perform their
38 scope of practice in California, when approved by the medical director of the LEMSA, in
39 order to provide emergency medical services in response to a request, if all the
40 following conditions are met:
41

1 (1) The EMTs are registered by the National Registry of Emergency Medical
2 Technicians or licensed or certified in another state or under the jurisdiction of a branch
3 of the Armed Forces including the Coast Guard of the United States, National Park
4 Service, United States Department of the Interior - Bureau of Land Management, or the
5 United States Forest Service; and

6
7 (2) The EMTs restrict their scope of practice to that for which they are licensed or
8 certified.

9
10 (d) The local EMS agency shall develop and implement policies for the medical control
11 and medical accountability of care rendered by the EMT. This shall include, but not be
12 limited to, basic life support protocols, policies and procedures and documentation,
13 which may include completing an electronic health record (EHR) that is compliant with
14 the current versions of the California Emergency Medical Services Information System
15 (CEMSIS) and the National Emergency Medical Services Information Systems
16 (NEMSIS) standards.

17
18 (e) Pursuant to Health and Safety Code section 1797.170, subdivision (b), a California-
19 certified EMT shall be recognized as an EMT on a statewide basis.

20
21 (f) If an EMT or Advanced EMT certification card is lost, destroyed, damaged, or there
22 has been a change in the name of the EMT, a duplicate certification card may be
23 requested. The request shall be in writing to the certifying entity that issued the EMT
24 certificate and include a statement identifying the reason for the request and, if due to a
25 name change, include a copy of legal documentation of the change in name. The
26 duplicate card shall bear the same certification number and date of expiration as the
27 original card.

28
29 (g) An individual currently certified as an EMT by the provisions of this section may
30 voluntarily deactivate his or her EMT certificate as long as the individual is not under
31 investigation or disciplinary action by a LEMSA medical director for violations of Health
32 and Safety Code Section 1798.200. An individual who has voluntarily deactivated his or
33 her EMT certificate shall comply with the following:

34
35 (1) Discontinue all medical practice requiring an active and valid EMT certificate,

36
37 (2) Return the EMT certificate to the certifying entity, and

38
39 (3) Notify the LEMSA to whom the individual is accredited as an EMT that his or her
40 certification is no longer valid.

41
42 (4) Reactivation of the EMT certificate shall be in accordance with the provisions of
43 Section 100081 of this Chapter.

44
45 (5) This information shall be entered into the Central Registry by the certifying entity
46 who issued the EMT certificate.

1
2 Note: Authority cited: Sections 1797.107, 1797.109, ~~and 1797.170~~, 1797.220 and
3 1797.227, Health and Safety Code. Reference: Sections 1797.160 and 1797.170,
4 Health and Safety Code.

5
6 **§ 100063. Basic Scope of Practice of Emergency Medical Technician.**

7 (a) During training, while at the scene of an emergency, during transport of the sick or
8 injured, or during interfacility transfer, a certified EMT or supervised EMT student is
9 authorized to do any of the following:

10
11 (1) Evaluate the ill and injured.

12
13 (2) Render basic life support, rescue and emergency medical care to patients.

14
15 (3) Obtain diagnostic signs to include, but not be limited to, temperature, blood
16 pressure, pulse and respiration rates, pulse oximetry, level of consciousness and pupil
17 status.

18
19 (4) Perform cardiopulmonary resuscitation (CPR), including the use of mechanical
20 adjuncts to basic cardiopulmonary resuscitation.

21
22 (5) Administer oxygen.

23
24 (6) Use the following adjunctive airway and breathing aids:

25
26 (A) Oropharyngeal airway;

27
28 (B) Nasopharyngeal airway;

29
30 (C) Suction devices;

31
32 (D) Basic oxygen delivery devices for supplemental oxygen therapy including, but not
33 limited to, humidifiers, partial rebreathers, and venturi masks; and

34
35 (E) Manual and mechanical ventilating devices designed for prehospital use including
36 continuous positive airway pressure.

37
38 (7) Use various types of stretchers and spinal motion restriction or immobilization
39 devices.

40
41 (8) Provide initial prehospital emergency care to patients of trauma, including, but not
42 limited to:

43
44 (A) Bleeding control through the application of tourniquets;

45
46 (B) Use of hemostatic dressings from a list approved by the Authority;

- 1
2 (C) Spinal motion restriction or immobilization;
3
4 (D) Seated spinal motion restriction or immobilization;
5
6 (E) Extremity splinting; and
7
8 (F) Traction splinting.
9
10 ~~(9) Administer over the counter medications when approved by the medical director of~~
11 ~~the LEMSA, including, but not limited to:~~
12
13 ~~(A)(G) Administer oOral glucose or sugar solutions; and,~~
14
15 ~~(B) Aspirin.~~
16
17 ~~(40)(H) Extricate entrapped persons.~~
18
19 ~~(41)(I) Perform field triage.~~
20
21 ~~(42)(J) Transport patients.~~
22
23 ~~(43)(K) Apply Mmechanical patient restraint.~~
24
25 ~~(44)(L) Set up for ALS procedures, under the direction of an Advanced EMT or~~
26 ~~Paramedic.~~
27
28 ~~(45)(M) Perform automated external defibrillation.~~
29
30 ~~(46)(N) Assist patients with the administration of physician-prescribed devices including,~~
31 ~~but not limited to, patient-operated medication pumps, sublingual nitroglycerin, and self-~~
32 ~~administered emergency medications, including epinephrine devices.~~
33
34 (b) In addition to the activities authorized by subdivision (a) of this Section, the medical
35 director of the LEMSA may also establish policies and procedures to allow a certified
36 EMT or a supervised EMT student who is part of the organized EMS system and in the
37 prehospital setting and/or during interfacility transport to:
38
39 (1) Monitor intravenous lines delivering glucose solutions or isotonic balanced salt
40 solutions including Ringer's lactate for volume replacement. Monitor, maintain, and
41 adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of
42 intravenous fluid;
43
44 ~~(2) Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow~~
45 ~~and turn off the flow of intravenous fluid;~~
46

1 ~~(3)(2)~~ Transfer a patient, who is deemed appropriate for transfer by the transferring
2 physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley
3 catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding
4 arterial lines; and

5
6 ~~(4) Monitor preexisting vascular access devices and intravenous lines delivering fluids
7 with additional medications pre-approved by the Director of the Authority. Approval of
8 such medications shall be obtained pursuant to the following procedures:~~

9
10 ~~(A) The medical director of the LEMSA shall submit a written request, Form #EMSA-
11 0391, revised March 18, 2003, and obtain approval from the director of the Authority,
12 who shall consult with a committee of LEMSA medical directors named by the
13 Emergency Medical Services Medical Directors' Association of California, Inc.
14 (EMDAC), for any additional medications that in his/her professional judgment should
15 be approved for implementation of Section 100063(b)(4).~~

16
17 ~~(B) The Authority shall, within fourteen (14) working days of receiving the request, notify
18 the medical director of the LEMSA submitting the request that the request has been
19 received, and shall specify what information, if any, is missing.~~

20
21 ~~(C) The director of the Authority shall render the decision to approve or disapprove the
22 additional medications within ninety (90) calendar days of receipt of the completed
23 request.~~

24
25 (3) Administer naloxone or other opioid antagonist by intranasal and/or intramuscular
26 routes for suspected narcotic overdose;

27
28 (4) Administer epinephrine by auto-injector for suspected anaphylaxis and/or severe
29 asthma;

30
31 (5) Perform finger stick blood glucose testing; and

32
33 (6) Administer over the counter medications, when approved by the medical director,
34 including, but not limited to:

35
36 (A) Aspirin.

37
38 (c) The scope of practice of an EMT shall not exceed those activities authorized in this
39 Section, Section 100064, and Section 100064.1.

40
41 (d) During a mutual aid response into another jurisdiction, an EMT may utilize the scope
42 of practice for which s/he is trained and authorized according to the policies and
43 procedures established by the LEMSA within the jurisdiction where the EMT is
44 employed as part of an organized EMS system.

