STATE OF CALIFORNIA
COMMISSION ON EMERGENCY MEDICAL SERVICES
March 15, 2017
10:00 A.M. – 1:00 P.M.
(Meeting may end early at the completion of all agenda items)
Embassy Suites by Hilton Anaheim South
11767 Harbor Blvd.
Garden Grove, CA 92840
Reservations: (800) 445-8667

1. **Call to Order and Pledge of Allegiance**

2. **Review and Approval of December 14, 2016 Minutes**

3. **Director's Report**
   A. EMSA Program Updates [DMS] [Personnel] [Systems]

4. **Consent Calendar**
   A. Legislative Report
   B. Administrative and Personnel Report
   C. Legal Report
   D. Enforcement Report
   E. EMS Plan Status Report
   F. National Registry of EMTs Examination Results
   G. Paramedic Regulations Revision Update
   H. Chapter 13 Workgroup
   I. ePCR Device Grant Update

Regular Calendar

5. **EMS Personnel**
   A. Trial Studies Review
   B. EMT Regulations Revisions Approval
   C. Community Paramedicine Pilot Project Report
   D. Tactical First Aid/Tactical Emergency Medical Support (TEMS) First Responder Operations (FRO) Guidelines Approval
   E. Physician Order for Life Sustaining Treatment eRegistry Guidelines Approval

6. **EMS Systems**
   A. EMS Plan Appeals Update
   B. Stroke Regulations Update
   C. STEMI Regulations Update
   D. EMS for Children Regulations Update

7. Disaster Medical Services Division
   A. Patient Movement Exercise
   B. EMS Authority Activities in support of the Winter Storms

8. Election of Officers

9. Items for Next Agenda

10. Public Comment

11. Adjournment

A full agenda packet will not be provided at the meeting; however, you can print a full packet, including the agenda from the Department's website at www.emsa.ca.gov. This event will be held in an accessible facility. Individuals with disabilities requiring auxiliary aids or services to ensure accessibility such as language interpreting, assisted listening device, materials in alternate formats or other accommodation, should contact Jennifer Lim at (916) 431-3700, no less than 7 days prior to the meeting.

Emergency Medical Services Authority
Disaster Medical Services Division
Major Program Activities
March 15, 2017

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
1. Ambulance Strike Team (AST)	Michael Frenn, ext. 435	AST/MTF Leader Trainings are conducted on an ongoing basis, as requested. The curriculum continues to improve based on curse feedback. A standardized method for tracking units working as a strike team is being developed. Information regarding the AST Program can be found at: http://www.emsa.ca.gov/Ambulance_Strike_Team. The Disaster Medical Support Units (DMSU), which support and have affiliated ASTs, are strategically placed with local EMS Agencies and ambulance providers throughout the State. All available DMSUs have been distributed, providing a total of 41 DMSUs with affiliated ASTs in the State.
2. California Medical Assistance Teams (CAL-MAT) Program	Michael Frenn, ext. 435	EMSA is finalizing the Duty Statements for various CAL-MAT positions that will allow EMSA to field teams through the emergency hire process at the time of need for a CAL-MAT response. Presently, enough clinical and administrative positions have been approved to enable EMSA to deploy teams should the need arise. Several other positions are being reviewed by the Department of General Services (DGS), and approval is expected shortly. EMSA is also developing an internal system for building monthly team rosters and assembling an activation list at time of need. Once these items are completed, EMSA will begin formal recruitment of persons for the 6 CAL-MAT Units planned in the State.
3. CAL-MAT Cache	Markell Pierce, ext. 1443	EMSA completed bi-annual inventory maintenance on all three CAL-MAT caches in 2016. The next inventory maintenance will begin during the second quarter of 2017. Medical supplies and pharmaceuticals are 100% accounted for and ready for immediate deployment. Annual servicing of the biomedical equipment has been completed. The pharmacy formulary has been updated to be up to date with new medications and to be cost effective and is in final draft review.
4. California Public Health and Medical Emergency Operations Manual (EOM)	Jody Durden, ext. 702	The Regional Disaster Medical and Health Specialists (RDMHS) conduct EOM training on an ongoing basis. The EOM Workgroup is currently in the process of revising the EOM based on lessons learned since the initial 2011 release. Additional Function Specific topics will be added.
5. California Crisis Care Operations Guidelines	Bill Campbell, ext. 728	EMSA is working with CDPH to acquire funding to develop a Crisis Care/Scare Resources guidance document.

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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
6. Disaster Healthcare Volunteers (DHV) of California (California's ESAR-VHP program): Registering, Credentialing & Mobilizing Health Care Personnel	Patrick Lynch, ext. 467	The DHV Program has over 22,000 volunteers registered. Over 19,000 of these registered volunteers are in healthcare occupations. All 58 counties have trained System Administrators. EMSA provides routine training and system drill opportunities for all DHV System Administrators. Over 8, 900 of the 22,000 DHV registered responders are Medical Reserve Corps (MRC) members. EMSA trains and supports DHV System Administrators in each of the 39 participating MRC units. DHV System Administrator training, DHV user group webinars, and quarterly DHV drills are ongoing. In January, DHV staff and local agencies participated in the countrywide vendor-sponsored HSEEP Functional Exercise. There were 55 local counties/MRC that participated in this exercise. This is DHV's most advanced annual exercise that requires local counties/MRCs to actually contact their volunteers for a response and report back to DMS staff how many volunteers were available. EMSA has distributed copies of the "DHV Volunteer Handbook." This handbook informs volunteers about the state's DHV Program, and provides information about deploying in response to a disaster. EMSA publishes the "DHV Journal" newsletter for all volunteers on a tri-annual basis. The most recent issue was released January 2017. The "DHV Journal" is available on the DHV webpage of the EMSA webpage: http://www.emsa.ca.gov/disaster_healthcare_volunteers_journal_page. The DHV website is: https://www.healthcarevolunteers.ca.gov. The DHV Deployment Operations Manual (DOM) is available on the EMSA webpage: http://www.emsa.ca.gov/Media/Default/PDF/DHV_DOMRevisionFebruary21-2012.pdf.

Emergency Medical Services Authority
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
7. Exercises and Training		
Weapons of Mass Destruction (WMD)	Bill Campbell, ext. 728	The California Emergency Medical Response to Weapons of Mass Destruction Incidents (with Med-Plus) course is offered on a continuous basis, requiring a minimum enrollment of 12 students.
Medical Health Operations Center Support Activities (MHOCSA)	Bill Campbell, ext. 728	The initial Medical Health Operations Center Support Activities (MHOCSA) course scheduled for February 23 & 24, 2016 was postponed due to the Winter Storms event. The new class dates have not yet been determined. The curriculum will be updated based on feedback received following the class. Additional classes will be scheduled soon.
2016 Statewide Medical and Health Exercise (2016 SWMHE)	Theresa Gonzales, ext. 1766	On November 17th, 2016 the EMS Authority participated in the Statewide Medical and Health Exercise (SWMHE) in partnership with the California Department of Public Health (CDPH). The exercise was designed as a multiphase exercise program for statewide participants to exercise response to a multi-casualty incident. The SWMHE included objectives for Ambulance Services, Community Clinics, EMS Agencies, Fire Services, Hospitals, Law Enforcement, Long Term Care Facilities, Medical Examiners/Coroners, Offices of Emergency Management, and Public Health. The jurisdiction-specific objectives were designed to further enhance participants' exercise play.
8. Hospital Available Beds for Emergencies and Disasters (HAvBED)	Nirmala Badhan, ext. 1826	Federal requirements for HAvBED reporting have been discontinued. However, EMSA is working with the California Department of Public Health (CDPH) and other partners to determine how to continue to integrate hospital data collection for California use.

Emergency Medical Services Authority
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
9. Hospital Incident Command System (HICS)	hics@emsa.ca.gov	The Fifth Edition of HICS was released in May of 2014 and is available on the EMSA website for download: http://www.emsa.ca.gov/disaster_medical_services_division_hospital_incident_command_system. The 2014 revision project did not include the development of education and training materials. Refer to the list of HICS Trainers to view vendors which have identified themselves as providers HICS training based on The HICS Guidebook, Fifth Edition: http://www.emsa.ca.gov/media/default/HICS/HICS_Training_7.pdf . The California Emergency Medical Services Authority does not endorse or recommend any provider. If you are a trainer that would like to be added to this list, please send a request to: hics@emsa.ca.gov along with your contact information. EMSA would like to receive copies of After Action Reports (AAR) and presentations on the use of HICS. This information will aid future revisions. These informative documents should be addressed to the HICS Coordinator via email: hics@emsa.ca.gov.
10. Mission Support Team (MST) System Development	Michael Frenn, ext. 435	The MST program is being reviewed in an effort to structure it to adequately support EMSA's Mobile Medical Assets. Inter-Governmental Employee Exchange Agreements are now being sent to local governments to permit compensating them for their employee's participation when deployed by EMSA on an MST. Use of CAL-MAT personnel is also being evaluated for this response capability.

Emergency Medical Services Authority
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
11. Response Resources	Markell Pierce, ext. 1443	The Bi-annual inventory maintenance of the Mission Support Team (MST) caches was completed in 2016. The MST caches are constantly being refined based on After Action Reports following exercises and real word deployments. In addition, the Response Resources Unit (RRU) is currently working to add I.T. equipment to improve MST networking and Internet functionality in the field. The RRU has completed audits on the 41 Disaster Medical Support Unit (DMSU) vehicles located around the State. During the audits, EMSA verified that all the DMSU vehicles are being properly maintained and utilized according to written agreements. New audits will commence starting in the first quarter of 2017. Annual servicing of the biomedical equipment for the California Medical Assistance Teams (CAL-MAT) caches was completed in 2016 and is underway for 2017. A multi-year contract to service the CAL-MAT biomedical equipment has been established. Routine maintenance for generators, forklifts, and fleet vehicles is ongoing. There are currently no major problems.

Emergency Medical Services Authority
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
12. Mobile Medical Shelter Program (MMSP)	Bill Hartley, ext. 1802	Working with other state agencies, and within existing resources, the EMS Authority has redesigned the Mobile Field Hospital (MFH) program into the California Mobile Medical Shelter program. The purpose of the redesign is to modify and expand the potential uses of the equipment into general staging, stabilization and shelter capacity. 1. The structures and durable equipment of the first MFH will be stored at the EMS Authority and utilized to bolster the CAL-MAT program and support local emergencies through the Mobile Medical Shelter program. 2. The EMS Authority has reconfigured the 2nd MFH into six (6) multiuse modules to distribute to local partners. We propose to locate one module in each Cal OES Mutual Aid Region. The modules will include the shelters, infrastructure equipment, and durable equipment, but will **not** include biomedical equipment and medical supplies. This redistribution of the MFH would allow local partners to rapidly deploy this resource. Potential uses include: field sites for Local/Regional incidents, triage/treatment during flu season surge, medical clinic, medical shelter, emergency operations center, staff quarters, disaster exercise, and any other use that requires a field facility. Deployment would be at the discretion of the locals without requiring a state resource request. 3. The third MFH was transferred to the State Military Department for use by the California National Guard on September 8, 2016.
13. Regional Disaster Medical/Health Specialists (RDMHS) Program and Medical Mutual Aid System	Nirmala Badhan, ext. 1826	The RDMHS program continues to work with EMSA and California Department of Public Health (CDPH) staff in supporting major disaster planning activities in addition to supporting information management processes. The RDMHSs have been instrumental in the response to recent events in California.

Emergency Medical Services Authority
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
14. Medical Reserve Corps (MRC)	Sheila Martin, ext. 465	39 MRC units have trained Disaster Healthcare Volunteers (DHV) System Administrators. These MRCs are regular users of the DHV system and active participants in quarterly DHV drills and quarterly DHV user group webinars. Over 8,900 of the DHV Program's 22,000 volunteers are Medical Reserve Corps volunteers. EMSA has sponsored a 1 ½ day Statewide MRC Coordinators Workshop on March 6 & 7 at the Authority's headquarters. The Director of the National MRC Office, Capt. Rob Tosatto, USPHS spoke along with Katherine Deffer of the National Association of City and County Health Offices (NACCHO).
15. Statewide Emergency Plan (SEP) Update	Jody Durden, ext. 702	The Governor's Office of Emergency Services (Cal OES) is in the process of updating the Statewide Emergency Plan (SEP) and is moving toward better implementation of the Emergency Functions (EFs). EMSA is a lead participant in the development of the Public Health and Medical Emergency Function (EF 8) of the SEP and supports the development of six other EFs.
16. Southern California Catastrophic Earthquake Response Plan	Theresa Gonzales, ext. 755	EMSA continues to participate in the validation of the Southern California Catastrophic Earthquake Plan and will be a key participant in future revisions. EMSA is currently working with the California Department of Public Health to update the Public Health Fact Sheet portion of the plan.
17. Patient Movement Plan	Jody Durden, ext. 702	The Statewide Patient Movement Workgroup met in January 2017 to participate in a tabletop exercise based on the draft plan in development. The exercise provided an opportunity to test the plan and identify gaps. The draft plan is expected to be released for comment in February 2017.
18. Bay Area Catastrophic Earthquake Plan	Bill Campbell, ext. 728	EMSA participated as part of the Medical Planning Group for the Bay Area Catastrophic Earthquake Plan revision. EMSA continues to participate in the socialization of the plan.

Emergency Medical Services Authority
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
19. Northern California Catastrophic Flood Response Plan	Nirmala Badhan, ext. 1826	EMSA is working with the Governor's Office of Emergency Services (Cal OES) for the development of the concept of operations for a catastrophic event based upon atmospheric rivers that result in catastrophic flooding. Input was provided for "Courses of Action" based on identified response capabilities. An operational framework for the development of local flood plan annexes, training, and exercises is also a primary objective for this plan.

Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
March 15, 2017

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
1. First Aid Practices for School Bus Drivers	Mark Olivas, ext. 445	There are 8 school bus driver training programs currently approved. Staff are reviewing one program renewal. Technical assistance to school staff and school bus drivers is ongoing. The EMSA Child Care Training website is updated monthly.
2. Child Care Provider First Aid/CPR Training Programs	Mark Olivas, ext. 445	There are 19 currently approved programs. Staff are reviewing two program renewals. Technical assistance is being provided to child care training program instructors and directors, licensing staff, and child care providers. EMSA First Aid and CPR sticker sales are ongoing. EMSA is continuing work to revise the Chapter 1.1 Training Standards for Child Care Providers, which includes first aid and CPR training standards.
3. Child Care Preventive Health Training Programs	Lucy Chaidez, ext. 434	There are 22 preventive health training programs approved. There are 10 programs in the review process. There are 5 new programs awaiting review. EMSA is assisting the CDE in establishing a new statewide training network that will help to fill the gap in training left by the exit of the American Red Cross training program. EMSA provides technical assistance to CDPH regarding early childhood nutrition and obesity prevention training for the child care setting. EMSA continues to update its nutrition web page. Technical assistance to instructors, child care providers, and government programs is ongoing. EMSA Preventive Health sticker sales are ongoing.
4. Child Care Training Provider Quality Improvement/Enforcement	Mark Olivas, ext. 445 and Lucy Chaidez, ext. 434	EMSA is continuing its work to revise the Chapter 1.1 Training Standards for Child Care Providers, including first aid, CPR, and preventive health training standards. Technical assistance and education regarding compliance issues is provided to approved training programs, child care providers, DSS community care licensing, and child care resource and referral staff. Review of rosters, an auditing tool, is ongoing. Currently, there are no open complaint cases involving EMSA-approved training programs. EMSA is participating in both the statewide Child Care Regulatory Workgroup and the CDPH (CDC grant) Essentials for Childhood Leadership Team. Along with the County of Sacramento EMS Agency and the Texas A&M Engineering Extension Service (TEEX), EMSA is hosting a pediatric disaster preparedness training in March. EMSA is also participating in the CDSS Child Care Licensing stakeholder quarterly meetings to enhance services to families and children.

Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
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Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
5. Automated External Defibrillator (AED) Requirements for EMT's, Public Safety and Layperson	Betsy Slavensky, ext. 461	The EMS Authority has repealed Chapter 1.8, Division 9, Title 22 of the California Code of Regulations effective September 1, 2016. If there are any questions on requirements for AED, one should refer to the Statutes Section 1714.21 of the Civil Code and Section 1797.196 of the Health and Safety Code. Ongoing technical support and clarification is provided to public safety agencies, LEMSA's and the general public regarding all AED regulations.
6. BLS Training and Certification Issues	Betsy Slavensky, ext. 461	Provide ongoing daily support and technical assistance to EMTs, prospective EMTs and 73 Certifying Entities. The 1st 45 day public comment period, as well as the Public Hearing, for the proposed revisions to the EMT regulations ended September 27, 2016. Comments were reviewed and a 2nd 45 day comment period ended January 15, 2017. Ensuing comments were reviewed and a 15 day comment period followed from January 28 – February 11, 2017. EMSA anticipates seeking approval of the regulations from the Commission on EMS at the March 2017 meeting. The proposed regulations can be found on the EMSA website under Popular Links - *Public Comment.*
7. State Public Safety Program Monitoring	Betsy Slavensky, ext. 461	Provide ongoing review, approval & monitoring of EMSA approved Public Safety First Aid/CPR, EMR, EMT and CE programs for statutory and regulatory compliance. Revisions to the Chapter 1.5 regulations were approved and took effect April 1, 2015. The regulations require 21 hours of initial training for peace officers, firefighters and lifeguards, and eight hours of retraining every two years. All training programs must include a curriculum that complies with the new public safety course content no later than April 1, 2017. Provide support and clarification to LEMSAs and all statewide public safety agencies regarding the Chapter 1.5 regulations and new approval requirements.

Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
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Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
8. My License Office/ EMT Central Registry Audit	Betsy Slavensky, ext. 461	EMSA monitors the EMT Central Registry to verify that the 73 certifying entities are in compliance with the California Code of Regulations regarding data entry, including background checks and disciplinary notification for all EMT personnel. Correspondence is maintained via Newsletter, email, phone, and EMS Coordinator meetings with certifying entities to disseminate updates, changes and corrections. Website improvements, such as the new EMT page, FAQs, and archived newsletters continue to be implemented for ease of certification staff use and EMT resources. Ongoing development of discipline and certification procedures is in progress to support central registry processes and reduce time spent on technical support.
9. Epinephrine Auto-injector Training and Certification	Corrine Fishman, ext. 927	On January 1, 2016 the EMS Authority began accepting applications for training programs to provide training and certification for the administration of epinephrine auto-injectors to the general public and off-duty EMS personnel. EMSA has approved eight training programs and has issued 227 lay rescuer certification cards.

Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
March 15, 2017

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
1. Trauma	Bonnie Sinz, ext. 460	State Trauma Advisory Committee (STAC): The STAC held a conference call on November 29, 2016. The agenda focus was the May 2017 Trauma Summit planning. Trauma Summit: The Trauma Summit will be held at the Holdaiy Inn Bayside, San Diego on May 2nd and 3rd, 2017. Registration information will be distributed and also available on the EMSA website in the coming weeks. Regional Trauma Coordinating Committees (RTCC) Each Regional Trauma Coordinating Committee hosts its own meetings and conference calls with a schedule provided to EMSA. An EMSA representative participates in these meetings/calls and provides a State of State Trauma Update. The chair of each RTCC provides a report on regional activity updates at the STAC meeting and provides documents approved by the RTCC and available for statewide use. Details of current activities can be found on the EMSA website at www.emsa.ca.gov. Performance Improvement and Patient Safety (PIPS) Plan The draft PIPS Plan has completed its public comment process with a new draft completed based on the comments received. The revised Plan is under review at EMSA and will be reviewed with the PIPS Work Group and the State Trauma Advisory Committee when finalized. The Plan will be submitted to the Commission on EMS for approval once the review process has been completed. Regional Trauma Network for Re-Triage Subcommittee The *Regional Trauma Network for Re-Triage* guidance document draft was submitted to the EMSA executives for review and comments are under review. A revised document will be sent to the committee and STAC when completed. The document provides guidelines for non-trauma centers on early management protocols, data collection and analysis regarding re-triage and IFT patterns throughout the state, to reduce delays on patient transfer, improve communication and the continuation of care for Trauma patient.

Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
2. STEMI/Stroke Systems of Care	Farid Nasr, ext. 424	STEMI and Stroke Regulations The Regulations package for both STEMI and Stroke Regulations was submitted to the Office Administration of Law (OAL) for the rule making process in December 2016. The initial 45-day public comment period for both draft regulation packages ended in late January. EMSA staff is reviewing and responding to the comments. Revision considerations will be addressed the writing groups who assisted us in drafting the regulations originally.
3. EMS System, Standards, and Guidelines	Lisa Galindo, ext. 423	EMS System, Standards, and Guidelines, #101 - #103 (dated June 1993 and March 1994) are currently under revision. An EMS Plan Workgroup was developed in November 2015 to revise the guidelines. The workgroup has met regularly and developed draft changes to the guidelines, specifically the documentation for EMS Plans.
4. EMS Transportation	Laura Little, ext. 412	EMS Systems Regulations Work Group / Chapter 13 Task Force: Continues to be on hiatus, pending outcome of litigation related to the subject matter involved in the regulation draft. Request for Proposals: Request for Proposals (RFPs) for Exclusive Operating Areas continue to go through a dual review process, to ensure that they meet statutory requirements as well as address EMSA Guideline #141 “Competitive Process for Creating Exclusive Operating Areas”. EMSA continues to provide technical assistance to LEMSAs by email, phone, and mail in order to help them create a RFP that meets all required criteria. Bi-Annual Statewide Public Safety Air Rescue Inspections: Bi-Annual inspections of the California National Guard Air ALS Rescue vehicles are set to be inspected this year.

Emergency Medical Services Authority
EMS Systems Division
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
5. Poison Center program	Lisa Galindo, ext. 423	The California Poison Control System (CPCS) is one of the largest single providers of poison control services in the U.S. The CPCS is made up of four designated Poison Control Centers. The CPCS receives approximately 330,000 calls a year from both the public and health professionals through a toll-free hotline that is accessible 24-hours a day, 7 days a week. Quarterly reports are submitted to the EMS Authority for evaluation of poison control system operations and to ensure contractual compliance. The EMS Authority has developed a Program and Fiscal Review Plan that has established a time line of future in-person meetings between CPCS and EMSA staff, as well as site visits at four (4) Poison Control Centers statewide.
6. EMS Plans	Lisa Galindo, ext. 423	The EMS Authority continues to review EMS Plans and annual Plan Updates as they are submitted by the LEMSAs. A quarterly update has been provided to the Commission reflecting the progress and time lines of EMS Plan submissions. As of January 30, 2017, four (4) EMS Plans remain in the Division.
7. EMS for Children Program	Heidi Wilkening, ext. 556	<u>Regulations:</u> EMSC is in the process of making necessary changes to the EMSC regulations prior to submitting to Health and Human Services Agency for review. <u>Educational Forum:</u> The 20th Annual EMS for Children Educational Forum will be held on Thursday, November 9, 2017 in Sacramento. The EMSC TAC is in the process of securing speakers and sponsors for the forum.

Emergency Medical Services Authority
EMS Systems Division
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
8. CEMSIS EMS Data	Adrienne Kim, ext. 742	CEMSIS now has 23 LEMSAs participating as some level in the submission of EMS data. On January 1, 2017, many LEMSAs transitioned to NEMSIS V3 and EMSA is providing technical assistance and guidance to LEMSAs that are still in the process of transitioning to NEMSIS Version 3 consistent with AB 1129 which implemented HSC 1797.227. <u>Electronic Mobile Device Grant:</u> EMSA personnel have reviewed the applications submitted. The recipients have been chosen and the funds that total $1.2 million will be distributed in the near future. <u>Key Indicator Reports:</u> Staff is developing reports to confirm the LEMSA data that were submitted into CEMSIS from the previous quarter. These reports will be sent to each individual LEMSA. <u>Annual EMS & LEMSA Reports:</u> Staff is developing reports for 2014 and 2015. These reports are expected to be available mid-2017.
9. CEMSIS – Trauma Data)	Nancy Marker, Ext. 460	There are 27 Local EMS agencies (LEMSA) with designated Trauma Centers. Trauma Centers are physically located in 37 of the 58 counties. Currently 26 LEMSAs are transmitting into CEMSIS-Trauma representing 77 of the 79 designated Trauma Centers. The State Trauma Coordinator is providing technical assistance to Imperial County (2-level IV Trauma Centers) to obtain their trauma data. The EMS Authority is continuing to develop a report for each LEMSA showing data completion compliance to be shared with their Trauma Centers.
10. Communications	Heidi Wilkening, ext. 556	EMSA personnel work with the Office of Emergency Services (OES) to address public concerns on issues related to Wireless 9-1-1. This position is currently vacant and a recruitment process will start in the near future.

Emergency Medical Services Authority
EMS Systems Division
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Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
11. Core Measures	Adam Davis, ext. 409	The Core Measure Instruction Manual for 2016 data was distributed to all LEMSA Administrators on January 10, 2017. In consultation with the Core Measures Task Force, there were no changes in the specifications for the 2016 data year. Only data in the NEMSIS 2.2.1 format will be reported during this year of the project. This will be the final year of NEMSIS 2.2.1 reporting for Core Measures. Submission of core measures data is expected by March 31, 2017.
12. HIE Summit	Adam Davis, ext. 409	The 4th California HIE in EMS Summit is scheduled to be a two-day event on April 4th and 5th 2017. The Summit will take place at the Sheraton Park Hotel, in Anaheim, California which will be featuring selected keynote presentations, workshops, and a fireside chat. Online registration is now available for all interested EMS stakeholders.

Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
March 15, 2017

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
13. Grant Activity/Coordination	Lori O'Brien, ext 401	<u>Office of Traffic Safety (OTS) Grants:</u> EMSA currently is involved with three (3) OTS grants. The **CEMSIS** project aims to improve the data traffic profile within the EMS and Trauma data that is collected in CEMSIS. For the **Electronic Mobile Devices** Grant, applications were received and reviewed and recipients were chosen and announced on January 30, 2017. Contracts with the award recipients are in process. The **Server** grant is progressing on track, with bids received for the server purchase, the vendor selected and the procurement process completed. The server is due to arrive and be placed into service by February 15, 2017. On January 27, 2017, EMSA submitted two OTS grant applications for FFY 2018. These grant applications concentrate on further implementation of NEMSIS Version 3 with CEMSIS, and implementation of a California State Trauma Improvement Program (CA-TQIP). <u>Health Resource Services Administration (HRSA) Grant:</u> EMSA staff continues the work associated with the Health Resource Services Administration (HRSA) grant to further integrate Emergency Medical Services for Children (EMSC) program into the State EMS system. A Notice of Award was received on January 27, 2017, extending the project period through February 2, 2018 for the existing grant. The amount of financial assistance for this action is $74,789.00. <u>Preventative Health and Health Services Block Grant (PHHSBG):</u> EMSA staff are continually involved in the Preventative Health and Health Services Block Grant. Annual Success Stories were written and submitted for all nine programs on December 1, 2016. Annual Reports for all nine programs were submitted on December 23, 2016.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Jennifer Lim
Deputy Director, Policy, Legislative & External Affairs

SUBJECT: Legislative Report

RECOMMENDED ACTION:

Information only.

FISCAL IMPACT:

Unknown

DISCUSSION:

Due to the dynamic nature of the legislative process, the Legislative Report to the Commission on EMS will be posted on the EMSA website at http://www.emsa.ca.gov/current_legislation. Copies of the printed Legislative Report will also be available at the Commission Meeting on March 15, 2017.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670-6073
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Rick Trussell, Chief
Fiscal, Administration, and Information Technology Division

SUBJECT: Administrative and Personnel Report

RECOMMENDED ACTION:

Information Only

FISCAL IMPACT:

None

DISCUSSION:

EMS Authority Budget

2015/16

The 2015/16 enacted California State budget includes expenditure authority in the amount of $35.5 million. Of this amount, $15.3 million is delegated for State operations and $20.2 million is delegated to local assistance.

Preliminary accounting records indicate that the EMS Authority has expended and/or encumbered $23 million or 65% of available budget authority. Of this amount, $10.4 million or 67.8% of State Operations funding has been expended and/or encumbered and $12.6 million or 62.4% of local assistance funding has been expended and/or encumbered.

The Department is still in the process of transitioning from CalSTARS to the Financial Information System for California (**FI$Cal**) which is a business transformation project for state government in the areas of budgeting, accounting, procurement, and cash management. There has been considerable change in the year-end close process and the Department of General Services (DGS) is still in the process of closing period 12 (June 2016) and continues to reconcile FI$Cal accounting records with the State Controller's Office (SCO), perform accounting corrections, as needed, and also

complete manual data entry into FI$Cal of financial obligations which were paid through the SCO paper claim process. It is anticipated that this process will be completed by March 1, 2017 and an updated report will be distributed prior to the next Commission meeting.

2016/17

The 2016/17 enacted California State budget includes expenditure authority in the amount of $36.1 million. Of this amount, $15.2 million is delegated for State operations and $20.9 million is delegated to local assistance.

Preliminary accounting records indicate that the EMS Authority has expended and/or encumbered $19.2 million or 53% of available budget authority. Of this amount, $2.1 million or 13.6% of State Operations funding has been expended and/or encumbered and $17.1 million or 81.6% of local assistance funding has been expended and/or encumbered.

DGS is still in the process of closing period 4 (October 2017) and continues to reconcile FI$Cal accounting records with the SCO, perform accounting corrections, as needed, and complete manual data entry into FI$Cal of financial obligations which were paid through the SCO paper claim process. Once these tasks are completed an updated report will be distributed prior to the next Commission meeting.

EMS Authority Staffing Levels

The EMS Authority is currently authorized 67 positions and also has 20 temporary (blanket positions and retired annuitants) positions for an overall staffing level of 87. Of the 87 positions, 6 positions are vacant at this time and we are in the process of actively recruiting to fill the positions.

	Division				
	Admin/Exec	**DMS**	**EMSP**	**EMS**	**Total**
Authorized	15.0	21.0	22.0	9.0	67.0
Temporary Staff	8.0	3.0	4.0	5.0	20.0
Staffing Level	**23.0**	**24.0**	**26.0**	**14.0**	**87.0**
Authorized (Vacant)	-1.0	-3.0	-2.0	0.0	-6.0
Temporary (Vacant)	0.0	0.0	0.0	0.0	0.0
Current Staffing Level	**22.0**	**21.0**	**24.0**	**14.0**	**81.0**

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, Director

PREPARED BY: Steven A. McGee, Administrative Adviser

SUBJECT: Update on Legal Office Activity

RECOMMENDED ACTION:

Receive the Legal Office Report.

FISCAL IMPACT:

None

DISCIPLINARY CASES:

From December 14, 2016, to February 17, 2017, the Authority issued eight new Accusations against existing paramedic licenses, and issued three Statements of Issues denying an unrestricted license Of the newly issued actions, one of the Respondents has requested that an administrative hearing be set. There are currently thirteen hearings scheduled. There are currently fifty-five open active disciplinary cases in the legal office.

LITIGATION:

California Fire Chiefs Association, Inc., vs. Howard Backer and Daniel Smiley. The suit pertains to federal anti-trust protections claimed by Calchiefs on behalf of its members pursuant to Health and Safety Code section 1797.201. The case was dismissed by the appellate court on December 27, 2016. However, on January 18, 2017, CalChief's re-filed the suit, claiming that recently filed lawsuits in Orange County now showed an actual harm. The Authority is currently working on its response brief.

Kenneth M. Silverman vs. EMSA. This is a petition for writ of mandate, seeking review of an Administrative Law Judge's proposed decision that was adopted without modification by EMSA. Petitioner was denied an unrestricted license and was offered a probationary license by EMSA. Petitioner appealed the denial and a hearing was held. The ALJ granted a license with probationary terms. Petitioner seeks to have that decision overturned.

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DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: M.D. Smith
Supervising Special Investigator
Enforcement Unit

SUBJECT: Enforcement Report

RECOMMENDED ACTION:

Receive information on Enforcement Unit activities.

FISCAL IMPACT:

None

DISCUSSION:

Unit Staffing:
As of January 27, 2017, the Enforcement Unit has 5 full-time Special Investigators and 1 Retired Annuitant working as Special Investigator.

Investigative Workload:
The following is a summary of currently available data extracted from the paramedic database.

Cases opened since January 1, 2017, including:

Cases opened:	21
Cases completed and/or closed:	33
EMT-Paramedics on Probation:	227

In 2016:

Cases opened:	342
Cases completed and/or closed:	377
EMT-Paramedics on Probation:	226

Status of Current Cases:

The Enforcement Unit currently has 108 cases in “open” status.

As of January 27, 2017, there are 24 cases that have been in “open” status for 180 days or longer: 2 Fire Fighters’ Bill of Rights (FFBOR) cases and 9 California Society of Addiction Medicine CSAM cases (Respondents are directed to a physician who specializes in addition medicine for an examination/review).

Those 24 cases are divided among 4 Special Investigators and are in various stages of the investigative process, (i.e. awaiting documents, preparing for and/or setting up interviews, report writing and corrections to be made, awaiting action by local law enforcement jurisdictions, the courts, etc.).

[Delays in the interview process are common due to unforeseen difficulties in obtaining certified copies of documents, court records, availability of witnesses and/or the subject(s) of an investigation due to medical action/disability issues, on-going investigations for FFBOR staff or on-going criminal investigations, court actions, plus the routine requirement for two or more follow-up interviews.]

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Lisa Galindo
EMS Plans Coordinator

SUBJECT: EMS Plan Status Report

RECOMMENDED ACTION:

Receive updated information from the EMS Authority (EMSA) on the status of EMS Plan activity and the progress related to the EMS Plan Workgroup.

FISCAL IMPACT:

None

DISCUSSION:

EMS Plan Activity:

EMSA is providing the Commission with an update on the statewide EMS Plan activity. Please refer to the attached document for a summary of the following items:

- Appeals and EMS Plan Submissions
- EMS Plan Determinations and Average Review Time of Plans Submitted

EMS Plan Workgroup:

An EMS Plan Workgroup was developed in November 2015 to focus on improving processes related to EMS Plans. The workgroup consists of EMSA and LEMSA Administrators who meet twice a month. To date, the workgroup has discussed meeting goals and objectives, proposed online database configurations, and have finalized the draft changes to the Minimum Standards/Recommended Guidelines section of *EMSA Guidelines,* #101, and the Table section of *EMSA Guidelines,* #103. EMSA will move into the next phase of the project and begin developing the dataset for the architectural structure of the electronic EMS Plan design; the goal is to complete this section by March 30, 2017.

EMSA will continue to keep the Commission apprised of the activity involving EMS Plans and the progress of the EMS Plan Workgroup.

EMS PLAN ACTIVITY

Report Summary As of January 30, 2017		
Appeals		**# of Plans**
Plans Not Approved due to Transportation issues		2
EMS Plan Submissions	**# of LEMSAs**	**Percentage**
Timely Submissions	26	79%
Late Submissions	2	6%
Past Due	5	15%

Quarterly Report November 1 – January 31, 2017	
EMS Plan Determinations	**# of Plans**
Plans Submitted	4
Plans Approved*	4
Plans Not Approved*	0
Average Review Time of Plans Submitted	**# of Days**
LEMSA submission of a Complete plan through EMSA plan determination	32

* May represent plans submitted during a previous quarter.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Kim Lew, Analyst
Paramedic Licensure Unit

SUBJECT: National Registry of EMTs Examination Results

RECOMMENDED ACTION:

Receive information on the National Registry of EMTs paramedic and EMT pass rates in California.

FISCAL IMPACT:

There is no fiscal impact.

DISCUSSION:

The below table identifies the State of California and national first attempt NREMT examination pass rates of all Paramedics and EMTs for the 2016 calendar year. The percentages noted reflect a 9% increase in first attempt pass rates from the previous year.

2016	Attempted the exam	Pass 1st attempt
Paramedic		
California	962	82%
National	12,776	72%
EMT		
California	10,262	74%
National	80,231	70%

Currently, there are 36,960 NREMT nationally certified EMS professionals in the State of California.

Attached are data from the NREMT that list the first attempt pass results of paramedics and EMTs affiliated with California approved training programs. Local EMS agencies approve most training programs; however, the EMS Authority approves statewide public safety agency EMT training programs, which include the California Highway Patrol, Cal Fire, and the State Department of Parks and Recreation.

