

1 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
2 Code. Reference: Sections 1797.94, 1797.109, 1797.170 and 1797.208, Health and
3 Safety Code.

4
5 **§ 100057.1. High Fidelity Simulation.**

6 “High Fidelity Simulation” means using computerized manikins that are operated by a
7 technologist from another location to produce audible sounds and to alter, simulate and
8 manage physiological changes within the manikin to include, but not be limited to,
9 altering the heart rate, respirations, chest/lung sounds, blood pressure and saturation of
10 oxygen.

11
12 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
13 Code. Reference: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
14 Code.

15
16 **§ 100057.2. Electronic Health Record.**

17 “Electronic health record” (EHR) or “electronic patient care record” (ePCR) means real-
18 time, patient-centered records that make information available securely to authorized
19 users in a digital format capable of being shared with other providers across more than
20 one health care organization.

21
22 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
23 Code. Reference: Sections 1797.107, 1797.109, 1797.170, 1797.208 and 1797.227,
24 Health and Safety Code.

25
26 **§100058. California EMT Certifying Entity.**

27 “California EMT certifying entity”, or “EMT certifying entity”, or “certifying entity” means a
28 public safety agency or the Office of the State Fire Marshal, if the agency has a training
29 program for EMT personnel that is approved pursuant to the standards developed
30 pursuant to Section 1797.109 of the Health and Safety Code, or the medical director of
31 a LEMSA.

32
33 NOTE: Authority cited: Sections 1797.62, 1797.107, 1797.109 and 1797.170, Health
34 and Safety Code. Reference: Sections 1797.109, 1797.118, 1797.170, 1797.210 and
35 1797.216, Health and Safety Code.

36
37 **§ 100059. EMT Certifying Cognitive Examination.**

38 “EMT Certifying Cognitive Examination” means the National Registry of Emergency
39 Medical Technicians EMT Cognitive Examination to test an individual applying for
40 certification as an EMT.

41
42 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
43 and Safety Code. Reference: Sections 1797.63, 1797.170, 1797.175, 1797.184,
44 1797.210 and 1797.216, Health and Safety Code.

45
46 **§ 100059.1. EMT Certifying Psychomotor Examination.**

1 “Certifying Psychomotor Examination” means the National Registry of Emergency
2 Medical Technicians EMT Psychomotor Examination to test an individual applying for
3 certification as an EMT.

4
5 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
6 and Safety Code. Reference: Sections 1797.63, 1797.170, 1797.175, 1797.184,
7 1797.210 and 1797.216, Health and Safety Code.

8
9 **§ 100059.2. EMT Optional Skills Medical Director.**

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

17
18 Note: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.
19 Reference: Sections 1797.52, 1797.90, 1797.107, 1797.170, 1797.176 and 1797.202,
20 Health and Safety Code.

21
22 **§100060. Emergency Medical Technician.**

23 “Emergency Medical Technician,” “EMT-Basic,” or “EMT” means a person who has
24 successfully completed an EMT course that meets the requirements of this Chapter,
25 has passed all required tests, and has been certified by a California EMT certifying
26 entity.

27
28 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
29 Code. Reference: Sections 1797.61, 1797.80 and 1797.170, Health and Safety Code.

30
31 **§ 100061. EMT Local Accreditation.**

32 “Local accreditation” or “accreditation” or “accredited to practice” as used in this
33 Chapter, means authorization by the LEMSA to practice the optional skill(s) specified in
34 Section 100064. Such authorization assures that the EMT has been oriented to the
35 LEMSA and trained in the optional skill(s) necessary to achieve the treatment standard
36 of the jurisdiction.

37
38 Note: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.
39 Reference: Sections 1797.7, 1797.170, 1797.176, 1797.177, 1797.178, 1797.200,
40 1797.204, 1797.206, 1797.210 and 1797.214, Health and Safety Code.

41
42 **100061.1. Emergency Medical Services Quality Improvement Program.**

43 "Emergency Medical Services Quality Improvement Program" or “EMSQIP” means
44 methods of evaluation that are composed of structure, process, and outcome
45 evaluations which focus on improvement efforts to identify root causes of problems,
46 intervene to reduce or eliminate these causes, and take steps to correct the process,

1 and recognize excellence in performance and delivery of care, pursuant to the
2 provisions of Chapter 12 of this Division. This is a model program which will develop
3 over time and is to be tailored to the individual organization's quality improvement
4 needs and is to be based on available resources for the EMSQIP.

5
6 Note: Authority cited: Sections 1797.103, 1797.107 and 1797.170 Health and Safety
7 Code. Reference: Sections 1797.204, and 1797.220 Health and Safety Code.

8
9 **§ 100061.2. Authority**

10 "Authority" means the Emergency Medical Services Authority.

11 Note: Authority cited: Sections 1797.107, and 1797.170, Health and Safety Code.

12 Reference: Sections 1797.54 Health and Safety Code.

13
14 **ARTICLE 2. GENERAL PROVISIONS**

15
16 **§ 100062. Application of Chapter.**

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

1
2 (2) The EMTs restrict their scope of practice to that for which they are licensed or
3 certified.

4
5 (d) The local EMS agency shall develop and implement policies for the medical control
6 and medical accountability of care rendered by the EMT. This shall include, but not be
7 limited to, basic life support protocols, policies and procedures and documentation,
8 which may include completing an electronic health record (EHR) that is compliant with
9 the current versions of the California Emergency Medical Services Information System
10 (CEMSIS) and the National Emergency Medical Services Information Systems
11 (NEMSIS) standards.

12
13 (e) Pursuant to Health and Safety Code section 1797.170, subdivision (b), a California-
14 certified EMT shall be recognized as an EMT on a statewide basis.

15
16 (f) If an EMT or Advanced EMT certification card is lost, destroyed, damaged, or there
17 has been a change in the name of the EMT, a duplicate certification card may be
18 requested. The request shall be in writing to the certifying entity that issued the EMT
19 certificate and include a statement identifying the reason for the request and, if due to a
20 name change, include a copy of legal documentation of the change in name. The
21 duplicate card shall bear the same certification number and date of expiration as the
22 original card.

23
24 (g) An individual currently certified as an EMT by the provisions of this section may
25 voluntarily deactivate his or her EMT certificate as long as the individual is not under
26 investigation or disciplinary action by a LEMSA medical director for violations of Health
27 and Safety Code Section 1798.200. An individual who has voluntarily deactivated his or
28 her EMT certificate shall comply with the following:

29
30 (1) Discontinue all medical practice requiring an active and valid EMT certificate,

31
32 (2) Return the EMT certificate to the certifying entity, and

33
34 (3) Notify the LEMSA to whom the individual is accredited as an EMT that his or her
35 certification is no longer valid.

36
37 (4) Reactivation of the EMT certificate shall be in accordance with the provisions of
38 Section 100081 of this Chapter.

39
40 (5) This information shall be entered into the Central Registry by the certifying entity
41 who issued the EMT certificate.

42
43 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170, 1797.220 and 1797.227,
44 Health and Safety Code. Reference: Sections 1797.160 and 1797.170, Health and
45 Safety Code.