1 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
2 Code. Reference: Sections 1797.8, 1797.170, 1797.197 and 1797.221, Health and
3 Safety Code.

4
5 **§ 100063.1. No change.**

6 **§ 100064. EMT Optional Skills.**

7 (a) In addition to the activities authorized by Section 100063 of this Chapter, a LEMSA
8 may establish policies and procedures for local accreditation of an EMT student or
9 certified EMT to perform any or all of the following optional skills specified in this
10 section. Accreditation for EMTs to practice optional skills shall be limited to those whose
11 EMT certificate is active and are employed within the jurisdiction of the LEMSA by an
12 employer who is part of the organized EMS system.

13
14 ~~(1) Accreditation for EMTs to practice optional skills shall be limited to those whose~~
15 ~~certificate is active and are employed within the jurisdiction of the LEMSA by an~~
16 ~~employer who is part of the organized EMS system.~~

17
18 ~~(b)(1)~~ Use of perilaryngeal airway adjuncts.

19
20 ~~(4)(A)~~ Training in the use of perilaryngeal airway adjuncts shall consist of not less than
21 five (5) hours to result in the EMT being competent in the use of the device and airway
22 control. Included in the above training hours shall be the following topics and skills:

23
24 ~~(A)1.~~ Anatomy and physiology of the respiratory system.

25
26 ~~(B)2.~~ Assessment of the respiratory system.

27
28 ~~(C)3.~~ Review of basic airway management techniques, which includes manual and
29 mechanical.

30
31 ~~(D)4.~~ The role of the perilaryngeal airway adjuncts in the sequence of airway control.

32
33 ~~(E)5.~~ Indications and contraindications of the perilaryngeal airway adjuncts.

34
35 ~~(F)6.~~ The role of pre-oxygenation in preparation for the perilaryngeal airway adjuncts.

36
37 ~~(G)7.~~ Perilaryngeal airway adjuncts insertion and assessment of placement.

38
39 ~~(H)8.~~ Methods for prevention of basic skills deterioration.

40
41 ~~(I)9.~~ Alternatives to the perilaryngeal airway adjuncts.

42
43 ~~(2B)~~ At the completion of initial training a student shall complete a competency-based
44 written and skills examination for airway management which shall include the use of
45 basic airway equipment and techniques and use of perilaryngeal airway adjuncts.

1
2 (3C) A LEMSA shall establish policies and procedures for skills competency
3 demonstration that requires the accredited EMT to demonstrate skills competency at
4 least every two (2) years, or more frequently as determined by the EMSQIP.

5
6 ~~(c) Administration of naloxone for suspected narcotic overdose.~~

7
8 ~~(1) Training in the administration of naloxone shall consist of no less than two (2) hours~~
9 ~~to result in the EMT being competent in the administration of naloxone and managing a~~
10 ~~patient of a suspected narcotic overdose. Included in the training hours listed above~~
11 ~~shall be the following topics and skills:~~

12
13 ~~(A) Common causative agents~~

14
15 ~~(B) Assessment findings~~

16
17 ~~(C) Management to include but not be limited to:~~

18
19 ~~(D) Need for appropriate personal protective equipment and scene safety awareness~~

20
21 ~~(E) Profile of Naloxone to include, but not be limited to:~~

22
23 ~~1. Indications~~

24
25 ~~2. Contraindications~~

26
27 ~~3. Side/adverse effects~~

28
29 ~~4. Routes of administration~~

30
31 ~~5. Dosages~~

32
33 ~~(F) Mechanisms of drug action~~

34
35 ~~(G) Calculating drug dosages~~

36
37 ~~(H) Medical asepsis~~

38
39 ~~(I) Disposal of contaminated items and sharps~~

40
41 ~~(2) At the completion of this training, the student shall complete a competency based~~
42 ~~written and skills examination for administration of naloxone which shall include:~~

43
44 ~~(A) Assessment of when to administer naloxone,~~

45
46 ~~(B) Managing a patient before and after administering naloxone,~~

- 1
2 ~~(C) Using universal precautions and body substance isolation procedures during~~
3 ~~medication administration,~~
4
5 ~~(D) Demonstrating aseptic technique during medication administration,~~
6
7 ~~(E) Demonstrate preparation and administration of parenteral medications by a route~~
8 ~~other than intravenous.~~
9
10 ~~(F) Proper disposal of contaminated items and sharps.~~
11
12 ~~(3) A LEMSA shall establish policies and procedures for skills competency~~
13 ~~demonstration that requires the accredited EMT to demonstrate skills competency at~~
14 ~~least every two (2) years, or more frequently as determined by EMSQIP.~~
15
16 ~~(d) (2) Administration of epinephrine by auto-injector, prefilled syringe and/or drawing up~~
17 ~~the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma.~~
18
19 ~~(4) (A) Training in the administration of epinephrine by prefilled syringe and/or drawing~~
20 ~~up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma~~
21 ~~shall consist of no less than two (2) hours to result in the EMT being competent in the~~
22 ~~use and administration of epinephrine by prefilled syringe and/or drawing up the proper~~
23 ~~drug dose into a syringe and managing a patient of a suspected anaphylactic reaction~~
24 ~~and/or experiencing severe asthma symptoms. Included in the training hours listed~~
25 ~~above shall be the following topics and skills:~~
26
27 ~~(A) Common causative agents~~
28
29 ~~(B) Assessment findings~~
30
31 ~~(C) Management to include but not be limited to:~~
32
33 ~~(D) Need for appropriate personal protective equipment and scene safety awareness~~
34
35 ~~(E) Profile of epinephrine to include, but not be limited to:~~
36
37 1. Names
38
39 1.2. Indications
40
41 2.3. Contraindications
42
43 4. Complications
44
45 3.5. Side/adverse effects
46

1 6. Interactions

2
3 ~~4.7. Routes of Administration by auto-injector~~

4
5 ~~5.8. Calculating dosages~~

6
7 ~~6.9. Mechanisms of drug actions~~

8
9 ~~(F)10. Medical asepsis~~

10
11 ~~(H)11. Disposal of contaminated items and sharps~~

12
13 12. Medication administration

14
15 ~~(2) (B) At the completion of this training, the student shall complete a competency~~
16 ~~based written and skills examination for the use and/or administration of epinephrine by~~
17 ~~prefilled syringe and/or drawing up the proper drug dose into a syringe, which shall~~
18 ~~include:~~

19
20 ~~(A)1. Assessment of when to administer epinephrine,~~

21
22 ~~(B)2. Managing a patient before and after administering epinephrine,~~

23
24 ~~(C)3. Using universal precautions and body substance isolation procedures during~~
25 ~~medication administration,~~

26
27 ~~(D)4. Demonstrating aseptic technique during medication administration,~~

28
29 ~~(E)5. Demonstrating preparation and administration of epinephrine by auto-~~
30 ~~injector, prefilled syringe and/or drawing up the proper drug dose into a syringe, and~~

31
32 ~~(F)6. Proper disposal of contaminated items and sharps.~~

33
34 ~~(3) A LEMSA shall establish policies and procedures for skills competency~~
35 ~~demonstration that requires the accredited EMT to demonstrate skills competency at~~
36 ~~least every two (2) years, or more frequently as determined by EMSQIP.~~

37
38 ~~(3)(e) Administer the medications listed in this subsection.~~

39
40 ~~(4)(A) Using prepackaged products, the following medications may be administered:~~

41
42 ~~(A)1. Atropine~~

43
44 ~~(B)2. Pralidoxime Chloride~~

1 ~~(2)(B)~~ This training shall consist of no less than two (2) hours of didactic and skills
2 laboratory training to result in competency. In addition, a basic weapons of mass
3 destruction training is recommended. Training in the profile of medications listed in
4 subsections (A) ~~(A and B)~~ shall include, but not be limited to:

5
6 ~~(A)~~1. Indications

7
8 ~~(B)~~2. Contraindications

9
10 ~~(C)~~3. Side/adverse effects

11
12 ~~(D)~~4. Routes of administration

13
14 ~~(E)~~5. Dosages

15
16 ~~(F)~~6. Mechanisms of drug action

17
18 ~~(G)~~7. Disposal of contaminated items and sharps

19
20 ~~(H)~~8. Medication administration-

21
22 ~~(3)(C)~~ At the completion of this training, the student shall complete a competency based
23 written and skills examination for the administration of medications listed in this
24 subsection which shall include:

25
26 ~~(A)~~1. Assessment of when to administer these medications,

27
28 ~~(B)~~2. Managing a patient before and after administering these medications,

29
30 ~~(C)~~3. Using universal precautions and body substance isolation procedures during
31 medication administration,

32
33 ~~(D)~~4. Demonstrating aseptic technique during medication administration,

34
35 ~~(E)~~5. ~~Demonstrateing~~ the preparation and administration of medications by the
36 intramuscular route-, and

37
38 ~~(F)~~6. Proper disposal of contaminated items and sharps.