National Registry of EMTs EMT Written Examination Results by Training Program

EMT Training Program Name	2012		2013		2014		2015		2016	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Alameda County EMS Agency										
ALCO EMS Corps EMT Program									10	40%
American Health Education	49	67%	70	71%	64	54%	63	63%	53	66%
Bay Area Training Academy	29	59%	32	56%	36	64%	19	68%	22	72%
Bear EMT Program									42	74%
Berkeley STEP									3	100%
Chabot College	34	85%	36	75%	43	70%	38	74%	38	79%
East Bay	7	71%	0		0					
Fast Response School of Health Care Ed.	72	78%	62	84%	124	77%	144	84%	185	81%
Las Positas College	39	95%	33	88%	27	89%	46	83%	44	80%
Merritt College/Alameda County	38	63%	39	64%	39	51%	29	52%	40	58%
Oakland Fire Dept.	0		0		0					
Quest Nursing Education Center	2	50%	0		0					
Unitek College	343	73%	521	67%	464	69%	351	73%	330	70%
University of California Police EMT Trg	85	85%	36	94%	0					
LEMSA Total	**698**	**73%**	**829**	**75%**	**797**	**68%**	**690**	**71%**	**767**	**72%**
Central California EMS Agency										
Auberry Volunteer/Alert Medical Training	8	63%	13	69%	49	69%	48	56%	33	61%
American Ambulance	100	78%	109	71%	105	83%	53	87%	16	100%
California State University Fresno	7	57%	1	0%	0		7	43%	7	71%
Clovis Unified School District - ROP	1	100%	0		0					
College of the Sequoias	23	65%	12	42%	15	80%	21	48%	24	33%
Dinuba Fire Department	16	38%	14	43%	9	67%	16	31%	13	15%
Fresno Adult School	10	30%	4	0%	8	63%				
Fresno City College	0		0		0					
Fresno City College Fire Academy	31	65%	37	70%	40	73%	39	41%	58	52%
Fresno Fire Department	0		0		0					
Valley ROP	0		0		0				1	100%
Hume Lake Fire Department									3	100%
Institute of Technology-Clovis	0		4	0%	0					
Madera Adult School	11	82%	6	67%	7	43%	4	25%	8	50%
Minarets Adult Education EMT-Basic	3	100%	7	57%	10	70%	19	47%	19	74%
NAS Lemoore F&ES EMT Program									3	33%
Orange Cove Fire Department	24	67%	15	40%	16	25%	15	40%	6	17%
Porterville Community College	24	46%	34	47%	24	58%	25	48%	22	59%
Selma Fire Department	0		2	50%	0		12	25%	8	38%

National Registry of EMTs EMT Written Examination Results by Training Program

EMT Training Program Name	2012		2013		2014		2015		2016	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Yosemite Unified School District	96	94%	4	75%	0					
West Hills College	19	63%	24	63%	28	75%	24	54%	18	67%
WestMed College-Fresno	11	55%	0		0					
LEMSA Total	**384**	**67%**	**286**	**46%**	**311**	**64%**	**283**	**45%**	**239**	**58%**
Coastal Valleys EMS Agency										
Mendocino College	0		0		0					
Mendocino College Mendocino County	24	75%	23	57%	15	47%	21	76%	54	74%
Mendocino County Office of Education ROP	13	62%	19	68%	31	68%	17	71%	7	100%
Napa Valley College	31	84%	27	74%	31	68%	48	63%	37	49%
Pacific Union College	21	71%	12	100%	14	79%	12	58%	4	75%
Santa Rosa Junior College	120	79%	155	86%	137	81%	106	83%	120	97%
LEMSA Total	**209**	**74%**	**236**	**77%**	**228**	**69%**	**204**	**70%**	**222**	**79%**
Contra Costa County EMS Agency										
Contra Costa College	28	68%	20	75%	20	50%	7	29%	23	57%
Los Medanos Community College	46	52%	69	41%	73	55%	86	47%	122	75%
Mt Diablo Adult Education	16	38%	12	75%	7	43%	8	88%	16	75%
Richmond Professional Black Firefighters	0		0		0					
LEMSA Total	**90**	**53%**	**101**	**64%**	**100**	**49%**	**101**	**55%**	**161**	**69%**
El Dorado County EMS Agency										
El Dorado County Training Officer's Assn	32	63%	28	82%	23	78%	22	77%	29	66%
Lake Tahoe Community College	46	83%	45	71%	30	77%	33	85%	37	65%
LEMSA Total	**78**	**73%**	**73**	**77%**	**53**	**78%**	**55**	**81%**	**66**	**66%**
Imperial County EMS Agency										
Bureau of Land Management			0		0				14	86%
El Centro Sector BORSTAR	10	70%	0		0					
Imperial Valley College	57	70%	40	70%	62	55%	45	58%	31	71%
LEMSA Total	**67**	**70%**	**40**	**70%**	**62**	**55%**	**45**	**58%**	**45**	**79%**
Inland Counties EMS Agency										
Baldy View ROP	0		0		0					
Barstow Community College	17	65%	15	80%	12	58%	9	56%	9	56%
Big Bear Fire Department									10	40%
Cerro Coso Community College	24	79%	42	83%	32	72%	26	69%	28	86%

National Registry of EMTs EMT Written Examination Results by Training Program

EMT Training Program Name	2012		2013		2014		2015		2016	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Chaffey College	39	59%	43	53%	47	62%	46	54%	44	41%
Copper Mountain College	7	86%	22	59%	21	81%	14	64%	34	71%
CPR and More									57	68%
Crafton Hills College	123	69%	140	66%	138	51%	108	56%	136	68%
High Sierra Prehospital Education	19	84%	0		0					
Inland Empire Healthcare Training Institute									2	0%
Lone Pine Unified School District	0		2	50%	3	33%	1	100%		
Montclair Fire Department	133	70%	121	50%	103	56%	119	57%	90	56%
So Cal EMT Fire Training	4	50%	9	56%	22	45%			88	75%
Southern Inyo Fire Protection District									8	63%
Victor Valley Community College	72	63%	88	61%	105	54%	119	45%	117	46%
LEMSA Total	**438**	**69%**	**482**	**62%**	**483**	**57%**	**442**	**63%**	**623**	**56%**
Kern County EMS Agency										
Bakersfield College Allied Health	72	72%	68	62%	71	66%	79	62%	144	65%
Bakersfield Community College	40	43%	39	44%	28	61%	29	59%		
B/P TEC			1	100%	0					
Kern County Sheriff Office EMT Training									8	63%
Naval Air Weapons Medical Clinic			0		0					
Olive Drive Fire Training Facility			21	71%	12	92%				
Taft College	8	63%	11	36%	11	45%	4	50%	7	100%
LEMSA Total	**120**	**59%**	**140**	**63%**	**122**	**66%**	**112**	**57%**	**159**	**76%**
Los Angeles County EMS Agency										
Alhambra Unified School District									3	67%
Antelope Valley College	17	41%	10	90%	15	93%	4	75%	9	89%
Antelope Valley High School District ROP	64	77%	41	54%	8	50%	16	63%	21	90%
Antelope Valley Medical College Inc.	72	69%	107	71%	114	64%				
California Institute of EMT	589	89%	653	84%	642	83%	554	82%	565	87%
Cerritos College	18	94%	24	67%	0					
Charter College									25	28%
Citrus Community College	61	70%	52	85%	49	82%	40	83%	57	84%
CSU Long Beach	0		45	62%	60	62%	76	47%	45	58%
College of the Canyons	119	87%	106	91%	115	83%	127	81%	123	89%
Downey Adult School									40	30%
East Los Angeles College	16	94%	27	81%	34	71%	41	54%	31	55%
East San Gabriel Valley ROP	52	83%	60	47%	70	43%	43	40%	24	63%

National Registry of EMTs EMT Written Examination Results by Training Program

EMT Training Program Name	2012		2013		2014		2015		2016	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
El Camino College	106	55%	113	59%	92	97%	126	48%	93	83%
Glendale Community College	57	89%	58	91%	66	88%	62	87%	66	79%
La Puente Valley ROP	0		0		0					
Long Beach City College	23	61%	33	39%	12	75%	13	46%	19	63%
Long Beach Fire Department	0		0		5	80%			4	100%
Los Angeles City Fire Department	1	100%	1	100%	0					
Los Angeles County Fire Department	34	100%	35	94%	36	100%	19	100%	31	94%
Los Angeles County Fire Dept-Life Guard	0		0		0					
Los Angeles County ROP	12	50%	4	25%	0					
Los Angeles County Sheriff's Department	4	75%	10	100%	0		2	100%	1	0%
Los Angeles Harbor College	20	45%	20	60%	11	45%	19	58%	16	63%
Los Angeles Valley College	79	38%	106	42%	80	40%	60	63%	72	65%
Mt. San Antonio College	28	82%	34	68%	54	63%				
N. Hollywood Polytechnic Adult School	10	90%	0		0					
North Valley Occupational Center	80	34%	7	57%	28	61%	28	57%	18	44%
Pasadena City College	61	56%	106	53%	95	55%	117	58%	128	63%
Rio Hondo College	0		0		0					
Rio Hondo College Fire Academy	131	79%	111	60%	92	72%	126	76%	114	73%
San Antonio ROP	5	80%	0		0					
Southern California ROC	0		0		0		22	36%	28	57%
Tri Cities ROP	48	27%	25	24%	0					
UCLA Center for Prehospital Care	419	98%	373	96%	384	96%	471	93%	515	95%
University of Antelope Valley									66	39%
LEMSA Total	**2126**	**72%**	**2161**	**68%**	**2062**	**72%**	**1966**	**67%**	**2114**	**66%**
Marin County EMS Agency										
College of Marin	13	92%	16	75%	11	91%	13	100%	12	92%
LEMSA Total	**13**	**92%**	**16**	**75%**	**11**	**91%**	**13**	**100%**	**12**	**92%**
Merced County EMS Agency										
Merced Community College	20	75%	24	50%	18	83%	36	64%	39	77%
Merced County EMS Agency	17	59%	0		0					
LEMSA Total	**37**	**67%**	**24**	**50%**	**18**	**83%**	**36**	**64%**	**39**	**77%**
Monterey County EMS Agency										
Hartnell Community College	31	68%	5	60%	20	55%	38	42%	18	44%
Monterey Peninsula College	43	60%	39	72%	71	63%	63	51%	53	70%

National Registry of EMTs EMT Written Examination Results by Training Program

EMT Training Program Name	2012		2013		2014		2015		2016	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Monterey Peninsula ROP	1	0%	1	0%	1	0%	1	0%		
LEMSA Total	**75**	**43%**	**45**	**44%**	**92**	**39%**	**102**	**31%**	**71**	**57%**
Mountain Valley EMS Agency										
Academy for Profesional Development									5	20%
Abrams College	110	33%	112	38%	91	42%	107	41%	137	41%
Alpine County EMS	0		0		0					
Ceres Unified Adult Education	36	56%	30	37%	0		20	55%	14	64%
Hughson Fire Protection District	9	67%	4	50%	5	40%	12	58%	4	50%
Ione Fire Department									51	43%
Jackson Rancheria Fire Department	18	61%	16	63%	13	69%	19	47%		
Mariposa County Fire Department	12	58%	13	46%	8	75%			19	89%
Modesto Junior College	32	75%	50	76%	33	88%	55	76%	50	90%
Mountain Valley EMS Agency - Mariposa	0		0		0					
Mountain-Valley EMS Agency	0		0		0					
Murphys Fire Protection District	32	75%	21	62%	23	61%	32	72%	30	70%
LEMSA Total	**249**	**61%**	**246**	**53%**	**173**	**63%**	**245**	**58%**	**310**	**58%**
North Coast EMS Agency										
College of the Redwoods	36	86%	47	77%	42	79%	41	83%	37	68%
Del Norte Fire Training Consoritum	5	100%	1	100%	0		28	79%		
Humboldt State University	23	91%	16	81%	16	81%	19	74%	18	72%
Lake County Fire Protection District	0		0		0		11	82%		
Southern Trinity Area Rescue	0		0		0					
LEMSA Total	**64**	**92%**	**64**	**86%**	**58**	**80%**	**99**	**80%**	**55**	**70%**
Nor Cal EMS Agency										
College of the Siskiyous	28	93%	30	77%	26	73%	33	67%	25	21%
Feather River College	8	100%	5	60%	12	67%	9	67%	7	43%
Glenn County Office of Education	0		0		0					
Lassen Community College	3	100%	5	100%	1	0%	9	78%	4	25%
Modoc Medical Center									6	100%
Shasta Community College	59	63%	68	69%	74	61%	75	63%	57	61%
Trinity County Life Support EMT Program									2	100%
LEMSA Total	**98**	**89%**	**108**	**77%**	**113**	**50%**	**126**	**69%**	**101**	**58%**
Orange County EMS Agency										

National Registry of EMTs EMT Written Examination Results by Training Program

EMT Training Program Name	2012		2013		2014		2015		2016	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
Central County ROP	7	57%	8	38%	0		1	0%		
Coastline Regional Occupational Program	45	49%	50	58%	37	43%	43	60%	72	68%
North Orange County ROP	126	63%	124	68%	82	71%	63	57%	20	55%
Orange Coast College	19	89%	30	90%	14	93%	24	88%	45	78%
Orange County CPR	140	56%	171	63%	191	66%	235	60%	248	63%
Saddleback College	83	67%	68	63%	81	69%	80	70%	93	82%
Santa Ana College	48	73%	59	64%	34	74%	31	68%	88	77%
Santa Ana Fire Academy	94	53%	45	51%	0		16	63%		
South Coast ROP (Formerly Capistrano-Lagu	21	62%	22	68%	23	78%	24	58%	27	37%
West Coast Emergency Medical Training	205	73%	396	77%	365	75%	431	80%	543	73%
LEMSA Total	**788**	**64%**	**973**	**64%**	**827**	**71%**	**948**	**60%**	**1136**	**67%**
Riverside County EMS Agency										
College of the Desert	27	59%	26	54%	31	58%	27	67%		
HealthPro EMT Training									9	78%
Moreno Valley College (Formerly Riverside C	215	75%	208	79%	196	69%	161	72%	153	84%
Mt San Jacinto College	106	73%	86	66%	64	69%	84	51%	53	57%
Palo Verde College	5	20%	0		5	40%			2	50%
Riverside County Fire Department	0		0		0					
Riverside County Office of Education ROP	0		9	33%	23	30%	11	9%		
Southern California EMS Training Institute									158	72%
West Coast EMT-Riverside									257	72%
LEMSA Total	**353**	**57%**	**329**	**58%**	**319**	**53%**	**283**	**50%**	**632**	**69%**
Sacramento County EMS Agency										
American River College	56	91%	75	85%	52	83%	92	77%	145	86%
California Regional Fire Academy	105	69%	136	76%	22	77%	23	61%		
CA State Univ Sacramento, PreHospital Edu	52	81%	66	68%	67	90%	93	75%	112	70%
Cosumnes River College	39	95%	44	100%	42	90%	48	96%	47	91%
Emergency Medical Sciences Training Inst	0		0		0					
Galt Adult School	0		15	60%	0					
Herald Fire District	0		0		0		13	8%		
Institute of Technology-Citrus Heights	7	100%	1	100%	1	0%				
Sacramento City Unified School District	0		0		0					
Sacramento County Office of Education	0		0		0					
LEMSA Total	**259**	**87%**	**337**	**82%**	**184**	**68%**	**269**	**63%**	**304**	**82%**

National Registry of EMTs EMT Written Examination Results by Training Program

EMT Training Program Name	2012		2013		2014		2015		2016	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
San Diego County EMS Agency										
Barona Fire Department	0		0		0					
Borrego Springs Fire Protection District	29	31%	12	42%	20	45%	20	25%	17	59%
EMSTA Inc.	246	80%	276	83%	288	85%	333	74%	294	78%
Emergency Medical Educators	0		0		0					
Grossmont Health Occupations Center	124	56%	60	77%	0		27	48%	45	44%
Healthcare Academy of California									17	71%
La Mesa Fire Department	0		0		0					
Link 2 Life, Inc	33	61%	41	71%	39	49%	47	70%	11	73%
Miramar College	367	83%	317	85%	338	82%	357	78%	357	85%
National Polytechnic College	10	80%	17	59%	21	62%	7	57%	126	76%
Palomar Community College	141	79%	172	85%	182	85%	215	79%	283	77%
Southwestern Community College	62	84%	77	69%	65	85%	73	58%	69	59%
US Border Patrol	20	85%	0		0					
WestMed College-Chula Vista	18	61%	0		0					
LEMSA Total	**1050**	**70%**	**972**	**71%**	**953**	**70%**	**1079**	**61%**	**1219**	**69%**
San Francisco EMS Agency										
City College of San Francisco	73	71%	82	66%	92	72%	67	60%	102	60%
San Francisco Paramedic Association	109	98%	119	94%	26	96%				
University of San Francisco									23	91%
LEMSA Total	**182**	**85%**	**201**	**80%**	**118**	**84%**	**67**	**60%**	**125**	**76%**
San Joaquin County EMS Agency										
Emergency Responders Academy of Learnin	0		0		0					
Institute of Technology-Stockton	20	45%	6	17%	0					
Ripon Fire Department	31	58%	0		27	56%			10	60%
San Joaquin County EMS Agency	5	40%	8	63%	0					
San Joaquin Delta College	1	100%	0		0					
San Joaquin Delta Community College	0		0		0					
LEMSA Total	**57**	**61%**	**14**	**40%**	**27**	**56%**	**0**		**10**	**60%**
San Luis Obispo County EMS Agency										
Cuesta College Allied Health-EMT	57	86%	52	77%	44	80%	44	75%	59	86%
Cuesta College-CCPP	0		0		0					
LEMSA Total	**57**	**86%**	**52**	**77%**	**44**	**80%**	**44**	**75%**	**59**	**86%**