1 **§ 100063. Basic Scope of Practice of Emergency Medical Technician.**

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

5
6 (1) Evaluate the ill and injured.

7
8 (2) Render basic life support, rescue and emergency medical care to patients.

9
10 (3) Obtain diagnostic signs to include, but not be limited to, temperature, blood
11 pressure, pulse and respiration rates, pulse oximetry, level of consciousness and pupil
12 status.

13
14 (4) Perform cardiopulmonary resuscitation (CPR), including the use of mechanical
15 adjuncts to basic cardiopulmonary resuscitation.

16
17 (5) Administer oxygen.

18
19 (6) Use the following adjunctive airway and breathing aids:

20
21 (A) Oropharyngeal airway;

22
23 (B) Nasopharyngeal airway;

24
25 (C) Suction devices;

26
27 (D) Basic oxygen delivery devices for supplemental oxygen therapy including, but not
28 limited to, humidifiers, partial rebreathers, and venturi masks; and

29
30 (E) Manual and mechanical ventilating devices designed for prehospital use including
31 continuous positive airway pressure.

32
33 (7) Use various types of stretchers and spinal motion restriction or immobilization
34 devices.

35
36 (8) Provide initial prehospital emergency care to patients, including, but not limited to:

37
38 (A) Bleeding control through the application of tourniquets;

39
40 (B) Use of hemostatic dressings from a list approved by the Authority;

41
42 (C) Spinal motion restriction or immobilization;

43
44 (D) Seated spinal motion restriction or immobilization;

45
46 (E) Extremity splinting; and

- 1
- 2 (F) Traction splinting.
- 3
- 4 (G) Administer oral glucose or sugar solutions.
- 5
- 6 (H) Extricate entrapped persons.
- 7
- 8 (I) Perform field triage.
- 9
- 10 (J) Transport patients.
- 11
- 12 (K) Apply mechanical patient restraint.
- 13
- 14 (L) Set up for ALS procedures, under the direction of an Advanced EMT or Paramedic.
- 15
- 16 (M) Perform automated external defibrillation.
- 17
- 18 (N) Assist patients with the administration of physician-prescribed devices including, but
19 not limited to, patient-operated medication pumps, sublingual nitroglycerin, and self-
20 administered emergency medications, including epinephrine devices.
- 21
- 22 (b) In addition to the activities authorized by subdivision (a) of this Section, the medical
23 director of the LEMSA may also establish policies and procedures to allow a certified
24 EMT or a supervised EMT student who is part of the organized EMS system and in the
25 prehospital setting and/or during interfacility transport to:
 - 26
 - 27 (1) Monitor intravenous lines delivering glucose solutions or isotonic balanced salt
28 solutions including Ringer's lactate for volume replacement. Monitor, maintain, and
29 adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of
30 intravenous fluid;
 - 31
 - 32 (2) Transfer a patient, who is deemed appropriate for transfer by the transferring
33 physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley
34 catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding
35 arterial lines;
 - 36
 - 37 (3) Administer naloxone or other opioid antagonist by intranasal and/or intramuscular
38 routes for suspected narcotic overdose;
 - 39
 - 40 (4) Administer epinephrine by auto-injector for suspected anaphylaxis and/or severe
41 asthma;
 - 42
 - 43 (5) Perform finger stick blood glucose testing; and
 - 44
 - 45 (6) Administer over the counter medications, when approved by the medical director,
46 including, but not limited to:

1
2 (A) Aspirin.

3
4 (c) The scope of practice of an EMT shall not exceed those activities authorized in this
5 Section, Section 100064, and Section 100064.1.

6
7 (d) During a mutual aid response into another jurisdiction, an EMT may utilize the scope
8 of practice for which s/he is trained and authorized according to the policies and
9 procedures established by the LEMSA within the jurisdiction where the EMT is
10 employed as part of an organized EMS system.

11
12 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
13 Code. Reference: Sections 1797.8, 1797.170, 1797.197 and 1797.221, Health and
14 Safety Code.

15
16 **§100063.1. EMT AED Service Provider**

17 An EMT AED service provider is an agency or organization that employs individuals as
18 defined in Section 100060, and who obtain AEDs for the purpose of providing AED
19 services to the general public.

20
21 (a) An EMT AED service provider shall be approved by the LEMSA, or in the case of
22 state or federal agencies, the Authority, prior to beginning service. The Authority shall
23 notify LEMSAs of state or federal agencies approved as EMT AED service providers. In
24 order to receive and maintain EMT AED service provider approval, an EMT AED service
25 provider shall comply with the requirements of this section.

26
27 (b) An EMT AED service provider approval may be revoked or suspended for failure to
28 maintain the requirements of this section.

29
30 (c) An EMT AED service provider applicant shall be approved if they meet and provide
31 the following:

32
33 (1) Provide orientation of AED authorized personnel to the AED;

34
35 (2) Ensure maintenance of AED equipment;

36
37 (3) Prior to January 1, 2002, ensure initial training and, thereafter, continued
38 competency of AED authorized personnel;

39
40 (4) Collect and report to the LEMSA where the defibrillation occurred, as required by the
41 LEMSA but no less than annually, data that includes, but is not limited to:

42
43 (A) The number of patients with sudden cardiac arrest receiving CPR prior to arrival of
44 emergency medical care.

1 (B) The total number of patients on whom defibrillatory shocks were administered,
2 witnessed (seen or heard) and not witnessed; and
3

4 (C) The number of these persons who suffered a witnessed cardiac arrest whose initial
5 monitored rhythm was ventricular tachycardia or ventricular fibrillation.
6

7 (5) Authorize personnel and maintain a current listing of all EMT AED service providers
8 authorized personnel and provide listing upon request to the LEMSA or the Authority.
9

10 (d) An approved EMT AED service provider and their authorized personnel shall be
11 recognized statewide.
12

13 (e) Authorized personnel means EMT personnel trained to operate an AED and
14 authorized by an approved EMT AED service provider.
15

16 NOTE: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.
17 Reference: Sections 1797.170, 1797.178, 1797.196, 1797.200, 1797.202, 1797.204,
18 1797.220, 1798 and 1798.2, Health and Safety Code.
19

20 **§ 100064. EMT Optional Skills.**

21 (a) In addition to the activities authorized by Section 100063 of this Chapter, a LEMSA
22 may establish policies and procedures for local accreditation of an EMT student or
23 certified EMT to perform any or all of the following optional skills specified in this
24 section. Accreditation for EMTs to practice optional skills shall be limited to those whose
25 EMT certificate is active and are employed within the jurisdiction of the LEMSA by an
26 employer who is part of the organized EMS system.
27

28 (1) Use of perilaryngeal airway adjuncts.
29

30 (A) Training in the use of perilaryngeal airway adjuncts shall consist of not less than five
31 (5) hours to result in the EMT being competent in the use of the device and airway
32 control. Included in the above training hours shall be the following topics and skills:
33

34 1. Anatomy and physiology of the respiratory system.
35

36 2. Assessment of the respiratory system.
37

38 3. Review of basic airway management techniques, which includes manual and
39 mechanical.
40