39
40 (4) Monitor preexisting vascular access devices and intravenous lines delivering fluids
41 with additional medications pre-approved by the Director of the Authority. Approval of
42 such medications shall be obtained pursuant to the following procedures:

43
44 (A) The medical director of the LEMSA shall submit a written request, Form #EMSA-
45 0391, revised (01/17), herein incorporated by reference, and obtain approval from the
46 director of the Authority, who shall consult with a committee of LEMSA medical directors

1 named by the Emergency Medical Services Medical Directors' Association of California,
2 Inc. (EMDAC), for any additional medications that in his/her professional judgment
3 should be approved for implementation of Section 100064(a)(4).
4

5 (B) The Authority shall, within fourteen (14) working days of receiving the request, notify
6 the medical director of the LEMSA submitting the request that the request has been
7 received, and shall specify what information, if any, is missing.
8

9 (C)The director of the Authority shall render the decision to approve or disapprove the
10 additional medications within ninety (90) calendar days of receipt of the completed
11 request.
12

13 ~~(4)(b)~~ A LEMSA shall establish policies and procedures for skills competency
14 demonstration that requires the accredited EMT to demonstrate skills competency at
15 least every two (2) years, or more frequently as determined by the EMSQIP.
16

17 ~~(f)(c)~~ The medical director of the LEMSA shall develop a plan for each optional skill
18 allowed. The plan shall, at a minimum, include the following:
19

20 (1) A description of the need for the use of the optional skill.
21

22 (2) A description of the geographic area within which the optional skill will be utilized,
23 except as provided in Section 100064~~(f)(i)~~.

24
25 (3) A description of the data collection methodology which shall also include an
26 evaluation of the effectiveness of the optional skill.
27

28 (4) The policies and procedures to be instituted by the LEMSA regarding medical
29 control and use of the optional skill.
30

31 (5) The LEMSA shall develop policies for accreditation action, pursuant to Chapter 6 of
32 this Division, for individuals who fail to demonstrate competency.
33

34 ~~(g)(d)~~ A LEMSA medical director who accredits EMTs to perform any optional skill shall:
35

36 (1) Establish policies and procedures for the approval of service provider(s) utilizing
37 approved optional skills.
38

39 (2) Approve and designate selected base hospital(s) as the LEMSA deems necessary
40 to provide direction and supervision of accredited EMTs in accordance with policies and
41 procedures established by the LEMSA.
42

43 (3) Establish policies and procedures to collect, maintain and evaluate patient care
44 records.
45

1 (4) Establish an EMSQIP. EMSQIP means a method of evaluation of services provided,
2 which includes defined standards, evaluation of methodology(ies) and utilization of
3 evaluation results for continued system improvement. Such methods may include, but
4 not be limited to, a written plan describing the program objectives, organization, scope
5 and mechanisms for overseeing the effectiveness of the program.
6

7 (5) Establish policies and procedures for additional training necessary to maintain
8 accreditation for each of the optional skills contained in this section, if applicable.
9

10 ~~(h)~~(e) The LEMSA medical director may approve an optional skill medical director to be
11 responsible for accreditation and any or all of the following requirements:
12

13 (1) Approve and monitor training programs for optional skills including refresher training
14 within the jurisdiction of the LEMSA.
15

16 (2) Establish policies and procedures for continued competency in the optional skill
17 which will consist of organized field care audits, periodic training sessions and/or
18 structured clinical experience.
19

20 ~~(i)~~(f) The optional skill medical director may delegate the specific field care audits,
21 training, and demonstration of competency, if approved by the LEMSA medical director,
22 to a Physician, Registered Nurse, Physician Assistant, Paramedic, or Advanced EMT,
23 licensed or certified in California or a physician licensed in another state immediately
24 adjacent to the LEMSA jurisdiction.
25

26 ~~(j)~~(g) An EMT accredited in an optional skill may assist in demonstration of competency
27 and training of that skill.
28

29 ~~(k)~~(h) In order to be accredited to utilize an optional skill, an EMT shall demonstrate
30 competency through passage, by pre-established standards, developed and/or
31 approved by the LEMSA, of a competency-based written and skills examination which
32 tests the ability to assess and manage the specified condition.
33

34 ~~(l)~~(i) During a mutual aid response into another jurisdiction, an EMT may utilize the
35 scope of practice for which s/he is trained, certified and accredited according to the
36 policies and procedures established by his/her certifying or accrediting LEMSA.
37

38 Note: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.
39 Reference: Sections 1797.8, 1797.52, 1797.58, 1797.90, 1797.170, 1797.173,
40 1797.175, 1797.176, 1797.202, 1797.208, 1797.212, 1798, 1798.2, 1798.100, 1798.102
41 and 1798.104, Health and Safety Code.
42

43 **§ 100064.1. No change.**

44 ARTICLE 3. PROGRAM REQUIREMENTS FOR EMT TRAINING PROGRAMS
45

1 § 100065. No change.

2 § 100066. No change.

3 § 100067. No change.

4 § 100068. No change.

5 § 100069. EMT Training Program Notification.

6 ~~(a) In accordance with Section 100057 the EMT Approving Authority shall notify the~~
7 ~~training program submitting its request for training program approval within seven (7)~~
8 ~~working days of receiving the request that:~~

9 ~~(1) The request has been received,~~

10 ~~(2) The request contains or does not contain the information requested in Section~~
11 ~~100066 of this Chapter and,~~

12 ~~(3) What information, if any, is missing from the request.~~

13

14 ~~(b) (a)~~ Program approval or disapproval shall be made in writing by the EMT approving
15 authority to the requesting training program within a reasonable period of time after
16 receipt of all required documentation. This time period shall not exceed three (3)
17 months.

18

19 ~~(e) (b)~~ The EMT approving authority shall establish the effective date of program
20 approval in writing upon the satisfactory documentation of compliance with all program
21 requirements.

22

23 ~~(d) (c)~~ The EMT training Pprogram approval effective date shall be the day the approval
24 is issued. The approval shall be valid for four (4) years following the effective date of
25 program approval ending on the last day of the month in which it was issued and may
26 be renewed every four (4) years subject to the procedure for program approval specified
27 in this Chapter. section.

28

29 ~~(e)~~ Approved EMT training programs shall also receive approval as a continuing
30 education CE provider effective the same date as the EMT training program approval.
31 The CE program expiration date shall be the same expiration date as the EMT training
32 program. The CE provider shall comply with all of the requirements contained in
33 Chapter 11 of this Division.

34

35 ~~(f)(d)~~ The LEMSA shall notify the Authority concurrently with the training program of
36 approval, renewal of approval, or disapproval of the training program, and include the
37 effective date. This notification is in addition to the name and address of training
38 program, name of the program director, phone number of the contact person, frequency
39 and cost for both basic and refresher courses, student eligibility, and program approval/
40 expiration date of program approval.