National Registry of EMTs EMT Written Examination Results by Training Program

EMT Training Program Name	2012		2013		2014		2015		2016	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
San Mateo County EMS Agency										
California EMS Academy Inc	73	68%	0		0					
College of San Mateo	29	90%	34	97%	41	98%	35	94%	36	89%
Skyline College	62	69%	55	85%	62	84%	60	87%	55	84%
LEMSA Total	**164**	**76%**	**89**	**91%**	**103**	**91%**	**95**	**91%**	**91**	**87%**
Santa Barbara County EMS Agency										
Allan Hancock College	25	68%	33	82%	35	54%	20	80%	35	49%
Santa Barbara City College	121	82%	117	85%	97	79%	123	84%	95	78%
LEMSA Total	**146**	**75%**	**150**	**84%**	**132**	**67%**	**143**	**82%**	**130**	**64%**
Santa Clara County EMS Agency										
Foothill Community College	93	66%	93	73%	101	70%	136	71%	108	81%
Institute of Medical Education	0		0		0					
Mission College	93	72%	71	63%	0		72	67%	80	66%
San Jose City College	68	69%	87	72%	86	65%	47	83%	32	84%
Silicon Valley Ambulance/ACE EMT Academ	24	67%	16	81%	33	61%	8	50%	10	60%
South Bay Regional Public Safety Training									21	57%
Stanford University	23	91%	20	100%	25	88%	16	100%	30	97%
Sunnyvale Department of Public Safety	0		6	100%	10	100%	7	86%	18	100%
Westmed College	61	56%	20	55%	0					
LEMSA Total	**362**	**70%**	**313**	**78%**	**255**	**77%**	**286**	**76%**	**299**	**78%**
Santa Cruz County EMS Agency										
Cabrillo College	60	82%	73	77%	75	71%	79	78%	83	65%
Defib This EMT Program									78	62%
Emergency Training Services, Inc.	92	67%	92	65%	53	51%				
LEMSA Total	**152**	**75%**	**165**	**71%**	**128**	**61%**	**79**	**78%**	**161**	**64%**
Sierra-Sac Valley EMS Agency										
Burney Fire Protection District									6	50%
Butte Community College	47	83%	51	71%	56	75%	48	75%	57	82%
Cambridge Junior College									11	36%
Institute of Technology	7	71%	6	67%	26	77%	19	84%	9	56%
Karuk Tribe									3	67%
NCTI- Bay Area									46	72%
NCTI-Riverside									13	46%

National Registry of EMTs EMT Written Examination Results by Training Program

EMT Training Program Name	2012		2013		2014		2015		2016	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
NCTI-Roseville	189	76%	196	82%	146	83%	96	77%	69	74%
NCTI-Santa Barbara									51	92%
NOLS Wilderness Medicine at COS	0		98	91%	97	91%	103	96%	99	97%
Oroville Adult Education-AST									9	78%
Placer School for Adults & PEP	6	67%	0		9	89%				
Sierra Community College	192	88%	168	85%	183	84%	217	79%	195	82%
The 49er Regional Occupational Programs	7	86%	0		0					
Woodland Community College EMT Program	7	57%	23	87%	23	74%	20	65%		
Yuba Community College District	47	60%	37	51%	42	62%	21	86%	31	71%
LEMSA Total	**502**	**74%**	**579**	**76%**	**582**	**79%**	**524**	**80%**	**599**	**69%**
Solano County EMS Agency										
National Institute for Healthcare Education	8	38%	6	33%	6	83%			3	0%
Solano Community College	36	81%	13	77%	15	60%	22	36%	31	58%
LEMSA Total	**8**	**38%**	**6**	**33%**		**83%**	**0**	**36%**	**34**	**29%**
Tuolumne County EMS Agency										
Columbia College	10	100%	14	79%	2	50%	8	88%	11	100%
LEMSA Total	**10**	**100%**	**14**	**79%**	**2**	**50%**	**8**	**88%**	**11**	**100%**
Ventura County EMS Agency										
Conejo Valley Adult School	12	92%	24	100%	26	69%	26	77%	24	83%
Charter College									22	59%
EMS Training Institute Inc.	56	75%	81	63%	73	78%	93	71%	100	85%
Moorpark College	16	75%	0		0				5	100%
Oxnard College	105	59%	97	59%	115	64%	108	61%	104	71%
Simi Valley Adult School	63	67%	57	63%	58	69%	60	65%	57	63%
Ventura College	39	87%	50	74%	0		43	88%	58	67%
LEMSA Total	**291**	**76%**	**309**	**72%**	**272**	**70%**	**330**	**72%**	**370**	**75%**
Yolo County EMS Agency										
On-Site Medical Service-EMT-B-Training	57	86%	79	78%	108	73%	74	76%	46	80%
University of California-Davis	59	71%	33	67%	0					
LEMSA Total	**116**	**79%**	**112**	**73%**	**108**	**73%**	**74**	**76%**	**46**	**80%**

National Registry of EMTs EMT Written Examination Results by Training Program

EMT Training Program Name	2012		2013		2014		2015		2016	
	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
EMS Authority										
State Fire Marshal's Office										
Butte College Fire Academy	31	100%	35	94%	38	92%	37	86%	42	88%
Cal Fire Santa Clara Unit	0		0		0					
County of Orange Lifesaving Association	0		0		0					
Demond Simmons	0		0		0					
Ebbetts Pass Fire District	0		0		0					
Emergency Medical Educators	0		0		0					
Fire Future	0		0		0					
Industrial Emergency Council	0		0		0					
Jackson City Fire Department	0		0		0					
Mark Lees	0		0		0					
National City Adult School	0		0		0					
Pacific Coast Safety & Training	0		0		0					
Paramedic Enterprises EMT Program	0		0		0					
San Bernardino County Fire Department	0		11	45%	0		4	25%		
Santa Clara Fire Department	0		0		0					
Sierra Madre Fire Department	0		0		0					
South San Francisco Fire EMT	0		6	50%	0				10	50%
Strategic Emergency Response Training	0		0		0					
US Ocean Safety Lifeguards	0		0		0					
California Department of Parks and Recreation										
Mott Training Center (CA Parks and Recreati	0		23	96%	0		19	89%		
EMSA Total	**31**	**100%**	**75**	**71%**	**38**	**92%**	**60**	**67%**	**52**	**69%**

National Registry of EMTs Paramedic Written Examination Results by Training Program

	2012		2013		2014		2014		2015		2016	
Paramedic Training Program Name	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**
Alameda County EMS Agency												
Camp Parks Paramedic Program	0		0		0							
Fast Response School of Health											18	83%
National College of Tchnical Instruction											96	79%
Las Positas College											2	100%
LEMSA Total	**0**		**0**		**0**						**116**	**87%**
Central California EMS Agency												
West Hills College											5	40%
Fresno City College	1		0		0							
Fresno County/Dept of Health	22	95%	28	79%	27	81%			29	79%	22	77%
WestMed College-Fresno											28	79%
LEMSA Total	**23**	**95%**	**28**	**79%**	**27**	**81%**			**29**	**79%**	**55**	**65%**
Coastal Valleys EMS Agency												
Santa Rosa Junior College	16	94%	16	100%	17	100%			12	100%	19	100%
Mendocino College	0		0		0							
Mendocino College Mendocino County	3	67%	0		0							
LEMSA Total	**19**	**81%**	**16**	**100%**	**17**	**100%**			**12**	**100%**	**19**	**100%**
Imperial County EMS Agency												
Imperial Valley College	11	73%	1	100%	6	67%			14	71%	5	60%
LEMSA Total	**11**	**73%**	**1**	**100%**	**6**	**67%**			**14**	**71%**	**5**	**60%**
Inland Counties EMS Agency												
Crafton Hills College Paramedic Program	11	91%	29	86%	19	74%			32	97%	22	82%
Victor Valley Community College	14	86%	21	81%	25	72%			29	59%	26	69%
LEMSA Total	**25**	**89%**	**50**	**84%**	**44**	**73%**			**61**	**78%**	**48**	**76%**

National Registry of EMTs Paramedic Written Examination Results by Training Program

	2012		2013		2014		2014		2015		2016	
Paramedic Training Program Name	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**
Kern County EMS Agency												
Antelope Valley College	0		21	71%	0				6	83%		
Bakersfield College Paramedic Program	18	100%	13	92%	9	100%			18	94%	10	80%
LEMSA Total	**18**	**100%**	**13**	**82%**	**9**	**100%**			**24**	**89%**	**10**	**80%**
Los Angeles County EMS Agency												
Los Angeles County Paramedic Training	86	76%	87	76%	84	76%			62	84%	66	86%
Mt. San Antonio College	29	100%	43	100%	34	100%			30	90%	42	100%
UCLA Paramedic Education Program	96	95%	97	94%	106	88%			111	88%	85	86%
University of Antelope Valley											11	91%
LEMSA Total	**247**	**94%**	**274**	**90%**	**224**	**88%**			**203**	**87%**	**204**	**91%**
Napa County EMS Agency												
Napa Valley College	16	63%	15	73%	19	89%			11	100%	16	94%
LEMSA Total	**16**	**63%**	**15**	**73%**	**19**	**89%**			**11**	**100%**	**16**	**94%**
Northern California EMS Agency												
Absolute Safety Training Inc.	22	77%	17	65%	14	71%			16	69%	17	53%
LEMSA Total	**22**	**77%**	**17**	**65%**	**14**	**71%**			**16**	**69%**	**17**	**53%**
North Coast EMS Agency												
North Coast EMS	10	90%	1	100%	11	91%			19	74%	8	63%
LEMSA Total	**10**	**90%**	**1**	**100%**	**11**	**91%**			**19**	**74%**	**8**	**63%**
Orange County EMS Agency												
Saddleback College	24	75%	54	87%	36	81%			49	90%	19	84%
LEMSA Total	**24**	**75%**	**54**	**87%**	**36**	**81%**			**49**	**90%**	**19**	**84%**

National Registry of EMTs Paramedic Written Examination Results by Training Program

	2012		2013		2014		2014		2015		2016	
Paramedic Training Program Name	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**
Riverside County EMS Agency												
Moreno Valley College	15	93%	17	88%	18	83%			20	80%	24	83%
National College of Tchnical Instruction											67	76%
LEMSA Total	**15**	**93%**	**17**	**88%**	**18**	**83%**			**20**	**80%**	**91**	**80%**
Sacramento County EMS Agency												
American River College	8	100%	5	80%	8	100%			13	92%	9	89%
CA State Univ Sacramento, PreHospital Educ Program	32	66%	50	72%	53	72%			52	67%	51	78%
Emergency Medical Sciences Training Inst	35	89%	0		0							
LEMSA Total	**110**	**86%**	**55**	**76%**	**61**	**86%**			**65**	**80%**	**60**	**84%**
San Diego County EMS Agency												
EMSTA Inc.	39	95%	35	69%	39	95%			33	85%	21	71%
National College of Tchnical Instruction											2	50%
Palomar Community College	41	98%	30	93%	44	95%			39	95%	35	97%
Southwestern Community College	20	95%	15	93%	20	100%			25	100%	14	100%
Westmed College Chula Vista	0		8	100%	18	83%			10	80%		
LEMSA Total	**100**	**96%**	**80**	**89%**	**121**	**93%**			**107**	**90%**	**72**	**80%**
San Francisco EMS Agency												
City College of San Francisco	16	88%	14	86%	17	94%			5	80%	25	84%
LEMSA Total	**16**	**88%**	**14**	**86%**	**17**	**94%**			**5**	**80%**	**25**	**84%**
San Joaquin EMS Agency												
Emergency Responders Academy of Learning	2	0%	0		0							
LEMSA Total	**2**	**0%**	**0**		**0**							

National Registry of EMTs Paramedic Written Examination Results by Training Program

	2012		2013		2014		2014		2015		2016	
Paramedic Training Program Name	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**	**# Taken**	**% Pass 1st Attempt**
San Luis Obispo County EMS Agency												
Cuesta College-CCPP	15	93%	16	64%	7	100%			16	81%	10	80%
LEMSA Total	**15**	**93%**	**16**	**64%**	**7**	**100%**			**16**	**81%**	**10**	**80%**
San Mateo County EMS Agency												
California EMS Academy Inc	4	75%	17	65%	1	100						
LEMSA Total	**4**	**75%**	**17**	**65%**	**1**	**100**						
Santa Barbara County EMS Agency												
National College of Tchnical Instruction											17	88%
LEMSA Total											17	**88%**
Santa Clara County EMS Agency												
Foothill College	12	92%	22	100%	18	83%			30	80%	27	96%
Westmed College	11	82%	20	70%	14	79%			5	20%	24	83%
LEMSA Total	**23**	**87%**	**42**	**85%**	**32**	**81%**			**35**	**50%**	**51**	**90%**
Santa Cruz County EMS Agency												
Emergency Training Services, Inc.	18	61%	29	86%	22	77%			13	77%		
LEMSA Total	**18**	**61%**	**29**	**86%**	**22**	**77%**			**13**	**77%**		
Sierra-Sac Valley EMS Agency												
Butte Community College	10	90%	16	75%	8	88%			14	64%	12	83%
National College of Technical Instruction	251	87%	319	78%	242	78%			62	77%	71	72%
College of the Siskiyous	0		9	67%	22	82%			15	100%	20	90%
LEMSA Total	**261**	**80%**	**344**	**73%**	**272**	**83%**			**91**	**80%**	**103**	**82%**
Ventura County EMS Agency												
Ventura College	14	100%	12	100%	8	100%			14	86%	16	81%
LEMSA Total	**14**	**100%**	**12**	**100%**	**8**	**100%**			**14**	**86%**	**16**	**81%**

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR STE 400
RANCHO CORDOVA, CA 95670-6073
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Corrine Fishman, Program Analyst

SUBJECT: Paramedic Regulation Revision Update

RECOMMENDED ACTION:

Receive information regarding paramedic regulation revisions.

FISCAL IMPACT:

None

DISCUSSION:

Background:
The EMS Authority proposes to revise Chapter 4, Division 9, of Title 22, which was last revised in 2013. The changes clarify and specify methods for training program reviews, approvals, and accreditation requirements, and update paramedic licensure applications and licensure processes. Tactical casualty care training topics will be added to include the statutory elements found in AB 1598 (Rodriquez, Chapter 668, Statutes of 2014) that provide for additional requirements regarding coordination between law enforcement and emergency medical services personnel during terrorism incidents or active shooter events. This is also consistent with the proposed changes to the EMT regulations.

Proposed revisions:

With this rulemaking, the EMS Authority is proposing to:

1. Increase the minimum required course hours from 1090 to 1094 to include tactical casualty care principles.

2. Require paramedic providers to submit an electronic health record consistent with AB 1129 (Burke, Chapter 377, Statutes of 2015).

3. Update the paramedic licensure applications.

4. Update the paramedic licensure process.

5. Become more aligned with the paramedic training program accreditation requirements.

6. Training programs will be approved where they are located instead of headquartered.

7. Starting January 1, 2020 add a prerequisite of a college level course in introductory anatomy and physiology with lab and introductory psychology will be added to the student eligibility requirements.

8. Provide clarity throughout the chapter through grammatical edits.

IMPLEMENTATION STEPS AND TIMELINE:

February 2017	Submit for approval to Health and Human Services Agency and Department of Finance.
March 2017	Open rulemaking file with Office of Administrative Law for public comment.
April 2017	Release the proposed regulations for 45-day public comment.
December 2017	Submit revised Paramedic Regulations to the Commission on EMS for approval.
April 2017	Regulations become effective.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Laura Little, EMT
Transportation Coordinator

SUBJECT: Chapter 13 Workgroup

RECOMMENDED ACTION:

Receive information regarding the EMS Systems Regulation development process.

FISCAL IMPACT:

None

DISCUSSION:

The workgroup for the EMS Systems Regulations development is still on hiatus.

The Commission will be kept informed of any changes in the status of the workgroup or the draft Chapter 13 EMS Systems Regulations.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Adrienne Kim
CEMSIS Program Coordinator

SUBJECT: ePCR Device Grant Update

RECOMMENDED ACTION:

Receive information regarding state support to local EMS agencies and providers to assist in meeting statutory requirements.

FISCAL IMPACT:

None

DISCUSSION:

The EMS Authority received a grant from the California Office of Traffic Safety (OTS) for $1.2 million to provide local EMS agencies and provider agencies funding to purchase electronic mobile devices. The EMS Authority has been working with federal and state partners to provide funding opportunities to assist provider agencies who have difficulties obtaining the necessary hardware to implement electronic patient care records (ePCR). All local EMS agencies that applied were awarded funds for their provider agencies.

The local assistance grant opportunity document outlined the specifics of how the funding will be prioritized and the process for a local EMS agency to request funds from this opportunity. Funding by OTS was issued to the EMS Authority on October 1, 2016 using National Highway Traffic Safety Administration monies, with the expectation of funds expended within one year ending on September 30, 2017.

The EMS Authority received and reviewed 11 applications. One application was rejected because it did not meet specific criteria listed in the grant opportunity: the funding was open only to Local EMS Agencies. The 10 remaining applicants were approved. All (100%) local EMS agencies who applied to this local assistance grant were awarded funds. The EMS Authority has publically announced the recipients and the amount each were awarded on the EMS Authority website.

The Commission will be kept informed on the progress of this local assistance funding opportunity as we move forward through the process of distributing the funds and with the statewide data program.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: Trial Studies Review

RECOMMENDED ACTION:

Receive information on the status of current trial studies and the preliminary 18-month trial study report on the Santa Barbara County EMS Agency's Air-Q Airway Device. Extend the Santa Barbara County Air-Q trial study for an additional 18-month period.

FISCAL IMPACT:

No fiscal impact.

DISCUSSION:

Ventura County and Santa Barbara County EMS Agencies
On November 26, 2013, the EMS Authority received a trial study request from the Ventura County and Santa Barbara County EMS Agencies to study the effectiveness of placing an Air-Q (supra-glottic) airway device in lieu of other advanced and basic airway management techniques by their paramedics. This trial study was approved by the EMS Authority on December 8, 2014. The Ventura County arm of this trial study started enrolling patients on December 12, 2014. The Santa Barbara County arm of this trail study started enrolling patients on May 18, 2015. Dr. Angelo Salvucci presented the findings from the Ventura County leg of this trial study at the December 14, 2016 Commission on EMS meeting. The Commission recommended, to the EMS Authority, continuation of this trial study for an additional 18-months. The eighteen month report for the Santa Barbara County eighteen month report was due November 18, 2016 and is attached for the Commissioner's review.

Description of the Device:

The Air-Q airway is a supra-glottic airway device similar to the laryngeal mask airway that is inserted blindly and sits above the vocal cords.