41 4. The role of the perilaryngeal airway adjuncts in the sequence of airway control.
42

43 5. Indications and contraindications of the perilaryngeal airway adjuncts.
44

45 6. The role of pre-oxygenation in preparation for the perilaryngeal airway adjuncts.
46

- 1 7. Perilaryngeal airway adjuncts insertion and assessment of placement.
- 2
- 3 8. Methods for prevention of basic skills deterioration.
- 4
- 5 9. Alternatives to the perilaryngeal airway adjuncts.
- 6
- 7 (B) At the completion of initial training a student shall complete a competency-based
- 8 written and skills examination for airway management which shall include the use of
- 9 basic airway equipment and techniques and use of perilaryngeal airway adjuncts.
- 10
- 11 (C) A LEMSA shall establish policies and procedures for skills competency
- 12 demonstration that requires the accredited EMT to demonstrate skills competency at
- 13 least every two (2) years, or more frequently as determined by the EMSQIP.
- 14
- 15 (2) Administration of epinephrine by prefilled syringe and/or drawing up the proper drug
- 16 dose into a syringe for suspected anaphylaxis and/or severe asthma.
- 17
- 18 (A) Training in the administration of epinephrine by prefilled syringe and/or drawing up
- 19 the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma
- 20 shall consist of no less than two (2) hours to result in the EMT being competent in the
- 21 use and administration of epinephrine by prefilled syringe and/or drawing up the proper
- 22 drug dose into a syringe and managing a patient of a suspected anaphylactic reaction
- 23 and/or experiencing severe asthma symptoms. Included in the training hours listed
- 24 above shall be the following topics and skills:
- 25
- 26 1. Names
- 27
- 28 2. Indications
- 29
- 30 3. Contraindications
- 31
- 32 4. Complications
- 33
- 34 5. Side/adverse effects
- 35
- 36 6. Interactions
- 37
- 38 7. Routes of administration
- 39
- 40 8. Calculating dosages
- 41
- 42 9. Mechanisms of drug actions
- 43
- 44 10. Medical asepsis
- 45
- 46 11. Disposal of contaminated items and sharps

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12. Medication administration

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

1. Assessment of when to administer epinephrine,
2. Managing a patient before and after administering epinephrine,
3. Using universal precautions and body substance isolation procedures during medication administration,
4. Demonstrating aseptic technique during medication administration,
5. Demonstrating preparation and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe, and
6. Proper disposal of contaminated items and sharps.

(3) Administer the medications listed in this subsection.

(A) Using prepackaged products, the following medications may be administered:

1. Atropine
2. Pralidoxime Chloride

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

1. Indications
2. Contraindications
3. Side/adverse effects
4. Routes of administration
5. Dosages
6. Mechanisms of drug action

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7. Disposal of contaminated items and sharps

8. Medication administration

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

1. Assessment of when to administer these medications,
2. Managing a patient before and after administering these medications,
3. Using universal precautions and body substance isolation procedures during medication administration,
4. Demonstrating aseptic technique during medication administration,
5. Demonstrating the preparation and administration of medications by the intramuscular route, and
6. Proper disposal of contaminated items and sharps.

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

(A) The medical director of the LEMSA shall submit a written request, Form #EMSA-0391, revised (01/17), herein incorporated by reference, and obtain approval from the director of the Authority, who shall consult with a committee of LEMSA medical directors named by the Emergency Medical Services Medical Directors' Association of California, Inc. (EMDAC), for any additional medications that in his/her professional judgment should be approved for implementation of Section 100064(a)(4).

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

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

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

1 (c) The medical director of the LEMSA shall develop a plan for each optional skill
2 allowed. The plan shall, at a minimum, include the following:
3

4 (1) A description of the need for the use of the optional skill.
5

6 (2) A description of the geographic area within which the optional skill will be utilized,
7 except as provided in Section 100064(i).
8

9 (3) A description of the data collection methodology which shall also include an
10 evaluation of the effectiveness of the optional skill.
11

12 (4) The policies and procedures to be instituted by the LEMSA regarding medical
13 control and use of the optional skill.
14

15 (5) The LEMSA shall develop policies for accreditation action, pursuant to Chapter 6 of
16 this Division, for individuals who fail to demonstrate competency.
17

18 (d) A LEMSA medical director who accredits EMTs to perform any optional skill shall:
19

20 (1) Establish policies and procedures for the approval of service provider(s) utilizing
21 approved optional skills.
22

23 (2) Approve and designate selected base hospital(s) as the LEMSA deems necessary
24 to provide direction and supervision of accredited EMTs in accordance with policies and
25 procedures established by the LEMSA.
26

27 (3) Establish policies and procedures to collect, maintain and evaluate patient care
28 records.
29

30 (4) Establish an EMSQIP. EMSQIP means a method of evaluation of services provided,
31 which includes defined standards, evaluation of methodology(ies) and utilization of
32 evaluation results for continued system improvement. Such methods may include, but
33 not be limited to, a written plan describing the program objectives, organization, scope
34 and mechanisms for overseeing the effectiveness of the program.
35

36 (5) Establish policies and procedures for additional training necessary to maintain
37 accreditation for each of the optional skills contained in this section, if applicable.
38

39 (e) The LEMSA medical director may approve an optional skill medical director to be
40 responsible for accreditation and any or all of the following requirements:
41

42 (1) Approve and monitor training programs for optional skills including refresher training
43 within the jurisdiction of the LEMSA.
44

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

4
5 (f) The optional skill medical director may delegate the specific field care audits, training,
6 and demonstration of competency, if approved by the LEMSA medical director, to a
7 Physician, Registered Nurse, Physician Assistant, Paramedic, or Advanced EMT,
8 licensed or certified in California or a physician licensed in another state immediately
9 adjacent to the LEMSA jurisdiction.

10
11 (g) An EMT accredited in an optional skill may assist in demonstration of competency
12 and training of that skill.

13
14 (h) In order to be accredited to utilize an optional skill, an EMT shall demonstrate
15 competency through passage, by pre-established standards, developed and/or
16 approved by the LEMSA, of a competency-based written and skills examination which
17 tests the ability to assess and manage the specified condition.

18
19 (i) During a mutual aid response into another jurisdiction, an EMT may utilize the scope
20 of practice for which s/he is trained, certified and accredited according to the policies
21 and procedures established by his/her certifying or accrediting LEMSA.

22
23 Note: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.
24 Reference: Sections 1797.8, 1797.52, 1797.58, 1797.90, 1797.170, 1797.173,
25 1797.175, 1797.176, 1797.202, 1797.208, 1797.212, 1798, 1798.2, 1798.100, 1798.102
26 and 1798.104, Health and Safety Code.

27
28 **§ 100064.1. EMT Trial Studies.**

29 An EMT may perform any prehospital emergency medical care treatment procedure(s)
30 or administer any medication(s) on a trial basis when approved by the medical director
31 of the LEMSA and the director of the Authority. The medical director of the LEMSA shall
32 review the medical literature on the procedure or medication and determine in his/her
33 professional judgment whether a trial study is needed.