41

42 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
43 Code. Reference: Sections 1797.109, 1797.170, 1797.173 and 1797.208, Health and

1 Safety Code.

2

3 **§ 100070. Teaching Staff.**

4 (a) Each EMT training program shall provide for the functions of administrative direction,
5 medical quality coordination, and actual program instruction. Nothing in this section
6 precludes the same individual from being responsible for more than one of the following
7 functions if so qualified by the provisions of this section:

8

9 ~~(a)~~(b) Each EMT training program shall have an approved program director who shall
10 be qualified by education and experience with at least forty (40) hours of documented
11 teaching methodology instruction in areas related to ~~in~~ methods, materials, and
12 evaluation of instruction. ~~which shall be documented by at least forty (40) hours in~~
13 ~~teaching methodology. The courses include but are not limited to the following~~
14 ~~examples:~~

15

16 ~~(1) State Fire Marshall Instructor 1A and 1B,~~

17

18 ~~(2) National Fire Academy's Instructional Methodology,~~

19

20 ~~(3) Training programs that meet the United States Department of~~
21 ~~Transportation/National Highway Traffic Safety Administration 2002 Guidelines for~~
22 ~~Educating EMS Instructors such as the National Association of EMS Educators Course.~~

23

24 ~~(b)~~(c) Duties of the program director, in coordination with the program clinical
25 coordinator, shall include but not be limited to:

26

27 (1) Administering the training program.

28

29 (2) Approving course content.

30

31 (3) Approving all written examinations and the final skills examination.

32

33 (4) Coordinating all clinical and field activities related to the course.

34

35 (5) Approving the principal instructor(s) and teaching assistants.

36

37 (6) Signing all course completion records.

38

39 (7) Assuring that all aspects of the EMT training program are in compliance with this
40 Chapter and other related laws.

41

42 ~~(c)~~(d) Each training program shall have an approved program clinical coordinator who
43 shall be either a Physician, Registered Nurse, Physician Assistant, or a Paramedic
44 currently licensed in California, and who shall have two (2) years of academic or clinical
45 experience in emergency medicine or prehospital care in the last five (5) years. Duties
46 of the program clinical coordinator shall include, but not be limited to:

1
2 (1) Responsibility for the overall quality of medical content of the program;

3
4 (2) Approval of the qualifications of the principal instructor(s) and teaching assistant(s).

5
6 ~~(d)~~(e) Each training program shall have a principal instructor(s), who may also be the
7 program clinical coordinator or program director, who shall be qualified by education
8 and experience with at least forty (40) hours of documented teaching methodology
9 instruction in areas related to methods, materials, and evaluation of instruction and shall
10 meet the following qualifications:~~which shall be documented by at least forty hours in~~
11 ~~teaching methodology. The courses include but are not limited to the following~~
12 ~~examples:~~

13
14 ~~(1) State Fire Marshal Instructor 1A and 1B,~~

15
16 ~~(2) National Fire Academy's Instructional Methodology,~~

17
18 ~~(3) Training programs that meet the United States Department of~~
19 ~~Transportation/National Highway Traffic Safety Administration 2002 Guidelines for~~
20 ~~Educating EMS Instructor such as the National Association of EMS Educators Course.~~
21 ~~and who shall:~~

22
23 ~~(A) (1) Be a Physician, Registered Nurse, Physician Assistant, or Paramedic currently~~
24 ~~licensed in California; or,~~

25
26 ~~(B) (2) Be an Advanced EMT or EMT who is currently certified in California.~~

27
28 ~~(C) (3) Have at least two (2) years of academic or clinical experience in the practice of~~
29 ~~emergency medicine or prehospital care in the last five (5) years.~~

30
31 ~~(D) (4) Be approved by the program director in coordination with the program clinical~~
32 ~~coordinator as qualified to teach the topics to which s/he is assigned. All principal~~
33 ~~instructors from approved EMT Training Programs shall meet the minimum~~
34 ~~qualifications as specified in subsection ~~(d)~~ of this Section.~~

35
36 ~~(e) (f) Each training program may have teaching assistant(s) who shall be qualified by~~
37 ~~training and experience to assist with teaching of the course and shall be approved by~~
38 ~~the program director in coordination with the program clinical coordinator as qualified to~~
39 ~~assist in teaching the topics to which the assistant is to be assigned. A teaching~~
40 ~~assistant shall be supervised by a principal instructor, the program director and/or the~~
41 ~~program clinical coordinator.~~

42
43 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
44 Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

45
46 **§ 100071. No change.**

1 **§ 100072. Withdrawal of EMT Training Program Approval.**

2 ~~(a) Noncompliance with any criterion required for program approval, use of any~~
3 ~~unqualified teaching personnel, or noncompliance with any other applicable Failure to~~
4 ~~comply with the provisions of this Chapter may result in denial, probation, suspension or~~
5 ~~revocation of program approval by the EMT training program approving authority.~~
6 ~~Notification of noncompliance and action to place on probation, suspend, or revoke shall~~
7 ~~be done as follows:~~

8
9 (b) The requirements for training program noncompliance notification and actions are
10 as follows:

11
12 (1) An EMT training program approving authority shall provide notification of
13 noncompliance ~~notify the approved EMT training program course director in writing, by~~
14 ~~registered mail, of the provisions of~~ with this Chapter with which to the EMT training
15 program provider found in violation. The notification shall be in writing and sent by
16 certified mail to the EMT training program course director. ~~is not in compliance.~~

17
18 (2) Within fifteen (15) working days ~~of~~ from receipt of the noncompliance notification ~~of~~
19 ~~noncompliance~~, the approved EMT training program shall submit in writing, by certified
20 ~~registered~~ mail, to the EMT training program approving authority one of the following:

21
22 (A) Evidence of compliance with the provisions of this Chapter, or

23
24 (B) A plan ~~for meeting compliance with~~ to comply with the provisions of this Chapter
25 within sixty (60) calendar days from the day of receipt of the notification of
26 noncompliance.

27
28 (3) Within fifteen (15) working days ~~of~~ from receipt of the ~~response from the~~ approved
29 EMT training program's response, or within thirty (30) calendar days from the mailing
30 date of the noncompliance notification if no response is received from the approved
31 EMT training program, the EMT training program approving authority shall issue a
32 decision letter by certified mail to notify the Authority and the approved EMT training
33 program. in writing, by registered mail, of the The letter shall identify the EMT training
34 program approving authority's decision to take one or more of the following actions:
35 accept the evidence of compliance, accept the plan for meeting compliance, place on
36 probation, suspend or revoke the EMT training program approval.

37
38 (A) Accept the evidence of compliance provided.

39
40 (B) Accept the plan for meeting compliance.

41
42 (C) Place the training program on probation.

43
44 (D) Suspend or revoke the training program approval.

45
46 (4) The decision letter shall also include, but not be limited to, the following:

1
2 (A) Date of the training program approving authority's decision;

3
4 (B) Specific provisions found noncompliant by the training program approving authority,
5 if applicable;

6
7 (C)The probation or suspension effective and ending date, if applicable;

8
9 (D) The terms and conditions of the probation or suspension, if applicable; and

10
11 (E) The revocation effective date, if applicable.

12
13 (5) If the training program found noncompliant with this Chapter does not comply with
14 subsection (2) of this Section, the EMT training program approving authority may uphold
15 the noncompliance finding and initiate a probation, suspension, or revocation action as
16 described in subsection (3) of this Section.

17
18 ~~(4)-(6) The EMT training program approving authority shall establish the probation,~~
19 ~~suspension, or revocation effective dates no sooner than sixty (60) days after the date~~
20 ~~of the decision letter, as described in subsection (3) of this Section. If the EMT training~~
21 ~~program approving authority decides to suspend, revoke, or place an EMT training~~
22 ~~program on probation the notification specified in subsection (a)(3) of this section shall~~
23 ~~include the beginning and ending dates of the probation or suspension and the terms~~
24 ~~and conditions for lifting of the probation or suspension or the effective date of the~~
25 ~~revocation, which may not be less than sixty (60) calendar days from the date of the~~
26 ~~EMT training program approving authority's letter of decision to the Authority and the~~
27 ~~EMT training program.~~

28
29 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
30 Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code;
31 and Section 11505, Government Code.
32

33 **§ 100073. Components of an Approved Program.**

34 (a) An approved EMT training program shall consist of all of the following:

35
36 (1) The EMT course, including clinical experience;

37
38 (2) Periodic and a final written and skills competency examinations to include all skills
39 covered by course content listed in section 100075;

40
41 (3) A challenge examination; and

42
43 (4) A refresher course required for renewal or reinstatement. ~~recertification.~~
44

1 (b) The ~~LEMSA~~ approving authority may approve a training program that offers only
2 refresher course(s).