Description of Santa Barbara County EMS System:

Total number of ambulances in County: 41
Total other ALS response vehicles: 15
List of ALS agencies: AMR, Carpinteria-Summerland Fire Department, Montecito Fire Department, Santa Barbara County Fire Department.
Anticipated locations of training: Santa Maria, Buelton, Santa Barbara
Total number of paramedics that need training: 167

Purpose of the Study:

The purpose of this study is to evaluate the safety and effectiveness of the Air-Q airway when used by paramedics in the prehospital setting. The hypothesis of the study is that the Air-Q will be easier and quicker to insert than an endotracheal tube, provide better ventilation and aspiration protection than a bag-valve-mask, and be safer (risk of aspiration, reduction of carotid blood flow) than laryngeal tubes such as the King Airway.

For this trial study, the Air-Q would be used as an airway adjunct during cardiac arrest, respiratory failure with a decreased level of consciousness, or for an altered level of consciousness that requires an airway intervention. In the early part of both arms of this trial study, the Air Q was the primary airway in cardiac arrests. In July of 2015 the Air-Q device was changed to an alternate airway for cardiac arrests if BLS airway management techniques were not successful. There were two reasons for this change:

1. The mechanism to secure the Air-Q was not adequate. This was later changed to a device similar to the ones used to secure endotracheal tubes.

2. The need for a larger diameter suctioning tube to suction vomitus from the bowl of the airway. The suctioning issue is being addressed through redesign by the manufacturer of the Air-Q and by using a different suctioning device.

Outcomes:

Attached is the preliminary report that includes a table of outcome measures. This fell short of the initially estimated 360 uses of the device (20 cardiac arrests per month for 18-months). There were 3 failures to insert. Successful insertion was defined as “no air leak” or “small air leak”. There were 90 cases of successful insertion, for an overall success rate of 82.6%. Of the 31 patients (28%) that vomited, the device did not provide adequate suctioning in 18 of those cases (58.1%). The device did provide for adequate suctioning in 13 of the 31 cases (41.9%) with vomiting,

Recommendation from the Santa Barbara County EMS Agency:

Santa Barbara County EMS Agency is requesting an extension of the trial study to evaluate the tube tie method for a better seal and evaluate the modified Air-Q device to address the suctioning concern.

Combined Inland Counties and Riverside County EMS Agency Tranexamic Acid Trial (TXA) Studies

The Commission on EMS received 18-month reports on the Inland Counties and Riverside County EMS Agencies combined TXA trial study at the December 14, 2016 Commission meeting in San Francisco. Reza Vaezazizi, MD, Medical Director of Inland Counties EMS Agency and Interim Medical Director at Riverside EMS Agency, stated the study has enrolled 200-250 patients. Initial data analysis indicates a trend towards improvement and outcomes consistent with previous, larger studies published on this topic. The Commission recommended continuation of these trial studies for an additional 18-months.

Alameda County EMS Agency

On January 6, 2015, the EMS Authority received a trial study request from the Alameda County EMS Agency to study the role of administering tranexamic acid (TXA) in the prehospital setting to improve hemorrhagic shock outcomes. TXA will be administered to adult (18 years and older) patients who meet trauma triage criteria. This trial study was approved by the EMS Authority on April 22, 2015. This trial study began enrolling patient on January 1, 2016. The eighteen month report is due to the EMS Authority on June 1, 2017. As of February 7, 2017 there have been 28 patients enrolled in this study.

Attachments: Santa Barbara 18-Month Trial Study Report
Current Chart of Trial Studies

Santa Barbara County
PUBLIC Health
DEPARTMENT

Emergency Medical Services

300 North San Antonio Road ◆ Santa Barbara, CA 93110-1316
805/681-5274 ◆ FAX 805/681-5142

Takashi M. Wada, MD, MPH *Director*
Suzanne Jacobson, CPA *Chief Financial Officer*
Susan Klein-Rothschild, MSW *Deputy Director*
Angela Gonzalez, MHA *Deputy Director*
Polly Baldwin, MD, MPH *Medical Director*
Charity Dean, MD, MPH *Health Officer*

John H. Eaglesham *EMS Agency Director*
Angelo Salvucci, MD *EMS Agency Medical Director*

February 11, 2017

Howard Backer, MD, MPH, FACEP
Director, California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Dear Dr. Backer:

This is the 18-month report on the Santa Barbara County EMS trial on the paramedic use of the air-Q sp.

Following is a table of the results through October 2016. There was a total of 110 patients with an attempt to place the device and 109 with complete documentation. There were 3 failures to insert. We have defined a successful insertion as “no air leak” or “small air leak”. There were 90 cases of successful insertion, for an overall success rate of 82.6%

The air-Q was initially made the primary airway device, to be utilized after initial cardiac arrest measures (CPR, defibrillation, vascular access, first medication(s)). In pooling our outcome data with the Ventura County EMS air-Q trial, we did not see an improvement during the initial portion of the trial. Because of this we altered our airway treatment protocol in July 2015 to make the air-Q an optional advanced airway device, to be considered if bag-mask ventilation was inadequate.

The two primary concerns with the device were an inadequate securing mechanism and regurgitated stomach contents. An improved securing device, similar to a typical endotracheal tube holder, is now available. The manufacturer is working on a more effective suction mechanism to address regurgitation.

The role of supraglottic devices in the management of cardiac arrest patients remains unclear. A recent review by Drs. Carlson and Wang was attached to the Ventura County EMS 18-month air-Q trial study report.

We plan to continue the trial to evaluate the new suction device and alternative insertion methods.

Sincerely,

Angelo Salvucci, MD, FACEP, FAEMS
Medical Director

Santa Barbara County EMS
Use of air-Q
May 1, 2015 to October 31, 2016

Note: air-Q utilization was not initiated in Santa Barbara County until May 2015. On July 8, 2015, the air-Q was moved in priority of airway management from primary so secondary, to be used only if the BLS airway management techniques were not successful.

Total patients with an attempt to place air-Q		110	%
Ease of Use	Very Easy to Use	15	13.6%
	Easy to Use	43	39.1%
	Neither Easy nor Difficult to Use	29	26.4%
	Difficult to Use	18	16.4%
	Impossible to Use	4	3.6%
	Not Documented	1	0.9%
Did patient vomit with air-Q?	Yes	31	28.2%
	No	78	70.9%
	Not Documented	1	0.9%
If vomiting, did air-Q allow adequate suctioning? (N=31)	Yes	13	41.9%
	No	18	58.1%
	Not Documented	0	0.0%
Did the strap hold the air-Q in proper position?	Yes	36	32.7%
	No	38	34.5%
	Not used, NA	35	31.8%
	Not Documented	1	0.9%
Was seal adequate for ventilation?	Yes, no audible air leak noted	49	44.5%
	Small audible air leak noted	41	37.3%
	No, large audible air leak; unable to ventilate	19	17.3%
	NA, unable to insert	0	0.0%
	NA, “not placed due to rigor”	0	0.0%
	Not Documented	1	0.9%
Complications	NO complications	62	56.4%
	Failure to ventilate	23	20.9%
	Gastric distention	16	14.5%
	Bleeding	5	4.5%
	Unable to insert	3	2.7%
	Difficult to insert	0	0.0%
	Unable to insert “rigor”	0	0.0%
	Not Documented	1	0.9%

STATE OF CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY

CURRENT TRIAL STUDIES
as of 2/16/2017

Local EMS Agency	Study Title	EMS Agency Medical Director and Primary Investigator	Date of Initiation of Trial Study	Commission Notified	18 Mo. Report Due	Commission Action	36 Mo. Report Due / Patients Enrolled	Disposition of Study
Ventura County EMS Agency	Air-Q Supra-glottic Airway	Angelo Salvucci, MD	12/12/14	3/18/15 3/16/16 12/14/16	6/12/16	12/14/16 Commission on EMS recommended continuation for one more 18-month period	12/12/17 As of 7/31/16 270 Patients enrolled.	Active. Began enrolling patients on 12/12/14.
Inland Counties EMS Agency	Tranexamic Acid	Reza Vaezazizi, MD	3/9/15	3/18/15 3/16/16 12/14/16	9/9/16	12/14/16 Commission on EMS recommended continuation for one more 18-month period	3/9/18 As of 9/9/16 128 patient enrolled in the intervention al group, 125 enrolled in control group.	Active. Began enrolling patients on 3/9/15.
Santa Barbara County EMS Agency	Air-Q Supra-glottic Airway	Angelo Salvucci, MD	5/18/15	6/17/15 3/16/16	11/18/16			Active. Began enrolling patients on 5/18/15.
Riverside County EMS Agency	Tranexamic Acid	Reza Vaezazizi, MD, Interim Medical Director	6/1/15	6/17/15 3/16/16 12/14/16	12/1/16	12/14/16 Commission on EMS recommended continuation for one more 18-month period	6/1/18 As of 9/9/16 128 patient enrolled in the intervention al group, 125 enrolled in control group.	Active. Began enrolling patients on 6/1/15.

Current Trial Studies as of 2/16/17 (Continued)

Alameda County EMS Agency	Tranexamic Acid	Karl Sporer, MD	1/1/16	6/17/15	6/1/2018			Active. Began enrolling patients on 1/1/16.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR STE 400
RANCHO CORDOVA, CA 95670-6073
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Corrine Fishman, Policy and Program Analyst

SUBJECT: EMT Regulation Revisions Approval

RECOMMENDED ACTION:

Approve revisions to the EMT Regulations.

FISCAL IMPACT:

The proposed regulations would require EMT training programs to increase their hours of training from the current minimum of 160 hours to the proposed minimum of 170 hours to include additional training in the administration of Naloxone, epinephrine, the use of glucometer (measures blood sugar level) and tactical casualty care principles.

The initial costs to obtain these training materials are estimated at $1,500 - $2,000. The total increased cost per EMT training program is estimated to be $3,200.

DISCUSSION:

Background:
SB 1438 (Pavley, Chapter 491, 2014) requires all EMS personnel, including EMTs, to be trained in the administration of naloxone hydrochloride by July 1, 2016. This is currently an EMT optional skill; advanced EMTs and paramedics are currently trained in the administration of naloxone. The EMS Authority (EMSA) is also proposing to add training in the administration of epinephrine by auto-injector as a result of SB 669 (Huff, Chapter 725, Statues of 2013), which required EMSA to develop lay rescuer epinephrine regulations. Further, EMSA has revised the public safety regulations to allow public safety personnel to use and epinephrine auto-injector as an optional skill. Tactical casualty care was added to include the statutory elements found in AB 1598 (Rodriquez, Chapter 668, Statutes of 2014) that provide for additional requirements regarding coordination between law enforcement and emergency medical services personnel during terrorism incidents or active shooter events.

Proposed revisions:

With this rulemaking, the EMS Authority is proposing to:

1. Amend existing EMT regulations by removing naloxone hydrochloride administration as an EMT *optional skill* and include the administration of naloxone hydrochloride as a mandatory training item. The administration of naloxone would still require local EMS agency (LEMSA) approval.

2. Add training in the administration of epinephrine by auto-injector and the use of a glucometer. The use of a glucometer and an epinephrine auto-injector will require LEMSA approval.

3. The use of an epinephrine auto-injector will be removed from the EMT Optional Skills section and moved to a subsection of the basic EMT scope that requires LEMSA approval.

4. The epinephrine auto-injector will be replaced as an optional skill with drawing up epinephrine for administration for anaphylaxis, requiring focused training, LEMSA approval, and accreditation.

5. Add tactical casualty care principles to required course content.

6. Revise the skills-based competency verification form.

7. Increase the minimum required course hours from 160 to 170 to include naloxone, epinephrine, glucometer training and tactical casualty care principles.

8. Allow up to six hours of supervised clinical experience and up to three documented patient contacts using high fidelity simulation, when available.

9. Move the monitoring of preexisting vascular access devises and intravenous lines delivering fluids with additional medications from a basic skill to an optional skill to clarify this is a local optional request.

10. Provide clarity and consistency with the NREMT registration requirements.

11. Provide clarification of the initial certification pathways.

12. Allow the LEMSA the discretion to require the completion of an electronic health record by EMTs as part of the local medical control and accountability policies.

<u>Implementation steps and timeline:</u>

July 2016	Rulemaking file opened with Office of Administrative law; regulations must be approved within one year.
August 2016	The proposed regulations were released for 45-day public comment August 5, 2016 through September 27, 2016. A public hearing was held at EMSA on September 27, 2016.
December 2016	Proposed regulations released for 2nd 45-day public comment period December 2, 2017 through January 15, 2017.
January 2017	Proposed regulations released for 15-day public comment period January 28, 2017 through February 11, 2017.
March 2017	Proposed regulations submitted to Commission on EMS for approval.
April 2017	Regulations submitted to OAL for approval.
July 2017	Regulations become effective.

Attachments: Final Draft EMT Regulations Clean Copy
Final Draft EMT Regulations Mock Up
Public Comment Table with Responses September 27, 2016
Public Comment Table with Responses January 15, 2017
Public Comment Table with Responses February 11, 2017
Skills Competency Form
Optional Scope Application

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

ARTICLE 1. DEFINITIONS

§ 100056. No change.

§ 100056.1. No change.

§ 100056.2. No change.

§ 100057. Emergency Medical Technician Approving Authority.

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

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

(2) Any other EMT training programs not included in subsection (a) (1) shall be approved by the local EMS agency (LEMSA) that has jurisdiction in the county where the training program is located.

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

§ 100057.1. High Fidelity Simulation
High Fidelity Simulation means using computerized manikins that are operated by a technologist from another location to produce audible sounds and to alter, simulate and manage physiological changes within the manikin to include, but not be limited to, altering the heart rate, respirations, chest/lung sounds, blood pressure and saturation of oxygen.

§ 100057.2. Electronic Health Record
"Electronic health record" or EHR, or electronic patient care record or ePCR means real time, patient-centered records that make information available securely to authorized users in a digital format capable of being shared with other providers across more than one health care organization.

§ 100058. No change.

§ 100059. EMT Certifying Cognitive Examination.
"EMT Certifying Cognitive Examination" means the National Registry of Emergency Medical Technicians EMT Cognitive Examination to test an individual applying for certification as an EMT.

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

§ 100059.1. EMT Certifying Psychomotor Examination.

"Certifying Psychomotor Examination" means the National Registry of Emergency Medical Technicians EMT Psychomotor Examination to test an individual applying for certification as an EMT.

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

§ 100059.2. EMT Optional Skills Medical Director.

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

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

§ 100060. No change.

§ 100061. EMT Local Accreditation.
"Local accreditation" or "accreditation" or "accredited to practice" as used in this Chapter, means authorization by the LEMSA to practice the optional skill(s) specified in Section 100064. Such authorization assures that the EMT has been oriented to the LEMSA and trained in the optional skill(s) necessary to achieve the treatment standard of the jurisdiction.

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

§ 100061.1. No change.

§ 100061.2. No change.

ARTICLE 2. GENERAL PROVISIONS

§ 100062. Application of Chapter

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

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

(1) Physicians currently licensed in California.

(2) Registered nurses currently licensed in California.

(3) Physicians' assistants currently licensed in California.

(4) Paramedics currently licensed in California.

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

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

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

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

(d) The local EMS agency shall develop and implement policies for the medical control and medical accountability of care rendered by the EMT. This shall include, but not be

limited to, basic life support protocols, policies and procedures and documentation which may include completing an electronic health record (EHR) which is compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information Systems (NEMSIS) standards.

(e) California certified EMTs shall be recognized as an EMT on a statewide basis.

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

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

(1) Discontinue all medical practice requiring an active and valid EMT certificate.

(2) Return the EMT certificate to the certifying entity.

(3) Notify the LEMSA to whom they are accredited as an EMT that their certification is no longer valid.

(4) The reactivation of the EMT certificate shall be done in accordance with the provisions of Section 100081 of this Chapter.

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

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

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

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

(1) Evaluate the ill and injured.

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

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

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

(5) Administer oxygen.

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

(A) Oropharyngeal airway;

(B) Nasopharyngeal airway;

(C) Suction devices;

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

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

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

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

(A) Bleeding control through the application of tourniquets;

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

(C) Spinal motion restriction or immobilization

(D) Seated spinal motion restriction or immobilization

(E) Extremity splinting; and

(F) Traction splinting.

(G) Administer Oral glucose or sugar solutions,

(H) Extricate entrapped persons.

(I) Perform field triage.

(J) Transport patients.

(K) Apply mechanical patient restraint.

(L) Set up for ALS procedures, under the direction of an Advanced EMT or Paramedic.

(M) Perform automated external defibrillation.

(N) Assist patients with the administration of physician-prescribed devices including, but not limited to, patient-operated medication pumps, sublingual nitrogylcerin, and self-administered emergency medications, including epinephrine devices.

(b) In addition to the activities authorized by subdivision (a) of this Section, the medical director of the LEMSA may also establish policies and procedures to allow a certified EMT or a supervised EMT student who is part of the organized EMS system and in the prehospital setting and/or during interfacility transport to:

(1) Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid;

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

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

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

(5) Perform finger stick blood glucose testing;

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

(A) Aspirin.

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

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

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

§ 100063.1. No change.

§ 100064. EMT Optional Skills.

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

(1) Use of perilaryngeal airway adjuncts.

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

1 Anatomy and physiology of the respiratory system.

2 Assessment of the respiratory system.

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

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

5 Indications and contraindications of the perilaryngeal airway adjuncts.

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

7Perilaryngeal airway adjuncts insertion and assessment of placement.

8 Methods for prevention of basic skills deterioration.

9 Alternatives to the perilaryngeal airway adjuncts.

10 At the completion of initial training a student shall complete a competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of perilaryngeal airway adjuncts.

11 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.

(2) Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma.

(A) Training in the administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma shall consist of no less than two (2) hours to result in the EMT being competent in the use and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training hours listed above shall be the following topics and skills:

1. Names

2. Indications

3. Contraindications

4. Complications

5. Side/adverse effects

6. Interactions

7. Routes of administration

8. Calculating Dosages

9. Mechanisms of drug actions

10. Medical asepsis

11. Disposal of contaminated items and sharps

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. Demonstrate preparation and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe.

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

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 Demonstrate the preparation and administration of medications by the intramuscular route.

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 (12/16), 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) (3)

(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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(f) The optional skill medical director may delegate the specific field care audits, training, and demonstration of competency, if approved by the LEMSA medical director, to a Physician, Registered Nurse, Physician Assistant, Paramedic, or Advanced EMT,

licensed or certified in California or a physician licensed in another state immediately adjacent to the LEMSA jurisdiction.