34
35 (a) The medical director of the LEMSA shall review a trial study plan which, at a
36 minimum, shall include the following:

37
38 (1) A description of the procedure(s) or medication(s) proposed, the medical conditions
39 for which they can be utilized, and the patient population that will benefit.

40
41 (2) A compendium of relevant studies and material from the medical literature.

42
43 (3) A description of the proposed study design, including the scope of study and method
44 of evaluating the effectiveness of the procedure(s) or medication(s), and expected
45 outcome.

46

1 (4) Recommended policies and procedures to be instituted by the LEMSA regarding the
2 use and medical control of the procedure(s) or medication(s) used in the study.
3

4 (5) A description of the training and competency testing required to implement the
5 study. Training on subject matter shall be consistent with the related topic(s) and skill(s)
6 specified in Section 100159, Chapter 4 (Paramedic regulations), Division 9, Title 22,
7 California Code of Regulations.
8

9 (b) The medical director of the LEMSA shall appoint a local medical advisory committee
10 to assist with the evaluation and approval of trial studies. The membership of the
11 committee shall be determined by the medical director of the LEMSA, but shall include
12 individuals with knowledge and experience in research and the effect of the proposed
13 study on the EMS system.
14

15 (c) The medical director of the LEMSA shall submit the proposed study and a copy of
16 the proposed trial study plan at least forty-five (45) calendar days prior to the proposed
17 initiation of the study to the director of the Authority for approval in accordance with the
18 provisions of Section 1797.221 of the Health and Safety Code. The Authority shall
19 inform the Commission on EMS of studies being initiated.
20

21 (d) The Authority shall notify the medical director of the LEMSA submitting its request
22 for approval of a trial study within fourteen (14) working days of receiving the request
23 that the request has been received.
24

25 (e) The Director of the Authority shall render the decision to approve or disapprove the
26 trial study within forty-five (45) calendar days of receipt of all materials specified in
27 subsections (a) and (b) of this section.
28

29 (f) Within eighteen (18) months of the initiation of the procedure(s) or medication(s), the
30 medical director of the LEMSA shall submit to the Commission on EMS a written report
31 which includes at a minimum the progress of the study, number of patients studied,
32 beneficial effects, adverse reactions or complications, appropriate statistical evaluation,
33 and general conclusion.
34

35 (g) The Commission on EMS shall review the above report within two (2) meetings and
36 advise the Authority to do one of the following:
37

38 (1) Recommend termination of the study if there are adverse effects or if no benefit from
39 the study is shown.
40

41 (2) Recommend continuation of the study for a maximum of eighteen (18) additional
42 months if potential but inconclusive benefit is shown.
43

44 (3) Recommend the procedure or medication be added to the EMT scope of practice.
45

1 (h) If option (g)(2) is selected, the Commission on EMS may advise continuation of the
2 study as structured or alteration of the study to increase the validity of the results.

3
4 (i) At the end of the additional eighteen (18) month period, a final report shall be
5 submitted to the Commission on EMS with the same format as described in (f) above.

6
7 (j) The Commission on EMS shall review the final report and advise the Authority to do
8 one of the following:

9
10 (1) Recommend termination or further extension of the study.

11
12 (2) Accept the study recommendations.

13
14 (3) Recommend the procedure or medication be added to the EMT scope of practice.

15
16 (k) The Authority may require a trial study(ies) to cease after thirty-six (36) months.

17
18 NOTE: Authority cited: Section 1797.107 and 1797.170, Health and Safety Code.

19 Reference: Sections 1797.170 and 1797.221, Health and Safety Code.

20
21 **ARTICLE 3. PROGRAM REQUIREMENTS FOR EMT TRAINING PROGRAMS**

22
23 **§ 100065. Approved Training Programs**

24 (a) The purpose of an EMT training program shall be to prepare individuals to render
25 prehospital basic life support at the scene of an emergency, during transport of the sick
26 and injured, or during interfacility transfer within an organized EMS system.

27
28 (b) EMT training may be offered only by approved training programs. Eligibility for
29 program approval shall be limited to:

30
31 (1) Accredited universities and colleges including junior and community colleges, school
32 districts, and private post-secondary schools as approved by the State of California,
33 Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational
34 Education.

35
36 (2) Medical training units of a branch of the Armed Forces including the Coast Guard of
37 the United States.

38
39 (3) Licensed general acute care hospitals which meet the following criteria:

40
41 (A) Hold a special permit to operate a Basic or Comprehensive Emergency Medical
42 Service pursuant to the provisions of Division 5; and

43 (B) Provide continuing education to other health care professionals.

44
45 (4) Agencies of government including public safety agencies.

46

1 (5) LEMSAs.
2

3 NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health
4 and Safety Code. Reference: Sections 1797.170, 1797.173, 1797.208 and 1797.213
5 Health and Safety Code.
6

7 **§100066. Procedure for EMT Training Program Approval.**

8 (a) Eligible training programs may submit a written request for EMT program approval to
9 an EMT approving authority.
10

11 (b) The EMT approving authority shall review and approve the following prior to
12 approving an EMT training program:
13

14 (1) A statement verifying usage of the U.S. Department of Transportation (DOT)
15 National EMS Education Standards (DOT HS 811 077A, January 2009).
16

17 (2) A statement verifying CPR training equivalent to the current American Heart
18 Association's Guidelines for Cardiopulmonary Resuscitation and Emergency
19 Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to
20 an EMT basic course.
21

22 (3) Samples of written and skills examinations used for periodic testing.
23

24 (4) A final skills competency examination.
25

26 (5) A final written examination.
27

28 (6) The name and qualifications of the program director, program clinical coordinator,
29 and principal instructor(s).
30

31 (7) Provisions for clinical experience, as defined in Section 100068 of this Chapter.
32

33 (8) Provisions for course completion by challenge, including a challenge examination (if
34 different from final examination).
35

36 (9) Provisions for a twenty-four (24) hour refresher course including subdivisions (1)-(6)
37 above, required for recertification.
38

39 (A) A statement verifying usage of the United States Department of Transportation's
40 EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September
41 1996. The U.S. Department of Transportation's EMT-Basic Refresher National Standard
42 Curriculum can be accessed through the U.S. Department of Transportation's website,
43 <http://www.nhtsa.gov/people/injury/ems/pub/basicref.pdf>.
44

45 (10) The location at which the courses are to be offered and their proposed dates.
46

1 (11) Table of contents listing the required information listed in this subdivision, with
2 corresponding page numbers.

3
4 (c) In addition to those items listed in subdivision (b) of this Section, the Authority shall
5 assure that a statewide public safety agency meets the following criteria in order to
6 approve that agency as qualified to conduct a statewide EMT training program:

7
8 (1) Has a statewide role and responsibility in matters affecting public safety.

9
10 (2) Has a centralized authority over its EMT training program instruction which can
11 correct any elements of the program found to be in conflict with this Chapter.

12
13 (3) Has a management structure which monitors all of its EMT training programs.

14
15 (4) Has designated a liaison to the Authority who shall respond to problems or conflicts
16 identified in the operation of its EMT training program.