3
4 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
5 and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and
6 Safety Code.

7
8 **§ 100074. EMT Training Program Required Course Hours.**

9 (a) The EMT course shall consist of not less than one hundred seventy (170)~~sixty (160)~~
10 hours. These training hours shall be divided into:

11
12 (1) A minimum of one hundred forty-six (146)~~thirty-six (136)~~ hours of didactic instruction
13 and skills laboratory; and

14
15 (2) A minimum of twenty-four (24) hours of supervised clinical experience. The clinical
16 experience shall include a minimum of ten (10) documented patient contacts wherein a
17 patient assessment and other EMT skills are performed and evaluated.

18
19 (A) High fidelity simulation, when available, may replace up to six (6) hours of
20 supervised clinical experience and may replace up to three (3) documented patient
21 contacts.

22
23 ~~(3) Existing EMT training programs approved prior to the effective date of this chapter~~
24 ~~shall have a maximum of twelve (12) months from the date that this provision becomes~~
25 ~~effective to meet the minimum hourly requirements specified in this Section.~~

26
27 (b) The minimum hours shall not include the examinations for EMT certification as
28 specified in Sections 100059 and 100059.1 of this Chapter.

29
30 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
31 Code. Reference: Sections 1797.170 and 1797.208, Health and Safety Code.

32
33 **§ 100075. Required Course Content.**

34 (a) The content of an EMT course shall meet the objectives contained in the U.S.
35 Department of Transportation (DOT) National EMS Education Standards (DOT HS 811
36 077A, January 2009), incorporated herein by reference, to result in the EMT being
37 competent in the EMT basic scope of practice specified in Section 100063 of this
38 Chapter. The U.S. DOT National EMS Education Standards (DOT HS 811 077A,
39 January 2009) can be accessed through the U.S. DOT National Highway Traffic Safety
40 Administration at the following website address: <http://ems.gov/pdf/811077a.pdf>

41
42 (b) Training in the use of hemostatic dressings shall ~~consist of not less than one (1)~~
43 ~~hour to~~ result in the EMT being competent in the use of the dressing. Included in the
44 training shall be the following topics and skills:

- 1 (1) Review of basic methods of bleeding control to include but not be limited to direct
2 pressure, pressure bandages, tourniquets, and EMSA-approved hemostatic dressings;
3
- 4 (2) Review treatment of open chest wall injuries;
5
- 6 (3) Types of hemostatic dressings; and
7
- 8 (4) Importance of maintaining normal body temperature.
9
- 10 ~~(c) At the completion of initial training, a student shall complete a competency-based~~
11 ~~written and skills examination for controlling bleeding and the use of hemostatic~~
12 ~~dressings.~~
13
- 14 (c) Training in the administration of naloxone or other opioid antagonist shall result in
15 the EMT being competent in the administration of naloxone and managing a patient of a
16 suspected narcotic overdose and shall include the following topics and skills:
17
- 18 (1) Common causative agents.
19
- 20 (2) Assessment findings.
21
- 22 (3) Management to include, but not be limited to:
23
- 24 (A) Need for appropriate personal protective equipment and scene safety awareness.
25
- 26 (4) Profile of Naloxone to include, but not be limited to:
27
- 28 (A) Indications.
29
- 30 (B) Contraindications.
31
- 32 (C) Side/adverse effects.
33
- 34 (D) Routes of administration.
35
- 36 (E) Dosages.
37
- 38 (F) Mechanisms of drug action.
39
- 40 (G) Calculating drug dosages.
41
- 42 (H) Medical asepsis.
43
- 44 (I) Disposal of contaminated items and sharps.
45
- 46 (J) Medication administration.

1
2 (d) Training in the administration of epinephrine for suspected anaphylaxis and/or
3 severe asthma shall result in the EMT being competent in the use and administration of
4 epinephrine by auto-injector and managing a patient of a suspected anaphylactic
5 reaction and/or experiencing severe asthma symptoms. Included in the training shall be
6 the following topics and skills:

7
8 (1) Common causative agents.

9
10 (2) Assessment findings.

11
12 (3) Management to include, but not be limited to:

13
14 (A) Need for appropriate personal protective equipment and scene safety awareness.

15
16 (4) Profile of epinephrine to include, but not be limited to:

17
18 (A) Indications

19
20 (B) Contraindications.

21
22 (C) Side/adverse effects.

23
24 (D) Mechanisms of drug action.

25
26 (5) Administration by auto-injector.

27
28 (6) Medical asepsis.

29
30 (7) Disposal of contaminated items and sharps.

31
32 (e) Training in the use of finger stick blood glucose testing shall result in the EMT being
33 competent in the use of a glucometer and managing a patient with a diabetic
34 emergency. Included in the training shall be the following topics and skills:

35
36 (1) Blood glucose determination.

37
38 (A) Assess blood glucose level.

39
40 (B) Indications.

41
42 1. Decreased level of consciousness in the suspected diabetic.

43
44 2. Decreased level of consciousness of unknown origin.

45
46 (C) Procedure for use of finger stick blood glucometer.

- 1
- 2 1. Medical asepsis.
- 3
- 4 2. Refer to manufacturer's instructions for device being used.
- 5
- 6 (D) Disposal of sharps.
- 7
- 8 (E) Limitations.
- 9
- 10 1. Lack of calibration.
- 11
- 12 (F) Interpretation of results.
- 13
- 14 (G) Patient assessment.
- 15
- 16 (H) Managing a patient before and after finger stick glucose testing.
- 17
- 18 (f) In addition to the above, the content of the training course shall include a minimum of
- 19 four (4) hours of tactical casualty care (TCC) principles applied to violent circumstances
- 20 with at least the following topics and skills, and shall be competency based:
- 21
- 22 (1) History and Background of Tactical Casualty Care:
- 23
- 24 (A) Demonstrate knowledge of tactical casualty care.
- 25
- 26 1. History of active shooter and domestic terrorism incidents.
- 27
- 28 2. Define roles and responsibilities of first responders including Law Enforcement, Fire
- 29 and EMS.
- 30
- 31 3. Review of local active shooter policies.
- 32
- 33 4. Scope of practice and authorized skills and procedures by level of training,
- 34 certification, and licensure zone.
- 35
- 36 (2) Terminology and definitions.
- 37
- 38 (A) Demonstrate knowledge of terminology.
- 39
- 40 1. Hot zone/warm zone/cold zone.
- 41
- 42 2. Casualty collection point.
- 43
- 44 3. Rescue task force.
- 45
- 46 4. Cover/concealment.

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46

(3) Coordination Command and Control.

(A) Demonstrate knowledge of Incident Command and how agencies are integrated into tactical operations.

1. Demonstrate knowledge of team command, control and communication.

a. Incident Command System (ICS) /National Incident Management System (NIMS)

b. Mutual Aid considerations.

c. Unified Command.

d. Communications, including radio interoperability.

e. Command post.

i. Staging areas.

ii. Ingress/egress.

iii. Managing priorities.

(4) Tactical and Rescue Operations.

(A) Demonstrate knowledge of tactical and rescue operations.

1. Tactical Operations – Law Enforcement.

a. The priority is to mitigate the threat.

b. Contact Team.

c. Rescue Team.

2. Rescue Operations – Law Enforcement/EMS/Fire.

a. The priority is to provide life-saving interventions to injured parties.

b. Formation of Rescue Task Force (RTF).

c. Casualty collection points.

(5) Basic Tactical Casualty Care and Evacuation.