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

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

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

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

§ 100064.1. EMT Trial Studies.

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

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

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

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

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

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

(5) A description of the training and competency testing required to implement the study. Training on subject matter shall be consistent with the related topic(s) and skill(s)

specified in Section 100159, Chapter 4 (Paramedic regulations), Division 9, Title 22, California Code of Regulations.

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Accept the study recommendations.

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

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

Note: Authority cited: Section 1797.107 and 1797.170, Health and Safety Code. Reference: Sections 1797.170 and 1797.221, Health and Safety Code.

ARTICLE 3. PROGRAM REQUIREMENTS FOR EMT TRAINING PROGRAMS

§ 100065. No change.

§ 100066. No change.

§ 100067. No change.

§ 100068. No change.

§ 100069. EMT Training Program Notification.

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

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

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

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

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

§ 100070. Teaching Staff.

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

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

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

(1) Administering the training program.

(2) Approving course content.

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

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

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

(6) Signing all course completion records.

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

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

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

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

(e) Each training program shall have a principal instructor(s), who may also be the program clinical coordinator or program director, who shall be qualified by education

and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction and shall meet the following qualifications:

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

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

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

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

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

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

§ 100071. No change.

§ 100072. Withdrawal of EMT Training Program Approval.

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

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

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

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

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

(B) A plan to comply with the provisions of this Chapter within sixty (60) calendar days from the day of receipt of the notification of noncompliance.

(3) Within fifteen (15) working days from receipt of the approved EMT training program's response, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved EMT training program, the EMT training program approving authority shall issue a decision letter by certified mail to the Authority and the approved EMT training program. The letter shall identify the EMT training program approving authority's decision to:

(A) Accept the evidence of compliance provided, or

(B) Accept the plan for meeting compliance, and/or

(C) Place the training program on probation, or

(D) Suspend or revoke the training program approval.

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

(A) Date of the program training approval authority decision;

(B) Specific provisions found noncompliant by the training approval authority, if applicable;

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

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

(E) The revocation effective date, if applicable.

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

(6) The EMT training program approving authority shall establish the probation, suspension, or revocation effective dates no sooner than sixty (60) days after the date of the decision letter, as described in subsection (3) of this Section.

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

§ 100073. Components of an Approved Program.

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

(1) The EMT course, including clinical experience;

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

(3) A challenge examination; and

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

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

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

§ 100074. EMT Training Program Required Course Hours.

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

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

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

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

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

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

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

§ 100075. Required Course Content.

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

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

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

(2) Review treatment of open chest wall injuries;

(3) Types of hemostatic dressings; and

(4) Importance of maintaining normal body temperature.

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

(1) Common causative agents

(2) Assessment findings

(3) Management to include but not be limited to:

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

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

(A) Indications

(B) Contraindications

(C) Side/adverse effects

(D) Routes of administration

(E) Dosages

(F) Mechanisms of drug action

(G) Calculating drug dosages

(H) Medical asepsis

(I) Disposal of contaminated items and sharps

(J) Medication administration

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

(1) Common causative agents

(2) Assessment findings

(3) Management to include but not be limited to:

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

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

(A) Indications

(B) Contraindications

(C) Side/adverse effects

(D) Mechanisms of drug action

(5) Administration by auto-injector

(6) Medical asepsis

(7) Disposal of contaminated items and sharps

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

(1) Blood glucose determination

(A) Assess blood glucose level

(B) Indications

1 Decreased level of consciousness in the suspected diabetic

2 Decreased level of consciousness of unknown origin

(C) Procedure for use of finger stick blood glucometer

1 Medical asepsis

2 Refer to manufacturer's instructions for device being used

(D) Disposal of sharps

(E) Limitations

1 Lack of calibration

(F) Interpretation of results

(G) Patient assessment

(H) Managing a patient before and after finger stick glucose testing

(f) In addition to the above, the content of the training course shall include a minimum of four (4) hours of tactical casualty care (TCC) principles applied to violent circumstances with at least the following topics and skills and shall be competency based:

(1) History and Background of Tactical Casualty Care

(A) Demonstrate knowledge of tactical casualty care

1. History of active shooter and domestic terrorism incidents

2. Define roles and responsibilities of first responders including Law Enforcement, Fire and EMS.

3. Review of local active shooter policies

4. Scope of practice and authorized skills and procedures by level of training, certification, and licensure zone

(2) Terminology and definitions

(A) Demonstrate knowledge of terminology

1. Hot zone/warm zone/cold zone

2. Casualty collection point

3. Rescue task force

4. Cover/concealment

(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

(A) Demonstrate appropriate casualty care at your scope of practice and certification

1. Demonstrate knowledge of the components of the Individual First Aid Kit (IFAK) and/or medical kit.

a. Understand the priorities of Tactical Casualty Care as applied by zone.

B. Demonstrate competency through practical testing of the following medical treatment skills:

1. Bleeding control

a. Apply Tourniquet

i. Self-Application

ii. Application on others

b. Apply Direct Pressure

c. Apply Pressure Dressing

d. Apply Hemostatic Dressing with Wound Packing, utilizing California EMSA-approved products

2. Airway and Respiratory management

a. Perform Chin Lift/Jaw Thrust Maneuver

b. Recovery position

c. Position of comfort

d. Airway adjuncts,

3. Chest/torso wounds

a. Apply Chest Seals, vented preferred

C. Demonstrate competency in patient movement and evacuation.

1. Drags and lifts.

2. Carries

D. Demonstrate knowledge of local multi-casualty/mass casualty incident protocols.

1. Triage procedures (START or SALT).

2. CCP – Triage, Treatment and Transport.

(6.) Threat Assessment.

(A) Demonstrate knowledge in threat assessment.

1. Understand and demonstrate knowledge of situational awareness

a. Pre-assessment of community risks and threats.

b. Pre-incident planning and coordination

c. Medical resources available.

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

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

§ 100076. No change.

§ 100077. No change.

§ 100078. No change.

ARTICLE 4. EMT CERTIFICATION

§ 100079. EMT Initial Certification Requirements.

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

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

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

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

(4~~2~~) Possess a current and valid National Registry EMT, Advanced EMT or Paramedic registration certificate, or

(5~~3~~) Possess a current and valid out-of-state Advanced EMT or Paramedic certificate, or

(64) Possess a current and valid California Advanced EMT certificate or a current and valid California Paramedic license.

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

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

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

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

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

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

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

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

(D) Against any health-related license.

(5) Disclose any pending or current criminal investigations.

(6) Disclose any pending criminal charges.

(7) Disclose any prior convictions.

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

(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 as follows:

(1) For an individual who meets the criteria for certification required by this section shall be issued a certificate and the expiration date 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

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

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

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

(5) Submit a completed skills competency verification form, EMSA-SCV (01/17). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program (EMT training program, AEMT training program, Paramedic training program or CE provider), or an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification.

(6) Starting 24 months after the effective date of these regulations, any EMT renewing for the first time, following implementation, shall submit documentation of successful completion by an approved EMT training program or approved CE provider in the following training:

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

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

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

(D) If individual possesses a current California issued paramedic license or California Advanced EMT certificate then the individual need not provide proof of (a)(6)(A)(B)(C) of this Section.

(b) 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 EMT renewal and successfully complete the requirements of this Chapter.

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

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

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

(1) Submit proof of their membership in the Armed Forces of the United States and

(2) Submit documentation of their deployment starting and ending dates.

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

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

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

§ 100081.Reinstatement of an Expired California EMT Certificate.

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

(1) For a lapse of less than six (6) months, the individual shall 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 reinstatement, or

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

1. CEs may be used to renew multiple licensure/certification types.

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

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

(E) Submit a completed skills competency verification form, EMSA-SCV (01/17). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program (EMT training program, AEMT training program, Paramedic training program or CE provider), or an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification.

(F) Starting 24 months after the effective date of these regulations, any EMT renewing for the first time, following implementation, shall submit documentation of successful completion by an approved EMT training program or approved CE provider in the following training:

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

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

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

(G) If an individual possesses a current California issued paramedic license or California Advanced EMT certificate then the individual need not provide proof of (a)(1)(F)(1.)(2.)(3.) of this Section.

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

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

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

1. CEs may be used to renew multiple licensure/certification types.

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

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

(E) Submit a completed skills competency verification form, EMSA-SCV (01/17). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program (EMT training program, AEMT training program, Paramedic training program or CE provider), or an EMS

service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification.

(F) Starting 24 months after the effective date of these regulations, any EMT renewing for the first time, following implementation, shall submit documentation of successful completion by an approved EMT training program or approved CE provider in the following training:

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

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

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

(G) If an individual possesses a current California issued paramedic license or California Advanced EMT certificate then the individual need not provide proof of (a)(2)(F)(1.)(2.)(3.) of this Section.

(3) For a lapse of twelve (12) months or more, the individual shall meet one of the following continuing education requirements:

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

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

1. CEs may be used to renew multiple licensure/certification types.

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

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

(E) Submit a completed skills competency verification form, EMSA-SCV (01/17). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills

competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program (EMT training program, AEMT training program, Paramedic training program or CE provider), or an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification.

(F) Starting 24 months after the effective date of these regulations, any EMT renewing for the first time, following implementation, shall submit documentation of successful completion by an approved EMT training program or approved CE provider in the following training:

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

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

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

(G) If an individual possesses a current California issued paramedic license or California Advanced EMT certificate then the individual need not provide proof of (a)(3)(F)(1.)(2.)(3.) of this Section.

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

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

(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 EMT reinstatement and successfully complete the requirements of this Chapter.

Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code. Reference: Sections 1797.61, 1797.62, 1797.109, 1797.118,

1797.170, 1797.175, 1797.184, 1797.210 and 1797.216, Health and Safety Code; and United States Code, Title 10, Subtitle A, Chapter 1, Section 101.

ARTICLE 6. RECORD KEEPING AND FEES

§ 100082. Record Keeping.

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

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

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

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

Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code. Reference: Sections 1797.61, 1797.62, 1797.109, 1797.170, 1797.173, 1797.200, 1797.202, 1797.204, 1797.208, 1797.211 and 1797.220, Health and Safety Code.

§ 100083. Fees.

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

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

§ 100084. No change.

§ 100085. No change.

§ 100086. No change.

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

The Emergency Medical Services Authority has illustrated changes to the original text in the following manner:

- Additions to the original text = underlined
- Deletions to the original text = ~~strikeout~~
- Additions to the text proposed in 45-day comment period = double underline
- Deletions to the text proposed in 45-day public comment period = ~~double strikeout~~
- Additions to the text proposed in the 2nd 45-day comment period = dash underline
- Deletions to the text proposed in the 2nd 45-day comment period = ~~*double strike italics*~~

ARTICLE 1. DEFINITIONS

§ 100056. No change.

§ 100056.1. No change.

§ 100056.2. No change.

§ 100057. Emergency Medical Technician Approving Authority.

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

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

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

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

§ 100057.1. High Fidelity Simulation

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

§ 100057.2. Electronic Health Record

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

§ 100058. No change.

§ 100059. EMT Certifying ~~Written~~ Cognitive Examination.

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

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

§ 100059.1. EMT Certifying ~~Skills~~ Psychomotor Examination.

"Certifying ~~**Skills**~~ Psychomotor Examination" means the National Registry of Emergency Medical Technicians EMT ~~Basic Skills~~ Psychomotor Examination to test an individual applying for certification as an EMT. ~~Examination results will be valid for one (1) year for the purpose of being eligible for the National Registry of Emergency Medical Technicians EMT Basic Written Examination.~~

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

§ 100059.2. EMT Optional Skills Medical Director.

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

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

§ 100060. No change.

§ 100061. EMT Local Accreditation.

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

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

§ 100061.1. No change.

§ 100061.2. No change.

ARTICLE 2. GENERAL PROVISIONS

§ 100062. Application of Chapter ~~to Operation of Ambulances.~~

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

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

(1) Physicians currently licensed in California.

(2) Registered nurses currently licensed in California.

(3) Physicians' assistants currently licensed in California.

(4) Paramedics currently licensed in California.

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

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

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

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

~~*(d) A licensed paramedic employed as an EMT may perform any activity identified in the scope of practice of an EMT without requiring a separate certification.*~~

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

(e) California certified EMTs shall be recognized as an EMT on a statewide basis.

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

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

(1) Discontinue all medical practice requiring an active and valid EMT certificate.

(2) Return the EMT certificate to the certifying entity.

(3) Notify the LEMSA to whom they are accredited as an EMT that their certification is no longer valid.

(4) The reactivation of the EMT certificate shall be done in accordance with the provisions of Section ~~*100080 or*~~ 100081 of this Chapter.

(5) This information shall be entered into the Central Registry by the certifying entity who issued the EMT certificate~~*. card.*~~

Note: Authority cited: Sections 1797.107, 1797.109 ~~*and*~~ 1797.170, 1797.220, and 1797.227 Health and Safety Code. Reference: Sections 1797.160 and 1797.170, Health and Safety Code.

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

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

(1) Evaluate the ill and injured.

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

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

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

(5) Administer oxygen.

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

(A) Oropharyngeal airway;

(B) Nasopharyngeal airway;

(C) Suction devices;

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

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

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

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

(A) Bleeding control through the application of tourniquets;

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

(C) Spinal motion restriction or immobilization ~~(immobilization)~~;

(D) Seated spinal motion restriction or immobilization ~~(immobilization)~~;

(E) Extremity splinting; and

(F) Traction splinting.

~~(9) Administer over the counter medications when approved by the medical director of the LEMSA, including, but not limited to:~~

~~(A)~~(G) Administer Oral glucose or sugar solutions,

~~(B)~~(H) ~~Administer~~ Aspirin

~~(10)~~ ~~(I)~~ (H) Extricate entrapped persons.

~~(11)~~ ~~(J)~~ (I) Perform field triage.

~~(12)~~ ~~(K)~~ (J) Transport patients.

~~(13)~~ ~~(L)~~ (K) Apply ~~M~~mechanical patient restraint.

~~(14)~~ ~~(M)~~ (L) Set up for ALS procedures, under the direction of an Advanced EMT or Paramedic.

~~(15)~~ ~~(N)~~ (M) Perform automated external defibrillation.

~~(16)~~ ~~(O)~~ (N) Assist patients with the administration of physician-prescribed devices including, but not limited to, patient-operated medication pumps, sublingual nitrogylcerin, and self-administered emergency medications, including epinephrine devices.

(b) In addition to the activities authorized by subdivision (a) of this Section, the medical director of the LEMSA may also establish policies and procedures to allow a certified EMT or a supervised EMT student who is part of the organized EMS system and in the

prehospital setting and/or during interfacility transport ~~as part of an organized EMS system within the jurisdiction where the EMT is employed~~ to:

(1) Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid;

~~(2)Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid;~~

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

~~(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 March 18, 2003, 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 100063(b)(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~~.

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

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

(5) Perform finger stick blood glucose testing; ~~when appropriate authorization is obtained from State and Federal agencies, including from the Centers for Medicare and Medicaid Services pursuant to the Clinical Laboratory Improvement Amendments (CLIA);~~

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

(A) Aspirin.

~~(c) The medical director of the LEMSA shall implement policies, procedures and protocols for the administration of naloxone and finger stick glucose testing. The policies, procedures and protocols shall, at a minimum, include those items listed in Section 100064 (b)(c)(d)(e)(f)(g)(h)(i).~~

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

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

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

§ 100063.1. No change.

§ 100064. EMT Optional Skills.

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

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

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

~~(1)~~ (A) Training in the use of perilaryngeal airway adjuncts shall consist of not less than five (5) hours to result in the EMT being competent in the use of the device and airway control. Included in the above training hours shall be the following topics and skills:

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

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

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

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

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

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

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

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

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

~~(2)~~ 10 At the completion of initial training a student shall complete a competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of perilaryngeal airway adjuncts.

~~(3)~~ 11 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.

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

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

~~(A) Common causative agents~~

~~(B) Assessment findings~~

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

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

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

~~1. Indications~~

~~2. Contraindications~~

~~3. Side/adverse effects~~

~~4. Routes of administration~~

~~5. Dosages~~

~~(F) Mechanisms of drug action~~

~~(G) Calculating drug dosages~~

~~(H) Medical asepsis~~

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

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

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

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

~~(C) Using universal precautions and body substance isolation procedures during medication administration,~~

~~(D) Demonstrating aseptic technique during medication administration,~~

~~(E) Demonstrate preparation and administration of parenteral medications by a route other than intravenous.~~

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

~~(3) 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 EMSQIP.~~

~~(d)~~ ~~(b)~~ (2) Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma.

~~(1)~~ (A) Training in the administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma shall consist of no less than two (2) hours to result in the EMT being competent in the use and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training hours listed above shall be the following topics and skills:

~~(A) Common causative agents~~

~~(B) Assessment findings~~

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

~~(1)~~ 1. ~~Need for appropriate personal protective equipment and scene safety awareness~~

~~(D) Profile of epinephrine to include, but not be limited to:~~

~~(A)~~ 1. Names

~~1.~~~~(B)~~ 2. Indications

~~2. (C)~~ 3. Contraindications

~~(D)~~ 4. Complications

~~3.~~ ~~(E)~~ 5. Side/adverse ~~adverse~~ effects

~~(F)~~ 6. Interactions

~~4. (G)~~ 7. Routes of a~~A~~dministration ~~by auto-injector~~

~~5.~~ ~~(H)~~ 8. Calculating Dosages

~~6.~~ ~~(I)~~ 9. Mechanisms of drug actions

~~(E)~~ 10.Medical asepsis

~~(F)~~ 11. Disposal of contaminated items and sharps

12. Medication administration

~~(2)~~ (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:

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

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

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

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

~~(E)~~ 5. Demonstrate preparation and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe.

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

~~(3) 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 EMSQIP.~~

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

~~(1)~~(A) Using prepackaged products, the following medications may be administered:

~~(A)~~1 Atropine

~~(B)~~2 Pralidoxime Chloride

~~(2)~~(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 subsection~~s~~ (A) ~~(A and B)~~ shall include, but not be limited to:

~~(A)~~1 Indications

~~(B)~~2 Contraindications

~~(C)~~3 Side/adverse effects

~~(D)~~4 Routes of administration

~~(E)~~5 Dosages

~~(F)~~6 Mechanisms of drug action

~~(G)~~7 Disposal of contaminated items and sharps

~~(H)~~8 Medication administration.