17
18 (5) In addition, these agencies shall meet the following additional requirements:

19
20 (A) Designate the principal instructor as a liaison to the EMT approving authority for the
21 county in which the training is conducted; and

22
23 (d) The EMT approving authority shall make available to the Authority, upon request,
24 any or all materials submitted pursuant to this Section by an approved EMT training
25 program in order to allow the Authority to make the determination required by Section
26 1797.173 of the Health and Safety Code.

27
28 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
29 Code. Reference: Sections 1797.170, 1797.173, 1797.208 and 1797.213, Health and
30 Safety Code.

31
32 **§ 100067. Didactic and Skills Laboratory.**

33 An approved EMT training program shall assure that no more than ten (10) students are
34 assigned to one (1) principal instructor/teaching assistant during skills
35 practice/laboratory sessions.

36
37 NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health
38 and Safety Code. Reference: Sections 1797.170, 1797.173 and 1797.208, Health and
39 Safety Code.

40
41 **§ 100068. Clinical Experience for EMT.**

42 Each approved EMT training program shall have written agreement(s) with one or more
43 general acute care hospital(s) and/or operational ambulance provider(s) or rescue
44 vehicle provider(s) for the clinical portion of the EMT training course. The written
45 agreement(s) shall specify the roles and responsibilities of the training program and the
46 clinical provider(s) for supplying the supervised clinical experience for the EMT

1 student(s). Supervision for the clinical experience shall be provided by an individual who
2 meets the qualifications of a principal instructor or teaching assistant. No more than
3 three (3) students will be assigned to one (1) qualified supervisor during the supervised
4 clinical experience.

5
6 NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health
7 and Safety Code. Reference: Sections 1797.170, 1797.173 and 1797.208, Health and
8 Safety Code.

9
10 **§ 100069. EMT Training Program Notification.**

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

15
16 (b) The EMT approving authority shall establish the effective date of program approval
17 in writing upon the satisfactory documentation of compliance with all program
18 requirements.

19
20 (c) The EMT training program approval effective date shall be the day the approval is
21 issued. The approval shall be valid for four (4) years ending on the last day of the month
22 in which it was issued and may be renewed every four (4) years subject to the
23 procedure for program approval specified in this Chapter.

24
25 (d) The LEMSA shall notify the Authority concurrently with the training program of
26 approval, renewal of approval, or disapproval of the training program, and include the
27 effective date. This notification is in addition to the name and address of training
28 program, name of the program director, phone number of the contact person, frequency
29 and cost for both basic and refresher courses, student eligibility, and program approval/
30 expiration date of program approval.

31
32 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
33 Code. Reference: Sections 1797.109, 1797.170, 1797.173 and 1797.208, Health and
34 Safety Code.

35
36 **§ 100070. Teaching Staff.**

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

41
42 (b) Each EMT training program shall have an approved program director who shall be
43 qualified by education and experience with at least forty (40) hours of documented
44 teaching methodology instruction in areas related to methods, materials, and evaluation
45 of instruction.

1 (c) Duties of the program director, in coordination with the program clinical coordinator,
2 shall include but not be limited to:

3
4 (1) Administering the training program.

5
6 (2) Approving course content.

7
8 (3) Approving all written examinations and the final skills examination.

9
10 (4) Coordinating all clinical and field activities related to the course.

11
12 (5) Approving the principal instructor(s) and teaching assistants.

13
14 (6) Signing all course completion records.

15
16 (7) Assuring that all aspects of the EMT training program are in compliance with this
17 Chapter and other related laws.

18
19 (d) Each training program shall have an approved program clinical coordinator who shall
20 be either a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently
21 licensed in California, and who shall have two (2) years of academic or clinical
22 experience in emergency medicine or prehospital care in the last five (5) years. Duties
23 of the program clinical coordinator shall include, but not be limited to:

24
25 (1) Responsibility for the overall quality of medical content of the program;

26
27 (2) Approval of the qualifications of the principal instructor(s) and teaching assistant(s).

28
29 (e) Each training program shall have a principal instructor(s), who may also be the
30 program clinical coordinator or program director, who shall be qualified by education
31 and experience with at least forty (40) hours of documented teaching methodology
32 instruction in areas related to methods, materials, and evaluation of instruction and shall
33 meet the following qualifications:

34
35 (1) Be a Physician, Registered Nurse, Physician Assistant, or Paramedic currently
36 licensed in California; or,

37
38 (2) Be an Advanced EMT or EMT who is currently certified in California.

39
40 (3) Have at least two (2) years of academic or clinical experience in the practice of
41 emergency medicine or prehospital care in the last five (5) years.

42
43 (4) Be approved by the program director in coordination with the program clinical
44 coordinator as qualified to teach the topics to which s/he is assigned. All principal
45 instructors from approved EMT Training Programs shall meet the minimum
46 qualifications as specified in subsection (e) of this Section.

1
2 (f) Each training program may have teaching assistant(s) who shall be qualified by
3 training and experience to assist with teaching of the course and shall be approved by
4 the program director in coordination with the program clinical coordinator as qualified to
5 assist in teaching the topics to which the assistant is to be assigned. A teaching
6 assistant shall be supervised by a principal instructor, the program director and/or the
7 program clinical coordinator.
8

9 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
10 Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.
11

12 **§ 100071. EMT Training Program Review and Reporting.**

13 (a) All program materials specified in this Chapter shall be subject to periodic review by
14 the EMT approving authority.
15

16 (b) All programs shall be subject to periodic on-site evaluation by the EMT approving
17 authority.
18

19 (c) Any person or agency conducting a training program shall notify the EMT approving
20 authority in writing, in advance when possible, and in all cases within thirty (30) calendar
21 days of any change in, program director, program clinical coordinator, principal
22 instructor, change of address, phone number, and contact person.
23

24 (d) For the purposes of this Chapter, student records shall be kept for a period of not
25 less than four (4) years.
26

27 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
28 Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.
29

30 **§ 100072. Withdrawal of EMT Training Program Approval.**

31 (a) Failure to comply with the provisions of this Chapter may result in denial, probation,
32 suspension or revocation of program approval by the EMT training program approving
33 authority.
34

35 (b) The requirements for training program noncompliance notification and actions are as
36 follows:
37

38 (1) An EMT training program approving authority shall provide notification of
39 noncompliance with this Chapter to the EMT training program provider found in
40 violation. The notification shall be in writing and sent by certified mail to the EMT
41 training program course director.
42

43 (2) Within fifteen (15) working days from receipt of the noncompliance notification the
44 approved EMT training program shall submit in writing, by certified mail, to the EMT
45 training program approving authority one of the following:
46