- 1 (A) Demonstrate appropriate casualty care at your scope of practice and certification.
- 2
- 3 1. Demonstrate knowledge of the components of the Individual First Aid Kit (IFAK)
- 4 and/or medical kit.
- 5
- 6 a. Understand the priorities of Tactical Casualty Care as applied by zone.
- 7
- 8 (B) Demonstrate competency through practical testing of the following medical
- 9 treatment skills:
- 10
- 11 1. Bleeding control.
- 12
- 13 a. Apply Tourniquet.
- 14
- 15 i. Self-Application.
- 16
- 17 ii. Application on others.
- 18
- 19 b. Apply Direct Pressure.
- 20
- 21 c. Apply Pressure Dressing.
- 22
- 23 d. Apply Hemostatic Dressing with Wound Packing, utilizing California EMSA-approved
- 24 products.
- 25
- 26 2. Airway and Respiratory management.
- 27
- 28 a. Perform Chin Lift/Jaw Thrust Maneuver.
- 29
- 30 b. Recovery position.
- 31
- 32 c. Position of comfort.
- 33
- 34 d. Airway adjuncts.
- 35
- 36 3. Chest/torso wounds.
- 37
- 38 a. Apply Chest Seals, vented preferred.
- 39
- 40 (C) Demonstrate competency in patient movement and evacuation.
- 41
- 42 1. Drags and lifts.
- 43
- 44 2. Carries.
- 45
- 46 (D) Demonstrate knowledge of local multi-casualty/mass casualty incident protocols.

1
2 1. Triage procedures (START or SALT).

3
4 2. CCP – Triage, Treatment and Transport.

5
6 (6) Threat Assessment.

7
8 (A) Demonstrate knowledge in threat assessment.

9
10 1. Understand and demonstrate knowledge of situational awareness.

11
12 a. Pre-assessment of community risks and threats.

13
14 b. Pre-incident planning and coordination

15
16 c. Medical resources available.

17
18 (f) Training programs in operation prior to the effective date of this subsection shall
19 submit evidence of compliance with this Chapter to the appropriate approving authority
20 as specified in Section 100057 of this Chapter within twelve (12) months after the
21 effective date of this subsection.

22
23 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
24 Code. Reference: Sections 1797.170, 1797.116 and 1797.173, Health and Safety Code.

25
26 **§ 100076. No change.**

27 **§ 100077. No change.**

28 **§ 100078. No change.**

29
30 ARTICLE 4. EMT CERTIFICATION

31
32 **§ 100079. EMT Initial Certification Requirements.**

33 (a) An individual who meets one of the following criteria shall be eligible for initial
34 certification upon fulfilling the requirements of subdivision (b) of this Section:

35
36 (1) Pass the ~~written~~ cognitive examination and ~~skills~~ psychomotor examination specified
37 in Sections 100059 and 100059.1 of this Chapter within two (2) years from the date of
38 application for EMT certification and have either: (A) A a valid EMT course completion
39 record or other documented proof of successful completion of any initial EMT course
40 approved pursuant to Section 100066 of this Chapter-dated issued within the last two
41 (2) years of the date of application, or

1 (2B) Pass the cognitive examination and psychomotor examination specified in Sections
2 100059 and 100059.1 of this Chapter within two (2) years from the date of application
3 for EMT certification and have ~~D~~documentation of successful completion of an approved
4 out-of-state initial EMT training course, ~~within the last two (2) years,~~ that meets the
5 requirements of this Chapter ~~issued within two (2) years of the date of application,~~ or
6

7 (3C) Pass the cognitive examination and psychomotor examination specified in
8 Sections 100059 and 100059.1 of this Chapter within two (2) years from the date of
9 application for EMT certification and have ~~a~~A current and valid out-of-state EMT
10 certificate, ~~or~~
11

12 (42) Possess a current and valid National Registry EMT-~~Basic,~~ Advanced EMT or
13 Paramedic registration certificate, ~~or~~
14

15 (53) Possess a current and valid out-of-state ~~or National Registry~~ Advanced EMT-
16 Intermediate or Paramedic certificate, ~~or~~
17

18 (64) Possess a current and valid California Advanced EMT ~~or EMT-II certification~~
19 certificate or a current and valid California Paramedic license.
20

21 (b) In addition to meeting one of the criteria listed in subdivision (a), to be eligible for
22 initial certification, an individual shall:
23

24 (1) Be eighteen (18) years of age or older;
25

26 (2) Complete the criminal history background check requirement as specified in Article
27 4, Chapter 10 of this Division. The certifying entity shall receive the State and Federal
28 criminal background check results before issuing an initial certification;
29

30 (3) Complete an application form that contains this statement: "I hereby certify **under**
31 **penalty of perjury** that all information on this application is true and correct to the best
32 of my knowledge and belief, and I understand that any falsification or omission of
33 material facts may cause forfeiture on my part of all rights to EMT certification in the
34 state of California. I understand all information on this application is subject to
35 verification, and I hereby give my express permission for this certifying entity to contact
36 any person or agency for information related to my role and function as an EMT in
37 California.";
38

39 (4) Disclose any prior and/or current certification, ~~or~~ licensure, or accreditation actions:
40 action:
41

42 (A) Against an EMT, or Advanced EMT, ~~or EMT-II~~ certificate, or any denial of
43 certification by a LEMSA, including any active investigations;
44

45 (B) Against a Paramedic license, or any denial of licensure by the Authority, including
46 any active investigations;

1
2 (C) Against any EMS-related certification or license of another state or other issuing
3 entity, including denials and any active investigations; or

4
5 (D) Against any health-related license;

6
7 (5) Disclose any pending or current criminal investigations;

8
9 (6) Disclose any pending criminal charges;

10
11 (7) Disclose any prior convictions;

12
13 (8) Disclose each certifying entity or LEMSA to which the applicant has applied for
14 certification in the previous 12 months; and

15
16 ~~(5)~~(9) Pay the established fee.

17
18 (c) The EMT certifying entity shall issue a wallet-sized certificate card, pursuant to
19 Section 100344, subdivisions (c) and (d), of Chapter 10 of this Division, within forty-five
20 (45) days to eligible individuals who apply for an EMT certificate and successfully
21 complete the requirements of this Chapter.

22
23 (d) The effective date of initial certification shall be the day the certificate is issued.

24
25 (e) The expiration date for an initial EMT certificate shall be as follows:

26 ~~(1) For an individual who meets the criteria listed in subdivisions (a)(1)(A) or (a)(1)(B) of~~
27 ~~this Section, the expiration date shall be the last day of the month two (2) years from the~~
28 ~~effective date of the initial certification.~~

29
30 ~~(2) For an individual who meets the criteria listed in subdivisions (a)(1)(C), (a)(2), (a)(3)~~
31 ~~or (a)(4) of this Section, the expiration date shall be the lesser of the following:~~

32
33 ~~(A) The last day of the month two (2) years from the effective date of the initial~~
34 ~~certification; or~~

35
36 ~~(B) The expiration date of the certificate or license used to establish eligibility under~~
37 ~~subdivision (a) of this Section.~~

38
39 (f) The EMT shall be responsible for notifying the certifying entity of her/his proper and
40 current mailing address and shall notify the certifying entity in writing within thirty (30)
41 calendar days of any and all changes of the mailing address, giving both the old and the
42 new address, and EMT registry number.

43
44 (g) An EMT shall only be certified by one (1) certifying entity during a certification
45 period.

1 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
2 and Safety Code. Reference: Sections 1797.61, 1797.62, 1797.63, 1797.109, 1797.118,
3 1797.175, 1797.177, 1797.185, 1797.210 and 1797.216, Health and Safety Code.

4 ARTICLE 5. MAINTAINING EMT CERTIFICATION AND RECERTIFICATION

5
6 **§ 100080. EMT ~~Recertification~~ Certification Renewal.**

7 (a) In order to renew certification ~~recertify~~, an EMT shall:

8
9 (1) Possess a current EMT Certification issued in California.