~~(3)~~(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:

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

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

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

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

~~(E)~~5 Demonstrate the preparation and administration of medications by the intramuscular route.

~~(F)~~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:

~~(b)~~ (A) The medical director of the LEMSA shall submit a written request, Form #EMSA-0391, revised (12/16) ~~07/16~~, 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)(3)~~100063(b)(4).~~

~~(c)~~ (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.

~~(d)~~ (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.

~~(4)~~~~(e)~~ (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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 100064.1. EMT Trial Studies.

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

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

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

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

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

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

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

(b) The medical director of the LEMSA shall appoint a local medical advisory committee to assist with the evaluation and approval of trial studies. The membership of the committee shall be determined by the medical director of the LEMSA, but shall include

individuals with knowledge and experience in research and the effect of the proposed study on the EMS system.

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

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

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

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

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

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

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

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

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

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

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

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

(2) Accept the study recommendations.

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

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

Note: Authority cited: Section 1797.107 and 1797.170, Health and Safety Code. Reference: Sections 1797.170 and 1797.221, Health and Safety Code.

ARTICLE 3. PROGRAM REQUIREMENTS FOR EMT TRAINING PROGRAMS

§ 100065. No change.

§ 100066. No change.

§ 100067. No change.

§ 100068. No change.

§ 100069. EMT Training Program Notification.

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

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

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

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

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

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

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

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

~~(f)~~ ~~(e)~~ (d) The LEMSA shall notify the Authority concurrently with the training program of approval, renewal of approval, or disapproval of the training program, and include the effective date. This notification is in addition to the name and address of training

program, name of the program director, phone number of the contact person, frequency and cost for both basic and refresher courses, student eligibility, and program approval/ expiration date of program approval.
NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.173 and 1797.208, Health and Safety Code.

§ 100070. Teaching Staff.

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

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

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

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

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

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

(1) Administering the training program.

(2) Approving course content.

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

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

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

(6) Signing all course completion records.

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

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

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

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

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

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

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

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

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

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

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

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

~~(e)~~ (f) Each training program may have teaching assistant(s) who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching

assistant shall be supervised by a principal instructor, the program director and/or the program clinical coordinator.

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

§ 100071. No change.

§ 100072. Withdrawal of EMT Training Program Approval.

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

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

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

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

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

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

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

(A) Accept the evidence of compliance provided, or

(B) Accept the plan for meeting compliance, and/or

(C) Place the training program on probation, or

(D) Suspend or revoke the training program approval.

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

(A) Date of the program training approval authority decision;

(B) Specific provisions found noncompliant by the training approval authority, if applicable;

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

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

(E) The revocation effective date, if applicable.

(5) If the training program found noncompliant of this Chapter does not comply with subsection (2) of this Section, the ~~paramedic~~ EMT training program approving authority may uphold the noncompliance finding and initiate probation, suspension, or revocation action of the training program approval, as described in subsection (3) of this Section.
~~(4)~~ (6) The EMT training program approving authority shall establish the probation, suspension, or revocation effective dates no sooner than sixty (60) days after the date of the decision letter, as described in subsection (3) of this Section. ~~If the EMT training program approving authority decides to suspend, revoke, or place an EMT training program on probation the notification specified in subsection (a)(3) of this section shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting of the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) calendar days from the date of the EMT training program approving authority's letter of decision to the Authority and the EMT training program.~~

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

§ 100073. Components of an Approved Program.

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

(1) The EMT course, including clinical experience;

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

(3) A challenge examination; and

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

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

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

§ 100074. EMT Training Program Required Course Hours.

(a) The EMT course shall consist of not less than one hundred seventy (170) ~~Seventy-four (174) (160)~~ hours. These training hours shall be divided into:

(1) A minimum of one hundred forty-six (146) ~~fifty (150) thirty-six (136)~~ hours of didactic instruction and skills laboratory; and

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

(A) High fidelity simulation, when available, may replace up to six (6) hours of supervised clinical experience and may replace up to three (3) documented patient contacts. ~~as described above may be satisfied through the use of high fidelity simulation patient contacts as defined in Section 100057.1.~~

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

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

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

§ 100075. Required Course Content.

(a) The content of an EMT course shall meet the objectives contained in the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS 811

077A, January 2009), incorporated herein by reference, to result in the EMT being competent in the EMT basic scope of practice specified in Section 100063 of this Chapter. The U.S. DOT National EMS Education Standards (DOT HS 811 077A, January 2009) can be accessed through the U.S. DOT National Highway Traffic Safety Administration at the following website address: http://ems.gov/pdf/811077a.pdf

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

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

(2) Review treatment of open chest wall injuries;

(3) Types of hemostatic dressings; and

(4) Importance of maintaining normal body temperature.

~~(5)~~(c) ~~At the completion of initial training, a student shall complete a competency based written and skills examination for controlling bleeding and the use of hemostatic dressings.~~

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

(1) Common causative agents

(2) Assessment findings

(3) Management to include but not be limited to:

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

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

(A) Indications

(B) Contraindications

(C) Side/adverse effects

(D) Routes of administration

(E) Dosages

(F) Mechanisms of drug action

(G) Calculating drug dosages

(H) Medical asepsis

(I) Disposal of contaminated items and sharps

(J) Medication administration

~~(5) At the completion of this training, the student shall complete a competency based written and skills examination for administration of naloxone which shall include:~~

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

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

~~(C) Using universal precautions and body substance isolation procedures during medication administration,~~

~~(D) Demonstrating aseptic technique during medication administration,~~

~~(E) Demonstrate preparation and administration of parenteral medications by intranasal and intramuscular routes.~~

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

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

~~(1) Common causative agents~~

~~(2) Assessment findings~~

~~(3) Management to include but not be limited to:~~

~~(A) Need for appropriate personal protective equipment and scene safety awareness~~

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

~~(A) Indications~~

~~(B) Contraindications~~

~~(C) Side/adverse effects~~

~~(D) Mechanisms of drug action~~

~~(5) Administration by auto-injector~~

~~(6) Medical asepsis~~

~~(7) Disposal of contaminated items and sharps~~

~~(8) At the completion of this training, the student shall complete a competency based written and skills examination for the use and administration of epinephrine by auto-injector which shall include:~~

~~(A) Assessment of when to administer epinephrine,~~

~~(B) Managing a patient before and after administering epinephrine,~~

~~(C) Using universal precautions and body substance isolation procedures during medication administration,~~

~~(D) Demonstrating aseptic technique during medication administration~~

~~(E) Demonstrate preparation and administration of epinephrine by auto-injector~~

~~(F) Proper disposal of contaminated items and sharps~~

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

(1) Common causative agents

(2) Assessment findings

(3) Management to include but not be limited to:

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

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

(A) Indications

(B) Contraindications

(C) Side/adverse effects

(D) Mechanisms of drug action

(5) Administration by auto-injector

(6) Medical asepsis

(7) Disposal of contaminated items and sharps

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

(1) Blood glucose determination

(A) Assess blood glucose level

(B) Indications

1 Decreased level of consciousness in the suspected diabetic

2 Decreased level of consciousness of unknown origin

(C) Procedure for use of finger stick blood glucometer

1 ~~Cleaning the site~~ Medical asepsis

2 Refer to manufacturer's instructions for device being used

(D) Disposal of sharps

(E) Limitations

1 Lack of calibration

(F) Interpretation of results

(G) Patient assessment

(H) Managing a patient before and after finger stick glucose testing

~~(2) At the completion of this training, the student shall complete a competency based written and skills examination for finger stick blood glucose testing which shall include:~~

~~(A) Assessment of when to test blood glucose using a finger stick glucometer;~~

~~(B) Managing a patient before and after blood glucose testing.~~

~~(C) Using universal precautions and body substance isolation procedures during blood glucose testing.~~

~~(D) Demonstrating aseptic technique.~~

~~(E) Proper disposal of contaminated items and sharps.~~

(f) In addition to the above, the content of the training course shall include a minimum of four (4) ~~eight (8)~~ hours of tactical casualty care (TCC) principles applied to violent circumstances with at least the following topics and skills and shall be competency based:

(1) History and Background of Tactical Casualty Care

(A) Demonstrate knowledge of tactical casualty care ~~History of Tactical Combat Casualty Care (TCCC)~~

1. History of active shooter and domestic terrorism incidents

~~(B) History of Tactical Emergency Casualty Care (TECC)~~

~~(C)~~ 2. Define roles ~~Roles~~ and responsibilities of first responders including Law Enforcement, Fire and EMS.

~~(D) Integration with EMS and~~ 3. Review of local ~~Local~~ active shooter policies

~~(E) California Law and Regulations regarding Tactical EMS and Tactical Medicine~~

~~(F)~~ 4. Scope of practice and authorized skills and procedures by level of training, certification, and licensure zone

(2) Terminology and definitions

(A) Demonstrate knowledge of terminology

1. Hot zone/warm zone/cold zone

2. Casualty collection point

3. Rescue task force

4. Cover/concealment

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

~~(B)~~ b. Mutual Aid considerations

~~(C)~~ c. Unified Command

~~(D)~~ d. Communications, including radio interoperability

~~(E)~~ 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

~~(5)~~ 2. Rescue Operations – Law Enforcement/EMS/Fire

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

~~(A) Integrated police/fire/EMS movement and coordination~~

~~(B)~~ b. Formation of Rescue Task Force (RTF)

~~(C) Force protection~~

~~(D)~~ c. Casualty collection points

~~(F) Other local methods for tactical operation and EMS integration (i.e. rescue corridor, shrink Hot Zone)~~

(5) Basic Tactical Casualty Care and Evacuation

(A) Demonstrate appropriate casualty care at your scope of practice and certification

1. Demonstrate knowledge of the components of the Individual First Aid Kit (IFAK) and/or medical kit.

a. Understand the priorities of Tactical Casualty Care as applied by zone.

~~(6)~~ B. Demonstrate competency through practical testing of the following medical treatment skills:

~~(A)~~ 1. Bleeding control

~~1.~~ a. Apply Tourniquet

~~a.~~ i. Self-Application

~~b~~. ii. Application on others

~~2.~~ b. Apply Direct Pressure

~~3. Apply Pressure with Emergency Bandage~~

~~4.~~ c. Apply Pressure Dressing

~~5.~~ d. Apply Hemostatic Dressing with Wound Packing, utilizing California EMSA-approved products

~~(B)~~ 2. Airway and Respiratory management

~~1.~~ a. Perform Chin Lift/Jaw Thrust Maneuver

~~2.~~ b. Recovery position ~~Place casualty in theRecovery Position~~

~~3.~~ c. Position of comfort ~~Place casualty in the Sitting Up/Lean Forward Airway Position~~

~~4. Insert Nasopharyngeal Airway~~, d. Airway adjuncts~~, if approved by the Local EMS agency~~

~~5.~~ 3. Chest/torso wounds

a. Apply ~~Vented and Non-Vented~~ Chest Seals, vented preferred

~~(C) Recognition and Treatment of Shock~~

~~(D) Prevention of Hypothermia~~

~~(E) Penetrating Eye Injuries~~

~~1. Cover Eye with Rigid Shield~~

~~(F)~~ C. Demonstrate competency in patient movement and evacuation. ~~Evacuation and Patient Movement~~

1. Drags and lifts.

~~a. Demonstrate Modified Fireman's – Hawes Carry (1 person)~~

~~b. Demonstrate Shoulder-Belt drag – Seal Team 3 Carry (2 Person)~~

~~c. Demonstrate Rapid Shoulder-to-Shoulder drag (2 person)~~

2. ~~Lifts and~~ Carries

~~a. Demonstrate Fore-Aft Carry (2 Person)~~

~~b. Demonstrate Side-by-Side Carry (2 person)~~

~~c. Demonstrate Side-by-Side Carry (3 person)~~

~~3. Patient Movement~~

~~a. Use Soft-Litter~~

~~b. Use local movement devices~~

D. Demonstrate knowledge of local multi-casualty/mass casualty incident protocols.

~~(G)~~ 1. Triage procedures (START or SALT).

2. CCP – Triage, Treatment and Transport.

~~(7) Medical Planning and~~ (6.) Threat Assessment.

(A) Demonstrate knowledge in threat assessment.

1. Understand and demonstrate knowledge of situational awareness

a. Pre-assessment of community risks and threats.

b. Pre-incident planning and coordination

c. Medical resources available.

~~(7) Practical Skills Assessment~~

~~(8) (A) At the completion of this training, the student shall demonstrate knowledge and skills through documented cognitive and/or skills evaluation. complete a competency based practical skills/scenario examination that shall include:~~

~~1. Demonstrate the following skills:~~

~~(A) a. Medical skills~~

~~1. i. Bleeding control including tourniquet, wound packing and pressure dressing.~~

~~2. ii. Basic Airway management including maneuvers, recovery position, and adjuncts.~~

~~iii. chest injuries including chest seals (vented preferred).~~

~~3. Respiratory Care, including open chest wounds~~

~~(B) b. Patient movement and extrication and evacuation~~

~~(C) Self and Buddy Care scenarios in hot and warm zones~~

~~(D) c. Coordinated law enforcement/fire/EMS response with formation of Rescue Task Force, following ICS and unified command principles~~

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

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

§ 100076. No change.

§ 100077. No change.

§ 100078. No change.

ARTICLE 4. EMT CERTIFICATION

§ 100079. EMT Initial Certification Requirements.

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

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

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

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

(4~~2~~) Possess a current and valid National Registry EMT~~-Basic~~, Advanced EMT or Paramedic registration certificate, or

(5~~3~~) Possess a current and valid out-of-state ~~or National Registry~~ Advanced EMT~~-Intermediate~~ or Paramedic certificate, or

(6~~4~~) Possess a current and valid California Advanced EMT ~~or EMT-II~~ ~~certification~~ certificate or a current and valid California Paramedic license.

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

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

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

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

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

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

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

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

(D) Against any health-related license.

(5) Disclose any pending or current criminal investigations.

(6) Disclose any pending criminal charges.

(7) Disclose any prior convictions.

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

~~(5)~~ **~~(8)~~** (9) Pay the established fee.

~~(6) Provide documentation of successful completion by an approved EMT training program in the use and administration of naloxone or other opioid antagonist that meets the standards and requirements of section 100075 subsection (c) and within twenty-four (24) months after the effective date of these regulations.~~

~~(7) Provide documentation of successful completion by an approved EMT training program in the use and administration of epinephrine by auto-injector that meets the~~

~~standards and requirements of section 100075 subsection (a) (d) within twenty-four (24) months after the effective date of these regulations.~~

~~(8) Provide documentation of successful completion by an approved EMT training program in the use of a glucometer that meets the standards and requirements of section 100075 subsection (d) (e) within twenty-four (24) months after the effective date of these regulations.~~

~~(9) Provide documentation of successful completion by an approved EMT training program in tactical casualty care principles that meets the standards and requirements of section 100075 subsection (e) (f) within twenty-four (24) months after the effective date of these regulations~~

(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 as follows:

(1) For an individual who meets the criteria for certification required by this section shall be issued a certificate and ~~listed in subdivisions (a)(1)(A) or (a)(2)(1)(B) of this Section,~~ the expiration date shall be the last day of the month two (2) years from the effective date of the initial certification.

~~(2) For an individual who meets the criteria listed in subdivisions (a)(1)(C), (a)(2), (a)(3), or (a)(4), (a)(5) or (a)(6) of this Section, the expiration date shall be the lesser of the following: earliest date of the following to occur:~~

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

~~(B) The last day of the month in which expiration date of the certificate or license used to establish eligibility under subdivision (a)(3),(a)(4),(a)(5) or (a)(6) of this Section expires.~~

(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.

~~(h) California certified EMTs shall be recognized as an EMT on a statewide basis.~~

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

~~(j) An individual currently certified as an EMT by the provisions of this section may voluntarily deactivate their EMT certificate as long as the individual is not under investigation or disciplinary action by a LEMSA medical director for violations of Health and Safety Code Section 1798.200. An individual who has voluntarily deactivated, their EMT certificate shall comply with the following:~~

~~(1) Discontinue all medical practice requiring an active and valid EMT certificate.~~

~~(2) Return the EMT certificate to the certifying entity.~~

~~(3) Notify the LEMSA to whom they are accredited as an EMT that their certification is no longer valid.~~

~~(4) The reactivation of the EMT certificate shall be done in accordance with the provisions of Section 100080 of this Chapter.~~

~~(5) This information shall be entered into the Central Registry by the certifying entity who issued the EMT card.~~

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 ~~Recertification.~~ Certification Renewal

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

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

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

~~Paramedic, Advanced EMT or EMT-II to satisfy the CE requirement for EMT recertification as specified in this Chapter.~~

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

~~(2)~~ (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

~~(3)Meet continuing education requirements from an approved CE provider in accordance with the provisions contained in Chapter 11 of this Division through completion of one of the following:~~

~~(A)~~ (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. ~~Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor led, or~~

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

~~*2. Skills maintenance and competency shall be met through the EMS service providers Quality Improvement Program (QIP) pursuant to Chapter 12 of this Division.*~~

~~(B) An individual who is currently licensed in California as a Paramedic or certified as an Advanced EMT or who has been certified within six (6) months of the date of application, may be given credit for CEH earned as a Paramedic or Advanced EMT to satisfy the CE requirement for EMT renewal as specified in this Chapter. Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor led.~~

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

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

(5) Submit a completed skills competency verification form, EMSA-SCV (01/17). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an

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

~~(6) Submit a completed skills competency verification form, EMSA-SCV (08/10). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program (EMT training program, AEMT training program, Paramedic training program or CE provider), or an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification. This subsection will remain in effect for 24 months after this chapter takes effect and as of that date is repealed.~~

(6) Starting 24 months after the effective date of these regulations, any EMT renewing for the first time, following implementation, shall submit documentation of successful completion by an approved EMT training program or approved CE provider in the following training:

~~(7) Provide documentation of successful completion by an approved EMT training program in~~ (A) the use and administration of naloxone or other opioid antagonist that meets the standards and requirements of section 100075 subsection (c) ~~and within twenty- four (24) months after the effective date of these regulations.~~

~~(8) Provide documentation of successful completion by an approved EMT training program in~~ (B) the use and administration of epinephrine by auto-injector that meets the standards and requirements of section 100075 subsection (d) ~~within twenty-four (24) months after the effective date of these regulations.~~

~~(9) Provide documentation of successful completion by an approved EMT training program in~~ (C) the use of a glucometer that meets the standards and requirements of section 100075 subsection (e) ~~within twenty-four (24) months after the effective date of these regulations.~~

(D) If individual possesses a current California issued paramedic license or California Advanced EMT certificate then the individual need not provide proof of (a)(~~5~~6)(A)(B)(C) of this Section.