- 1 (A) Evidence of compliance with the provisions of this Chapter, or
2
3 (B) A plan to comply with the provisions of this Chapter within sixty (60) calendar days
4 from the day of receipt of the notification of noncompliance.
5 (3) Within fifteen (15) working days from receipt of the approved EMT training program's
6 response, or within thirty (30) calendar days from the mailing date of the noncompliance
7 notification if no response is received from the approved EMT training program, the
8 EMT training program approving authority shall issue a decision letter by certified mail
9 to the Authority and the approved EMT training program. The letter shall identify the
10 EMT training program approving authority's decision to take one or more of the
11 following actions:
12
13 (A) Accept the evidence of compliance provided.
14
15 (B) Accept the plan for meeting compliance.
16
17 (C) Place the training program on probation.
18
19 (D) Suspend or revoke the training program approval.
20
21 (4) The decision letter shall also include, but not be limited to, the following:
22
23 (A) Date of the training program approving authority's decision;
24
25 (B) Specific provisions found noncompliant by the training program approving authority,
26 if applicable;
27
28 (C) The probation or suspension effective and ending date, if applicable;
29
30 (D) The terms and conditions of the probation or suspension, if applicable; and
31
32 (E) The revocation effective date, if applicable.
33
34 (5) If the training program found noncompliant with this Chapter does not comply with
35 subsection (2) of this Section, the EMT training program approving authority may uphold
36 the noncompliance finding and initiate a probation, suspension, or revocation action as
37 described in subsection (3) of this Section.
38
39 (6) The EMT training program approving authority shall establish the probation,
40 suspension, or revocation effective dates no sooner than sixty (60) days after the date
41 of the decision letter, as described in subsection (3) of this Section.
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 and Section 11505, Government Code.
46

1 **§ 100073. Components of an Approved Program.**

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

3

4 (1) The EMT course, including clinical experience;

5

6 (2) Periodic and final written and skills competency examinations to include all skills
7 covered by course content listed in section 100075;

8

9 (3) A challenge examination; and

10

11 (4) A refresher course required for renewal or reinstatement.

12

13 (b) The approving authority may approve a training program that offers only refresher
14 course(s).

15

16 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
17 and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and
18 Safety Code.

19

20 **§ 100074. EMT Training Program Required Course Hours.**

21 (a) The EMT course shall consist of not less than one hundred seventy (170) hours.
22 These training hours shall be divided into:

23

24 (1) A minimum of one hundred forty-six (146) hours of didactic instruction and skills
25 laboratory; and

26

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

30

31 (A) High fidelity simulation, when available, may replace up to six (6) hours of
32 supervised clinical experience and may replace up to three (3) documented patient
33 contacts.

34

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

37

38 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
39 Code. Reference: Sections 1797.170 and 1797.208, Health and Safety Code.

40

41 **§ 100075. Required Course Content.**

42 (a) The content of an EMT course shall meet the objectives contained in the U.S.
43 Department of Transportation (DOT) National EMS Education Standards (DOT HS 811
44 077A, January 2009), incorporated herein by reference, to result in the EMT being

1 competent in the EMT basic scope of practice specified in Section 100063 of this
2 Chapter. The U.S. DOT National EMS Education Standards (DOT HS 811 077A,
3 January 2009) can be accessed through the U.S. DOT National Highway Traffic Safety
4 Administration at the following website address: <http://ems.gov/pdf/811077a.pdf>

5
6 (b) Training in the use of hemostatic dressings shall result in the EMT being competent
7 in the use of the dressing. Included in the training shall be the following topics and
8 skills:

9
10 (1) Review of basic methods of bleeding control to include but not be limited to direct
11 pressure, pressure bandages, tourniquets, and EMSA-approved hemostatic dressings;

12
13 (2) Review treatment of open chest wall injuries;

14
15 (3) Types of hemostatic dressings; and

16
17 (4) Importance of maintaining normal body temperature.

18
19 (c) Training in the administration of naloxone or other opioid antagonist shall result in
20 the EMT being competent in the administration of naloxone and managing a patient of a
21 suspected narcotic overdose and shall include the following topics and skills:

22
23 (1) Common causative agents.

24
25 (2) Assessment findings.

26
27 (3) Management to include, but not be limited to:

28
29 (A) Need for appropriate personal protective equipment and scene safety awareness.

30
31 (4) Profile of Naloxone to include, but not be limited to:

32
33 (A) Indications.

34
35 (B) Contraindications.

36
37 (C) Side/adverse effects.

38
39 (D) Routes of administration.

40
41 (E) Dosages.

42
43 (F) Mechanisms of drug action.

44
45 (G) Calculating drug dosages.

46

- 1 (H) Medical asepsis.
2
- 3 (I) Disposal of contaminated items and sharps.
4
- 5 (J) Medication administration.
6
- 7 (d) Training in the administration of epinephrine for suspected anaphylaxis and/or
8 severe asthma shall result in the EMT being competent in the use and administration of
9 epinephrine by auto-injector and managing a patient of a suspected anaphylactic
10 reaction and/or experiencing severe asthma symptoms. Included in the training shall be
11 the following topics and skills:
12
- 13 (1) Common causative agents.
14
- 15 (2) Assessment findings.
16
- 17 (3) Management to include, but not be limited to:
18
- 19 (A) Need for appropriate personal protective equipment and scene safety awareness.
20
- 21 (4) Profile of epinephrine to include, but not be limited to:
22
- 23 (A) Indications
24
- 25 (B) Contraindications.
26
- 27 (C) Side/adverse effects.
28
- 29 (D) Mechanisms of drug action.
30
- 31 (5) Administration by auto-injector.
32
- 33 (6) Medical asepsis.
34
- 35 (7) Disposal of contaminated items and sharps.
36
- 37 (e) Training in the use of finger stick blood glucose testing shall result in the EMT being
38 competent in the use of a glucometer and managing a patient with a diabetic
39 emergency. Included in the training shall be the following topics and skills:
40
- 41 (1) Blood glucose determination.
42
- 43 (A) Assess blood glucose level.
44
- 45 (B) Indications.
46

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

- 1 2. Casualty collection point.
- 2
- 3 3. Rescue task force.
- 4
- 5 4. Cover/concealment.
- 6
- 7 (3) Coordination Command and Control.
- 8
- 9 (A) Demonstrate knowledge of Incident Command and how agencies are integrated into
- 10 tactical operations.
- 11
- 12 1. Demonstrate knowledge of team command, control and communication.
- 13
- 14 a. Incident Command System (ICS) /National Incident Management System (NIMS)
- 15
- 16 b. Mutual Aid considerations.
- 17
- 18 c. Unified Command.
- 19
- 20 d. Communications, including radio interoperability.
- 21
- 22 e. Command post.
- 23
- 24 i. Staging areas.
- 25
- 26 ii. Ingress/egress.
- 27
- 28 iii. Managing priorities.
- 29
- 30 (4) Tactical and Rescue Operations.
- 31
- 32 (A) Demonstrate knowledge of tactical and rescue operations.
- 33
- 34 1. Tactical Operations – Law Enforcement.
- 35
- 36 a. The priority is to mitigate the threat.
- 37
- 38 b. Contact Team.
- 39
- 40 c. Rescue Team.
- 41
- 42 2. Rescue Operations – Law Enforcement/EMS/Fire.
- 43
- 44 a. The priority is to provide life-saving interventions to injured parties.
- 45
- 46 b. Formation of Rescue Task Force (RTF).

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

- 1 1. Drags and lifts.
- 2
- 3 2. Carries.
- 4
- 5 (D) Demonstrate knowledge of local multi-casualty/mass casualty incident protocols.
- 6

- 7 1. Triage procedures (START or SALT).
- 8
- 9 2. CCP – Triage, Treatment and Transport.