10
11 ~~(2) Obtain at least twenty-four (24) hours of continuing education hours (CEH) from an~~
12 ~~approved CE provider in accordance with the provisions contained in Chapter 11 of this~~
13 ~~Division, or successfully complete a twenty-four (24) hour refresher course from an~~
14 ~~approved EMT training program. An individual who is currently licensed in California as~~
15 ~~a Paramedic or certified as an Advanced EMT or EMT-II, or who has been certified~~
16 ~~within six (6) months of the date of application, may be given credit for CEH earned as a~~
17 ~~Paramedic, Advanced EMT or EMT-II to satisfy the CE requirement for EMT~~
18 ~~recertification as specified in this Chapter.~~

19
20 (2) Meet one of the following continuing education requirements:

21
22 (A) Successfully complete a twenty-four (24) hour refresher course from an approved
23 EMT training program within the 24 months prior to applying for renewal, or

24
25 (B) Obtain at least twenty-four (24) hours of continuing education (CE), within the 24
26 months prior to applying for renewal, from an approved CE provider in accordance with
27 the provisions contained in Chapter 11 of this Division.

28
29 1. CE hours may be used to renew multiple licensure/certification types as long as they
30 are earned within the licensure/certification cycle being renewed and were not used in a
31 previous cycle.

32
33 (3) Complete an application form and other processes as specified in Section 100079,
34 subdivisions (b)(3)-(b)(9), ~~(5)~~, of this Chapter.

35
36 (4) Complete the criminal history background check requirements as specified in Article
37 4, Chapter 10 of this Division when changing certifying entities. The certifying entity
38 shall receive the State and Federal criminal background check results before issuing a
39 certification.

40
41 (5) Submit a completed skills competency verification form, EMSA-SCV ~~(01/17)(08/10)~~.
42 Form EMSA-SCV ~~(01/17)(08/10)~~ is herein incorporated by reference. Skills competency
43 shall be verified by direct observation of an actual or simulated patient contact. Skills
44 competency shall be verified by an individual who is currently certified or licensed as an
45 EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and

1 who shall be designated by an EMS approved training program (EMT training program,
2 AEMT training program, Paramedic training program or CE provider), or an EMS
3 service provider. EMS service providers include, but are not limited to, public safety
4 agencies, private ambulance providers and other EMS providers. Verification of skills
5 competency shall be valid for a maximum of two (2) years for the purpose of applying
6 for recertification.

7
8 (6) Starting 24 months after the effective date of this subsection, an EMT renewing his
9 or her certification for the first time shall submit documentation of successful completion
10 of the following training by an approved EMT training program or approved CE provider:

11
12 (A) The use and administration of naloxone or other opioid antagonist that meets the
13 standards and requirements of section 100075, subsection (c).

14
15 (B) The use and administration of epinephrine by auto-injector that meets the standards
16 and requirements of section 100075, subsection (d).

17
18 (C) The use of a glucometer that meets the standards and requirements of section
19 100075, subsection (e).

20
21 (D) If an individual possesses a current California-issued paramedic license or
22 California Advanced EMT certificate, then the individual need not comply with
23 subsections (A)-(C), above.

24
25 (b) The EMT certifying entity shall issue a wallet-sized certificate card, pursuant to
26 Section 100344, subdivisions (c) and (d), of Chapter 10 of this Division, within forty-five
27 (45) days to eligible individuals who apply for EMT renewal ~~recertification~~ and
28 successfully complete the requirements of this Chapter.

29
30 (c) If the EMT renewal ~~recertification~~-requirements are met within six (6) months prior to
31 the current certification expiration date, the EMT Certifying entity shall make the
32 effective date of renewal ~~recertification~~ the date immediately following the expiration
33 date of the current certificate. The certification will expire the last day of the month two
34 (2) years from the day prior to the effective date.

35
36 (d) If the EMT renewal ~~recertification~~ requirements are met greater than six (6) months
37 prior to the expiration date, the EMT Certifying entity shall make the effective date of
38 renewal ~~recertification~~ the day the certificate is issued. ~~date the individual satisfactorily~~
39 ~~completes all certification requirements and has applied for recertification.~~ The
40 certification expiration date will be the last day of the month two (2) years from the
41 effective date.

42
43 (e) A California certified EMT who is a member of the Armed Forces of the United
44 States and whose certification expires while deployed on active duty, or whose
45 certification expires less than six (6) months from the date they return from active duty
46 deployment, with the Armed Forces of the United States shall have six (6) months from

1 the date they return from active duty deployment to complete the requirements of
2 Section 100080, subdivisions (a)(2)-(a)(5). In order to qualify for this exception, the
3 individual shall: ~~submit proof of their membership in the Armed Forces of the United~~
4 ~~States and documentation of their deployment starting and ending dates. Continuing~~
5 ~~education credit may be given for documented training that meets the requirements of~~
6 ~~Chapter 11 of this Division while the individual was deployed on active duty. The~~
7 ~~documentation shall include verification from the individual's Commanding Officer~~
8 ~~attesting to the training attended.~~

9
10 (1) Submit proof of his or her membership in the Armed Forces of the United States,
11 and

12
13 (2) Submit documentation of his or her deployment starting and ending dates.

14
15 (3) Continuing education credit may be given for documented training that meets the
16 requirements of Chapter 11 of this Division while the individual was deployed on active
17 duty.

18
19 (4) The continuing education documentation shall include verification from the
20 individual's Commanding Officer attesting to the training attended.

21
22 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
23 and Safety Code. Reference: Sections 1797.61, 1797.62, 1797.109, 1797.118,
24 1797.170, 1797.184, 1797.210 and 1797.216, Health and Safety Code; and United
25 States Code, Title 10, Subtitle A, Chapter 1, Section 101.

26
27 **§ 100081. Recertification Reinstatement of an Expired California EMT Certificate.**

28 (a)The following requirements apply to individuals who wish to be eligible for
29 reinstatement ~~recertification~~ after their California EMT certificates have expired:

30
31 (1) For a lapse of less than six (6) months, the individual shall meet one of the following
32 continuing education requirements: ~~complete the requirements of Section 100080,~~
33 ~~subdivisions (a)(2)-(a)(5).~~

34
35 (A) Successfully complete a twenty-four (24) hour refresher course from an approved
36 EMT training program within the 24 months prior to applying for reinstatement, or

37
38 (B) Obtain at least twenty-four (24) hours of continuing education (CE), within the 24
39 months prior to applying for reinstatement, from an approved CE provider in accordance
40 with the provisions contained in Chapter 11 of this Division.

41
42 1. CE hours may be used to renew multiple licensure/certification types.

43
44 (C) Complete an application form and other processes as specified in Section 100079,
45 subdivisions (b)(3)-(b)(9), of this Chapter.

46

1 (D) Complete the criminal history background check requirements as specified in Article
2 4, Chapter 10 of this Division when the background check results are not on file with the
3 certifying entity that is processing the reinstatement. The certifying entity shall receive
4 the State and Federal criminal background check results before issuing a certification.

5
6 (E) Submit a completed skills competency verification form, EMSA-SCV (01/17). Form
7 EMSA-SCV (01/17) is herein incorporated by reference. Skills competency shall be
8 verified by direct observation of an actual or simulated patient contact. Skills
9 competency shall be verified by an individual who is currently certified or licensed as an
10 EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and
11 who shall be designated by an EMS approved training program (EMT training program,
12 AEMT training program, Paramedic training program or CE provider), or an EMS
13 service provider. EMS service providers include, but are not limited to, public safety
14 agencies, private ambulance providers and other EMS providers. Verification of skills
15 competency shall be valid for a maximum of two (2) years for the purpose of applying
16 for recertification.

17
18 (F) Starting 24 months after the effective date of this subsection, an EMT applying for
19 reinstatement of his or her certification for the first time shall submit documentation of
20 successful completion of the following training by an approved EMT training program or
21 approved CE provider:

22
23 1. The use and administration of naloxone or other opioid antagonist that meets the
24 standards and requirements of section 100075, subsection (c).