10 (6) Threat Assessment.

11 (A) Demonstrate knowledge in threat assessment.

12 1. Understand and demonstrate knowledge of situational awareness.

13 a. Pre-assessment of community risks and threats.

14 b. Pre-incident planning and coordination

15 c. Medical resources available.

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

20 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
21 Code. Reference: Sections 1797.170, 1797.116 and 1797.173, Health and Safety Code.

22 **§ 100076. Required Testing.**

23 Each component of an approved program shall include periodic and final competency-
24 based examinations to test the knowledge and skills specified in this Chapter.
25 Satisfactory performance in these written and skills examinations shall be demonstrated
26 for successful completion of the course. Satisfactory performance shall be determined
27 by pre-established standards, developed and/or approved by the EMT approving
28 authority pursuant to Section 100066 of this Chapter.

29 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
30 Code. Reference: Sections 1797.109, 1797.170, 1797.208 and 1797.210, Health and
31 Safety Code.

32 **§ 100077. EMT Training Program Course Completion Record.**

33 (a) An approved EMT training program provider shall issue a tamper resistant course
34 completion record to each person who has successfully completed the EMT course,
35 refresher course, or challenge examination.

1
2 (b) The course completion record shall contain the following:

3
4 (1) The name of the individual.

5
6 (2) The date of course completion.

7
8 (3) Type of EMT course completed (i.e., EMT, refresher, or challenge), and the number
9 of hours completed.

10
11 (4) The EMT approving authority.

12
13 (5) The signature of the program director.

14
15 (6) The name and location of the training program issuing the record.

16
17 (7) The following statement in bold print: **“This is not an EMT certificate”**.

18
19 (c) This course completion record is valid to apply for certification for a maximum of two

20
21 (2) years from the course completion date and shall be recognized statewide.

22
23 (d) The name and address of each person receiving a course completion record and the
24 date of course completion shall be reported in writing to the appropriate EMT certifying
25 authority within fifteen (15) working days of course completion.

26
27 (e) Approved EMT training programs which are also approved EMT Certifying Entities
28 need not issue a Course Completion record to those students who will receive
29 certification from the same agency.

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

33
34 **§100078. EMT Training Program Course Completion Challenge Process.**

35 (a) An individual may obtain an EMT course completion record from an approved EMT
36 training program by successfully passing by pre-established standards, developed
37 and/or approved by the EMT approving authority pursuant to Section 100066 of this
38 Chapter, a course challenge examination if s/he meets one of the following eligibility
39 requirements:

40
41 (1) The individual is currently licensed in the United States as a Physician, Registered
42 Nurse, Physician Assistant, Vocational Nurse, or Licensed Practical Nurse.

43
44 (2) The individual provides documented evidence of having successfully completed an
45 emergency medical service training program of the Armed Forces of the United States
46 within the preceding two (2) years that meets the U.S. DOT National EMS Education

1 Standards (DOT HS 811 077A, January 2009). Upon review of documentation, the EMT
2 certifying entity may also allow an individual to challenge if the individual was active in
3 the last two (2) years in a prehospital emergency medical classification of the Armed
4 Services of the United States, which does not have formal recertification requirements.
5 These individuals may be required to take a refresher course or complete CE courses
6 as a condition of certification.

7
8 (b) The course challenge examination shall consist of a competency-based written and
9 skills examination to test knowledge of the topics and skills prescribed in this Chapter.

10
11 (c) An approved EMT training program shall offer an EMT challenge examination no
12 less than once each time the EMT course is given (unless otherwise specified by the
13 program's EMT approving authority).

14
15 (d) An eligible individual shall be permitted to take the EMT course challenge
16 examination only one (1) time.

17
18 (e) An individual who fails to achieve a passing score on the EMT course challenge
19 examination shall successfully complete an EMT course to receive an EMT course
20 completion record.

21
22 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
23 Code. Reference: Sections 1797.109, 1797.170, 1797.208 and 1797.210, Health and
24 Safety Code.

25
26 **ARTICLE 4. EMT CERTIFICATION**

27
28 **§ 100079. EMT Initial Certification Requirements.**

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

31
32 (1) Pass the cognitive examination and psychomotor examination specified in Sections
33 100059 and 100059.1 of this Chapter within two (2) years from the date of application
34 for EMT certification and have a valid EMT course completion record or other
35 documented proof of successful completion of any initial EMT course approved
36 pursuant to Section 100066 of this Chapter issued within two (2) years of the date of
37 application, or

38
39 (2) Pass the cognitive examination and psychomotor examination specified in Sections
40 100059 and 100059.1 of this Chapter within two (2) years from the date of application
41 for EMT certification and have documentation of successful completion of an approved
42 out-of-state initial EMT training course that meets the requirements of this Chapter
43 issued within two (2) years of the date of application, or
44

1 (3) 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 a current and valid out-of-state EMT certificate, or
4

5 (4) Possess a current and valid National Registry EMT, Advanced EMT or Paramedic
6 registration certificate, or
7

8 (5) Possess a current and valid out-of-state Advanced EMT or Paramedic certificate, or
9

10 (6) Possess a current and valid California Advanced EMT certificate or a current and
11 valid California Paramedic license.
12

13 (b) In addition to meeting one of the criteria listed in subdivision (a), to be eligible for
14 initial certification, an individual shall:
15

16 (1) Be eighteen (18) years of age or older;
17

18 (2) Complete the criminal history background check requirement as specified in Article
19 4, Chapter 10 of this Division. The certifying entity shall receive the State and Federal
20 criminal background check results before issuing an initial certification;
21

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

31 (4) Disclose any prior and/or current certification, licensure, or accreditation actions:
32

33 (A) Against an EMT or Advanced EMT certificate, or any denial of certification by a
34 LEMSA, including any active investigations;
35

36 (B) Against a Paramedic license, or any denial of licensure by the Authority, including
37 any active investigations;
38

39 (C) Against any EMS-related certification or license of another state or other issuing
40 entity, including denials and any active investigations; or
41

42 (D) Against any health-related license;
43

44 (5) Disclose any pending or current criminal investigations;
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46 (6) Disclose any pending criminal charges;

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(7) Disclose any prior convictions;

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

(9) Pay the established fee.

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

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

(e) The expiration date for an initial EMT certificate shall be the last day of the month two (2) years from the effective date of the initial certification.

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

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

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

ARTICLE 5. MAINTAINING EMT CERTIFICATION AND RECERTIFICATION

§ 100080. EMT Certification Renewal.

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

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

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

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

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

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

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

7 (4) Complete the criminal history background check requirements as specified in Article
8 4, Chapter 10 of this Division when changing certifying entities. The certifying entity
9 shall receive the State and Federal criminal background check results before issuing a
10 certification.
11

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

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

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

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

34 (C) The use of a glucometer that meets the standards and requirements of section
35 100075, subsection (e).
36

37 (D) If an individual possesses a current California-issued paramedic license or
38 California Advanced EMT certificate, then the individual need not comply with
39 subsections (A)-(C), above.
40

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

1 (c) If the EMT renewal requirements are met within six (6) months prior to the current
2 certification expiration date, the EMT Certifying entity shall make the effective date of
3 renewal the date immediately following the expiration date of the current certificate. The
4 certification will expire the last day of the month two (2) years from the day prior to the
5 effective date.