25
26 2. The use and administration of epinephrine by auto-injector that meets the standards
27 and requirements of section 100075, subsection (d).

28
29 3. The use of a glucometer that meets the standards and requirements of section
30 100075, subsection (e).

31
32 4. If an individual possesses a current California-issued paramedic license or California
33 Advanced EMT certificate, then the individual need not comply with subsections 1.-3.,
34 above.

35
36 (2) For a lapse of six (6) months or more, but less than twelve (12) months, the
37 individual shall meet one of the following continuing education requirements:

38
39 (A) Complete the requirements of Section 100080, subdivisions (a)(2)-(a)(5), and
40 Successfully complete a twenty-four (24) hour refresher course from an approved EMT
41 training program, and twelve (12) hours of continuing education, within the 24 months
42 prior to applying for reinstatement, or

43
44 (B) Obtain at least thirty-six (36) hours of continuing education (CE), within the 24
45 months prior to applying for reinstatement, from an approved CE provider in accordance
46 with the provisions contained in Chapter 11 of this Division.

1
2 1. CE hours may be used to renew multiple licensure/certification types.

3
4 ~~(B) Complete an additional twelve (12) hours of continuing education.~~

5
6 (C) Complete an application form and other processes as specified in Section 100079,
7 subdivisions (b)(3)-(b)(9), of this Chapter.

8
9 (D) Complete the criminal history background check requirements as specified in Article
10 4, Chapter 10 of this Division when the background check results are not on file with the
11 certifying entity that is processing the reinstatement. The certifying entity shall receive
12 the State and Federal criminal background check results before issuing a certification.

13
14 (E) Submit a completed skills competency verification form, EMSA-SCV (01/17). Form
15 EMSA-SCV (01/17) is herein incorporated by reference. Skills competency shall be
16 verified by direct observation of an actual or simulated patient contact. Skills
17 competency shall be verified by an individual who is currently certified or licensed as an
18 EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and
19 who shall be designated by an EMS approved training program (EMT training program,
20 AEMT training program, Paramedic training program or CE provider), or an EMS
21 service provider. EMS service providers include, but are not limited to, public safety
22 agencies, private ambulance providers and other EMS providers. Verification of skills
23 competency shall be valid for a maximum of two (2) years for the purpose of applying
24 for recertification.

25
26 (F) Starting 24 months after the effective date of this subsection, an EMT applying for
27 reinstatement of his or her certification for the first time shall submit documentation of
28 successful completion of the following training by an approved EMT training program or
29 approved CE provider:

30
31 1. The use and administration of naloxone or other opioid antagonist that meets the
32 standards and requirements of section 100075, subsection (c).

33
34 2. The use and administration of epinephrine by auto-injector that meets the standards
35 and requirements of section 100075, subsection (d).

36
37 3. The use of a glucometer that meets the standards and requirements of section
38 100075, subsection (e).

39
40 4. If an individual possesses a current California-issued paramedic license or California
41 Advanced EMT certificate, then the individual need not comply with subsections 1.-3.,
42 above.

43
44 ~~(3) For a lapse of twelve (12) months or more, but less than twenty four (24) months,~~
45 the individual shall meet one of the following continuing education requirements:
46

1 (A) Complete the requirements of Section 100080, subdivisions (a)(2)-(a)(5), and
2 Successfully complete a twenty-four (24) hour refresher course from an approved EMT
3 training program, and twenty-four (24) hours of continuing education, within the 24
4 months prior to applying for reinstatement, or

5
6 (B) Obtain at least forty-eight (48) hours of continuing education (CE), within the 24
7 months prior to applying for reinstatement, from an approved CE provider in accordance
8 with the provisions contained in Chapter 11 of this Division.

9
10 1. CE hours may be used to renew multiple licensure/certification types.

11
12 (C) Complete an application form and other processes as specified in Section 100079,
13 subdivisions (b)(3)-(b)(5), of this Chapter.

14
15 (D) Complete the criminal history background check requirements as specified in Article
16 4, Chapter 10 of this Division. The certifying entity shall receive the State and Federal
17 criminal background check results before issuing a certification.

18
19 (E) Submit a completed skills competency verification form, EMSA-SCV (01/17). Form
20 EMSA-SCV (01/17) is herein incorporated by reference. Skills competency shall be
21 verified by direct observation of an actual or simulated patient contact. Skills
22 competency shall be verified by an individual who is currently certified or licensed as an
23 EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and
24 who shall be designated by an EMS approved training program (EMT training program,
25 AEMT training program, Paramedic training program or CE provider), or an EMS
26 service provider. EMS service providers include, but are not limited to, public safety
27 agencies, private ambulance providers and other EMS providers. Verification of skills
28 competency shall be valid for a maximum of two (2) years for the purpose of applying
29 for recertification.

30
31 (F) Starting 24 months after the effective date of this subsection, an EMT applying for
32 reinstatement of his or her certification for the first time shall submit documentation of
33 successful completion of the following training by an approved EMT training program or
34 approved CE provider:

35
36 1. The use and administration of naloxone or other opioid antagonist that meets the
37 standards and requirements of section 100075, subsection (c).

38
39 2. The use and administration of epinephrine by auto-injector that meets the standards
40 and requirements of section 100075, subsection (d).

41
42 3. The use of a glucometer that meets the standards and requirements of section
43 100075, subsection (e).

44

1 4. If an individual possesses a current California-issued paramedic license or California
2 Advanced EMT certificate, then the individual need not comply with subsections 1.-3.,
3 above.

4
5 ~~(B) Complete an additional twenty-four (24) hours of continuing education, and~~

6
7 ~~(C)(G) Pass the cognitive and psychomotor written and skills certification exams, as~~
8 ~~specified in Sections 100059 and 100059.1 of this Chapter, within two (2) years of the~~
9 ~~date of application for EMT reinstatement unless the individual possesses a current and~~
10 ~~valid EMT, AEMT or paramedic National Registry Certificate or a current and valid~~
11 ~~AEMT certificate or paramedic license.~~

12
13 ~~(4) For a lapse of greater than twenty-four (24) months the individual shall meet the~~
14 ~~requirements of Section 100079, subdivisions (a) and (b).~~

15
16 (b) For individuals who meet the requirements of Section 100081, subdivision (a)(1),
17 (a)(2), or (a)(3), the EMT certifying entity shall make the effective date of reinstatement
18 ~~recertification~~ the day the certificate is issued. The certification expiration date will be
19 the last day of the month two (2) years from the effective date. ~~For individuals who~~
20 ~~meet the requirements of Section 100081, subdivision (a)(4), the EMT certifying entity~~
21 ~~shall make the certification effective and expiration dates consistent with Section~~
22 ~~100079, subdivisions (d) and (e).~~

23
24 (c) The EMT certifying entity shall issue a wallet-sized certificate card, pursuant to
25 Section 100344, subdivisions (c) and (d), of Chapter 10 of this Division, within forty-five
26 (45) days to eligible individuals who apply for EMT reinstatement ~~recertification~~ and
27 successfully complete the requirements of this Chapter.

28
29 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
30 and Safety Code. Reference: Sections 1797.61, 1797.62, 1797.109, 1797.118,
31 1797.170, 1797.175, 1797.184, 1797.210 and 1797.216, Health and Safety Code; and
32 United States Code, Title 10, Subtitle A, Chapter 1, Section 101.

33 **ARTICLE 6. RECORD KEEPING AND FEES**

34
35 **§ 100082. No change.**

36 **§ 100083. Fees.**

37 A LEMSA may establish a schedule of fees for EMT training program review approval,
38 EMT certification, EMT renewal and EMT reinstatement ~~recertification~~ in an amount
39 sufficient to cover the reasonable cost of complying with the provisions of this Chapter.

40
41 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
42 Code. Reference: Sections 1797.61, 1797.62, 1797.118, 1797.170, 1797.212, 1797.213
43 and 1798.217, Health and Safety Code.

- 1 **§ 100084. No change.**
- 2 **§ 100085. No change.**
- 3 **§ 100086. No change.**