6
7 (d) If the EMT renewal requirements are met greater than six (6) months prior to the
8 expiration date, the EMT Certifying entity shall make the effective date of renewal the
9 day the certificate is issued. The certification expiration date will be the last day of the
10 month two (2) years from the effective date.

11
12 (e) A California certified EMT who is a member of the Armed Forces of the United
13 States and whose certification expires while deployed on active duty, or whose
14 certification expires less than six (6) months from the date they return from active duty
15 deployment, with the Armed Forces of the United States shall have six (6) months from
16 the date they return from active duty deployment to complete the requirements of
17 Section 100080, subdivisions (a)(2)-(a)(5). In order to qualify for this exception, the
18 individual shall:

19
20 (1) Submit proof of his or her membership in the Armed Forces of the United States,
21 and

22
23 (2) Submit documentation of his or her deployment starting and ending dates.

24
25 (3) Continuing education credit may be given for documented training that meets the
26 requirements of Chapter 11 of this Division while the individual was deployed on active
27 duty.

28
29 (4) The continuing education documentation shall include verification from the
30 individual's Commanding Officer attesting to the training attended.

31
32 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
33 and Safety Code. Reference: Sections 1797.61, 1797.62, 1797.109, 1797.118,
34 1797.170, 1797.184, 1797.210 and 1797.216, Health and Safety Code; and United
35 States Code, Title 10, Subtitle A, Chapter 1, Section 101.

36
37 **§ 100081. Reinstatement of an Expired California EMT Certificate.**

38 (a) The following requirements apply to individuals who wish to be eligible for
39 reinstatement after their California EMT certificates have expired:

40
41 (1) For a lapse of less than six (6) months, the individual shall meet one of the following
42 continuing education requirements:

43
44 (A) Successfully complete a twenty-four (24) hour refresher course from an approved
45 EMT training program within the 24 months prior to applying for reinstatement, or
46

1 (B) Obtain at least twenty-four (24) hours of continuing education (CE), within the 24
2 months prior to applying for reinstatement, from an approved CE provider in accordance
3 with the provisions contained in Chapter 11 of this Division.
4

5 1. CE hours may be used to renew multiple licensure/certification types.
6

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

10 (D) Complete the criminal history background check requirements as specified in Article
11 4, Chapter 10 of this Division when the background check results are not on file with the
12 certifying entity that is processing the reinstatement. The certifying entity shall receive
13 the State and Federal criminal background check results before issuing a certification.
14

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

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

32 1. The use and administration of naloxone or other opioid antagonist that meets the
33 standards and requirements of section 100075, subsection (c).
34

35 2. The use and administration of epinephrine by auto-injector that meets the standards
36 and requirements of section 100075, subsection (d).
37

38 3. The use of a glucometer that meets the standards and requirements of section
39 100075, subsection (e).
40

41 4. If an individual possesses a current California-issued paramedic license or California
42 Advanced EMT certificate, then the individual need not comply with subsections 1.-3.,
43 above.
44

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

1 (A) Successfully complete a twenty-four (24) hour refresher course from an approved
2 EMT training program, and twelve (12) hours of continuing education, within the 24
3 months prior to applying for reinstatement, or
4

5 (B) Obtain at least thirty-six (36) hours of continuing education (CE), within the 24
6 months prior to applying for reinstatement, from an approved CE provider in accordance
7 with the provisions contained in Chapter 11 of this Division.
8

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

11 (C) Complete an application form and other processes as specified in Section 100079,
12 subdivisions (b)(3)-(b)(9), of this Chapter.
13

14 (D) Complete the criminal history background check requirements as specified in Article
15 4, Chapter 10 of this Division when the background check results are not on file with the
16 certifying entity that is processing the reinstatement. The certifying entity shall receive
17 the State and Federal 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 (3) For a lapse of twelve (12) months or more, the individual shall meet one of the
6 following continuing education requirements:

7
8 (A) Successfully complete a twenty-four (24) hour refresher course from an approved
9 EMT training program, and twenty-four (24) hours of continuing education, within the 24
10 months prior to applying for reinstatement, or

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

15
16 1. CE hours may be used to renew multiple licensure/certification types.

17
18 (C) Complete an application form and other processes as specified in Section 100079,
19 subdivisions (b)(3)-(b)(5), of this Chapter.

20
21 (D) Complete the criminal history background check requirements as specified in Article
22 4, Chapter 10 of this Division. The certifying entity shall receive the State and Federal
23 criminal background check results before issuing a certification.

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

36
37 (F) Starting 24 months after the effective date of this subsection, an EMT applying for
38 reinstatement of his or her certification for the first time shall submit documentation of
39 successful completion of the following training by an approved EMT training program or
40 approved CE provider:

41
42 1. The use and administration of naloxone or other opioid antagonist that meets the
43 standards and requirements of section 100075, subsection (c).

44
45 2. The use and administration of epinephrine by auto-injector that meets the standards
46 and requirements of section 100075, subsection (d).

1
2 3. The use of a glucometer that meets the standards and requirements of section
3 100075, subsection (e).

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

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

14
15 (b) For individuals who meet the requirements of Section 100081, subdivision (a)(1),
16 (a)(2), or (a)(3), the EMT certifying entity shall make the effective date of reinstatement
17 the day the certificate is issued. The certification expiration date will be the last day of
18 the month two (2) years from the effective date.

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

24
25 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
26 and Safety Code. Reference: Sections 1797.61, 1797.62, 1797.109, 1797.118,
27 1797.170, 1797.175, 1797.184, 1797.210 and 1797.216, Health and Safety Code; and
28 United States Code, Title 10, Subtitle A, Chapter 1, Section 101.

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

30
31 **§ 100082. Record Keeping.**

32 (a) Each EMT approving authority shall maintain a list of approved training programs
33 within its jurisdiction and provide the Authority with a copy. The Authority shall be
34 notified of any changes in the list of approved training programs as such occur.

35
36 (b) Each EMT approving authority shall maintain a list of current EMT program directors,
37 clinical coordinators and principal instructors within its jurisdiction.

38
39 (c) The Authority shall maintain a record of approved EMT training programs.

40
41 (d) A LEMSA may develop policies and procedures which require basic life support
42 services to make available the records of calls maintained in accordance with Section
43 1100.7, Title 13 of the California Code of Regulations.

44
45 NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
46 and Safety Code. Reference: Sections 1797.61, 1797.62, 1797.109, 1797.170,

1 1797.173, 1797.200, 1797.202, 1797.204, 1797.208, 1797.211 and 1797.220, Health
2 and Safety Code.

3

4 **§ 100083. Fees.**

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

8

9 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
10 Code. Reference: Sections 1797.61, 1797.62, 1797.118, 1797.170, 1797.212, 1797.213
11 and 1798.217, Health and Safety Code.

12