~~(10) Provide documentation of successful completion by an approved EMT training program in tactical casualty care principles that meets the standards and requirements of section 100075 subsection (f) within twenty-four (24) months after the effective date of these regulations~~

(b) 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 EMT renewal ~~recertification~~ and successfully complete the requirements of this Chapter.

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

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

(e) A California certified EMT who is a member of the Armed Forces of the United States and whose certification expires while deployed on active duty, or whose certification expires less than six (6) months from the date they return from active duty deployment, with the Armed Forces of the United States shall have six (6) months from the date they return from active duty deployment to complete the requirements of Section 100080, subdivisions (a)(2)-(a)(5). In order to qualify for this exception, the individual shall: ~~submit proof of their membership in the Armed Forces of the United States and documentation of their deployment starting and ending dates. Continuing education credit may be given for documented training that meets the requirements of Chapter 11 of this Division while the individual was deployed on active duty. The documentation shall include verification from the individual's Commanding Officer attesting to the training attended.~~

(1) Submit proof of their membership in the Armed Forces of the United States and

(2) Submit documentation of their deployment starting and ending dates.

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

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

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

§ 100081. ~~Recertification~~ Reinstatement of an Expired California EMT Certificate.

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

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

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

~~(B) Meet continuing education requirements from an approved CE provider in accordance with the provisions contained in Chapter 11 of this Division through completion of one of the following:~~

~~1.~~ (B) Obtain at least twenty-four (24) hours of continuing education (CE), within the 24 months prior to applying for reinstatement, from an approved CE provider in accordance with the provisions contained in Chapter 11 of this Division. ~~Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based. and instructor led, or~~

1. CEs may be used to renew multiple licensure/certification types.

~~*2. Skills maintenance and competency shall be met through the EMS service providers Quality Improvement Program (QIP) pursuant to Chapter 12 of this Division.*~~

~~2. An individual who is currently licensed in California as a Paramedic or certified as an Advanced EMT or who has been certified within six (6) months of the date of application, may be given credit for CEH earned as a Paramedic or Advanced EMT to satisfy the CE requirement for EMT recertification as specified in this Chapter. Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be in person and shall be skills based and instructor led.~~

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

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

(E) Submit a completed skills competency verification form, EMSA-SCV (01/17). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program (EMT training program, AEMT training program, Paramedic training program or CE provider), or an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification.

~~(E) Submit a completed skills competency verification form, EMSA-SCV (08/10). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program (EMT training program, AEMT training program, Paramedic training program or CE provider), or an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification. This subsection will remain in effect for 24 months after this chapter takes effect and as of that date is repealed.~~

(F) Starting 24 months after the effective date of these regulations, any EMT renewing for the first time, following implementation, shall submit documentation of successful completion by an approved EMT training program or approved CE provider in the following training:

~~(E) Provide documentation of successful completion by an approved EMT training program in~~ 1. the use and administration of naloxone or other opioid antagonist that meets the standards and requirements of section 100075 subsection (c) ~~and within twenty- four (24) months after the effective date of these regulations.~~

~~(F) Provide documentation of successful completion by an approved EMT training program in~~ 2. the use and administration of epinephrine by auto-injector that meets the standards and requirements of section 100075 subsection (d) ~~within twenty four (24) months after the effective date of these regulations.~~

~~(G) Provide documentation of successful completion by an approved EMT training program in~~ 3. the use of a glucometer that meets the standards and requirements of section 100075 subsection (e) ~~within twenty-four (24) months after the effective date of these regulations.~~

(G) If an individual possesses a current California issued paramedic license or California Advanced EMT certificate then the individual need not provide proof of (a)(1)(~~E~~ F)(1.)(2.)(3.) of this Section.

~~(I) Provide documentation of successful completion by an approved EMT training program in tactical casualty care principles that meets the standards and requirements of section 100075 subsection (f) within twenty-four (24) months after the effective date of these regulations~~

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

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

~~(B) Meet continuing education requirements from an approved CE provider in accordance with the provisions contained in Chapter 11 of this Division through completion of one of the following:~~

~~1.~~ (B) Obtain at least ~~twenty-four (24)~~ thirty-six (36) hours of continuing education (CE), within the 24 months prior to applying for reinstatement, from an approved CE provider in accordance with the provisions contained in Chapter 11 of this Division. ~~Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based. and instructor led, or~~

1. CEs may be used to renew multiple licensure/certification types.

~~*2. Skills maintenance and competency shall be met through the EMS service providers Quality Improvement Program (QIP) pursuant to Chapter 12 of this Division.*~~

~~2. An individual who is currently licensed in California as a Paramedic or certified as an Advanced EMT or who has been certified within six (6) months of the date of application, may be given credit for CE hours earned as a Paramedic or Advanced EMT to satisfy the CE requirement for EMT recertification as specified in this Chapter. Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor led.~~

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

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

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

(E) Submit a completed skills competency verification form, EMSA-SCV (01/17). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program (EMT training program, AEMT training program, Paramedic training program or CE provider), or an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification.

~~(E) Submit a completed skills competency verification form, EMSA-SCV (08/10). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program (EMT training program, AEMT training program, Paramedic training program or CE provider), or an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification. This subsection will remain in effect for 24 months after this chapter takes effect and as of that date is repealed.~~

(F) Starting 24 months after the effective date of these regulations, any EMT renewing for the first time, following implementation, shall submit documentation of successful completion by an approved EMT training program or approved CE provider in the following training:

~~(E) Provide documentation of successful completion by an approved EMT training program in~~ 1. the use and administration of naloxone or other opioid antagonist that meets the standards and requirements of section 100075 subsection (c) ~~and within twenty- four (24) months after the effective date of these regulations.~~

~~(F) Provide documentation of successful completion by an approved EMT training program in~~ 2. the use and administration of epinephrine by auto-injector that meets the standards and requirements of section 100075 subsection (d) ~~within twenty-four (24) months after the effective date of these regulations.~~

~~(G) Provide documentation of successful completion by an approved EMT training program in~~ 3. the use of a glucometer that meets the standards and requirements of section 100075 subsection (e) ~~within twenty-four (24) months after the effective date of these regulations.~~

(G) If an individual possesses a current California issued paramedic license or California Advanced EMT certificate then the individual need not provide proof of (a)(2)(~~E~~ F)(1.)(2.)(3.) of this Section.

~~(I) Provide documentation of successful completion by an approved EMT training program in tactical casualty care principles that meets the standards and requirements of section 100075 subsection (f) within twenty-four (24) months after the effective date of these regulations~~

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

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

~~(B) Meet continuing education requirements from an approved CE provider in accordance with the provisions contained in Chapter 11 of this Division through completion of one of the following:~~

~~1.~~ (B) Obtain at least ~~twenty-four (24)~~ forty-eight (48) hours of continuing education (CE), within the 24 months prior to applying for reinstatement, from an approved CE provider in accordance with the provisions contained in Chapter 11 of this Division. ~~Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor led, or~~

1. CEs may be used to renew multiple licensure/certification types.

~~*2. Skills maintenance and competency shall be met through the EMS service providers Quality Improvement Program (QIP) pursuant to Chapter 12 of this Division.*~~

~~2. An individual who is currently licensed in California as a Paramedic or certified as an Advanced EMT or who has been certified within six (6) months of the date of application, may be given credit for CE hours earned as a Paramedic or Advanced EMT~~

~~to satisfy the CE requirement for EMT recertification as specified in this Chapter. Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor led.~~

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

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

(E) Submit a completed skills competency verification form, EMSA-SCV (01/17). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program (EMT training program, AEMT training program, Paramedic training program or CE provider), or an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification.

~~(E) Submit a completed skills competency verification form, EMSA-SCV (08/10). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program (EMT training program, AEMT training program, Paramedic training program or CE provider), or an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification. This subsection will remain in effect for 24 months after this chapter takes effect and as of that date is repealed.~~

(F) Starting 24 months after the effective date of these regulations, any EMT renewing for the first time, following implementation, shall submit documentation of successful completion by an approved EMT training program or approved CE provider in the following training:

~~(E) Provide documentation of successful completion by an approved EMT training program in~~ 1. the use and administration of naloxone or other opioid antagonist that meets the standards and requirements of section 100075 subsection (c) ~~and within twenty- four (24) months after the effective date of these regulations.~~

~~(F) Provide documentation of successful completion by an approved EMT training program in~~ 2. the use and administration of epinephrine by auto-injector that meets the standards and requirements of section 100075 subsection (d) ~~within twenty-four (24) months after the effective date of these regulations.~~

~~(G) Provide documentation of successful completion by an approved EMT training program in~~ 3. the use of a glucometer that meets the standards and requirements of section 100075 subsection (e) ~~within twenty-four (24) months after the effective date of these regulations.~~

(G) If an individual possesses a current California issued paramedic license or California Advanced EMT certificate then the individual need not provide proof of (a)(3)(~~E~~F)(1.)(2.)(3.) of this Section.

~~(I) Provide documentation of successful completion by an approved EMT training program in tactical casualty care principles that meets the standards and requirements of section 100075 subsection (f) within twenty-four (24) months after the effective date of these regulations~~

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

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

~~(4) For a lapse of greater than twenty-four (24) months the individual shall meet the requirements of Section 100079, subdivisions (b)(1) (5) and one of the following: (a) and (b). (a)(1) or (a)(2) or (a)(3) or (a)(5) or (a)(6).~~

(b) For individuals who meet the requirements of Section 100081, subdivision (a)(1), (a)(2), or (a)(3), the EMT certifying entity shall make the effective date of reinstatement ~~recertification~~ the day the certificate is issued. The certification expiration date will be the last day of the month two (2) years from the effective date. ~~earliest date of the following to occur:~~

~~(1) the last day of the month two (2) years from the effective date, For individuals who meet the requirements of Section 100081, subdivision (a)(4), the EMT certifying entity shall make the certification effective and expiration dates consistent with Section 100079, subdivisions (d) and (e). or~~

~~(2) the expiration date of the current National Registry Certificate.~~

(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 EMT reinstatement ~~recertification~~ and successfully complete the requirements of this Chapter.

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

ARTICLE 6. RECORD KEEPING AND FEES

§ 100082. Record Keeping.

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

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

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

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

~~*(e) The local EMS agency shall develop and implement policies for the medical control and medical accountability that shall include, but not be limited to, the EMT completing an electronic patient care record (ePCR) compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information Systems (NEMSIS) standards*~~

Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code. Reference: Sections 1797.61, 1797.62, 1797.109, 1797.170, 1797.173, 1797.200, 1797.202, 1797.204, 1797.208, 1797.211 and 1797.220, Health and Safety Code.

§ 100083. Fees.

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

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

§ 100084. No change.

§ 100085. No change.

§ 100086. No change.

Public Comments on the Proposed Revisions to the Emergency Medical Technician Regulations
Chapter 2, Division 9, Title 22 of the California Code of Regulations
August 5, 2016 - September 27, 2016
45-Day Comment Period

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
§ 100057(a)(1) Page 1 Line 19	San Joaquin County EMS Agency	Define "qualified statewide public safety agency."	Comment acknowledged No change Unnecessary change
§ 100057.1 Page 1 Line 30	San Joaquin County EMS Agency	Placement of the High Fidelity Simulation definition under Emergency Medical Technician Approving Authority is odd.	Comment acknowledged No change Provided in the Chapter under Definitions. Not related to the approving authority definition.
§100057.1 Page 1 Line 30	Tom O'Connor Ventura College	Per the June 2016 Healthcare Simulation Dictionary created as a project of the Society for Simulation in Healthcare, the definition of High-Fidelity Simulation is as follows: "In healthcare simulation, high-fidelity refers to simulation experiences that are extremely realistic and provide a high level of interactivity and realism for the learner (INACSL, 2013); Can apply to any mode or method of simulation; *for example: human, manikin, task trainer, or virtual reality."* High-fidelity does not necessarily mean high-tech and high cost.	Comment acknowledged. No Change Current definition clearly allows EMT instructors to utilize high fidelity simulators for skills training and to substitute for patient contacts.
§ 100057.1 Page 1 Line 33	Tom O'Connor Ventura College	Replace mannequin with manikin to represent the most current accepted spelling associated with simulation. Source: 2016 Healthcare Simulation Dictionary	Comment acknowledged. Comment accepted
§ 100057.1 Page 1 Lines 30-34	LA County EMS Agency	Replace "mannequin" with "manikin" Manikin is "a life-sized anatomical human model used in education" whereas Mannequin is "a form representing the human	Comment acknowledged Comment accepted

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		figure"	
§ 100057.1 Page 1 Lines 30-34	LA County EMS Agency	Revise definition: lucAdvanced (fully programmable) manikin - A type of manikin that can be programmed to mimic a variety of physiologic functions. This includes features such as chest rise to simulate breathing, audible breath sounds, pupil response, heart rate and rhythm, heart sounds, palpable pulses, and automated vocalization. These manikins permit a variety of invasive interventions including vascular and intraosseous insertion, intramuscular medication administration, airway management and artificial ventilation among others. Programming allows the manikin to respond to interventions with predetermined physiologic responses and to track and time performance and outcomes. (NAEMSE Vision paper – Simulation in EMS Education: Charting the Future)	Comment acknowledged No Change Current definition clearly allows EMT instructors to utilize high fidelity simulators for skills training and to substitute for patient contacts.
§ 100057. Page 1, lines 16-23	Contra Costa EMS	What does "within that jurisdiction" mean. If a training center in Alameda County (which has been approved by ALCO EMS) opens a training center in Contra Costa County but calls it a "satellite" campus, who has jurisdiction. Suggest revising to clarify the jurisdiction over LEMSA's who have training centers with satellite operations. Each satellite operation should be required to be approved by the LEMSA that has "jurisdiction".	Comment acknowledged Comment accepted Will change language to read: "~~(b)~~ (2) ~~The EMT approving authority for any~~ Any other EMT training programs not included in subsection (a) (1) shall be approved by the local EMS agency (LEMSA) ~~within~~ that has jurisdiction in the area where the training program is located.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
§ 100057.1 Page 1, lines 30-34	Contra Costa EMS	High Fidelity Simulation means using computerized mannequins that are operated by a technologist from another location to produce audible sounds and to alter, simulate and manage physiological changes within the mannequins to include, but not be limited to, altering the heart rate, respirations, chest/lung sounds, blood pressure and saturation of oxygen.	Comment acknowledged Comment accepted
§ 100059 Page 1 Line 37	LA County EMS Agency	Replace "written" with "cognitive" NREMT language consistency	Comment acknowledged Comment accepted
§ 100059 Page 2 Line 1	LA County EMS Agency	Replace "written" with "cognitive" NREMT language consistency	Comment acknowledged Comment accepted
§ 100059 Page 2 Line 2	Tom O'Connor Ventura College	Replace "EMT-Basic Written Examination" with "EMT Cognitive Examination"	Comment acknowledged Comment accepted
§ 100059 Page 2 Line 12	Tom O'Connor Ventura College	Replace "EMT-Basic Skills Examination" with "EMT Psychomotor Examination"	Comment acknowledged Comment accepted
§ 100059 Page 2 Line 2	LA County EMS Agency	Replace "written" with "cognitive" NREMT language consistency	Comment acknowledged Comment accepted
§ 100059 Page 2 Line 2	LA County EMS Agency	Remove "basic" NREMT language consistency	Comment acknowledged Comment accepted
§ 100059.1 Page 2 Line 10	LA County EMS Agency	Replace "skills" with "psychomotor" NREMT language consistency	Comment acknowledged Comment accepted
§ 100059.1 Page 2 Line 10	San Joaquin County EMS Agency	This section should be eliminated. The National Registry EMT Basic skills	Comment acknowledged No change. The EMS Authority has

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		examination does not include all EMT skills listed in the EMT skills competency form. Each training program is responsible for testing the EMT skills competency prior to issuing a course completion certificate. Having this verbiage implies that a test is offered separate from the class.	adopted the NREMT written and skills exams as proof of a basic level of competency. The NREMT skills exam is developed based on extensive research.
§ 100059.1 Page 2 Line 11	LA County EMS Agency	Replace "skills" with "psychomotor" NREMT language consistency	Comment acknowledged Comment accepted
§ 100059.1 Page 2 Line 12	LA County EMS Agency	Remove "basic" NREMT language consistency	Comment acknowledged Comment accepted
§ 100059.1 Page 2 Line 12	LA County EMS Agency	Replace "skills" with "psychomotor" NREMT language consistency	Comment acknowledged Comment accepted
§ 100062 page 3	Kern County EMS Division	Consider adding to section: "No person or organization shall offer an EMT training program, or hold themselves out as offering an EMT training program, or hold themselves out as providing EMT services utilizing EMT for the delivery of emergency medical care unless that person or organization is authorized by the LEMSA." It is difficult for a LEMSA to have a true understanding on the local EMS system without the regulatory support to prevent unauthorized EMT service providers, including enforcement of statutory data requirements. This section does not address EMT services outside of ambulance operation.	Comment acknowledged No change This would restrict EMTs employed by statewide public safety agencies (CHP, Cal Fire, Parks and Recreation) who work in multiple counties and LEMSA jurisdictions.
§ 100062. Page 3, line 9 and line 16	Contra Costa EMS	100062. Application of Chapter for Emergency Medical Technicians	Comments acknowledged No change The suggestions do not provide further clarity.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		(b) The requirements for EMT certification of ambulance attendants ~~shall not apply,~~ unless the individual chooses to be certified, shall not apply to the following:	
§ 100062 (c) Page 3 Line 30	San Joaquin County EMS Agency	Does not define "temporarily."	Comment acknowledged No change This allows a LEMSA to grant temporary recognition for EMTs deployed to California on a mutual aid response.
§ 100063(a) Page 4 Line 8	LA County EMS Agency	Add to the end of line 8: "according to the policies and procedures established by the LEMSA within the jurisdiction where the EMT is employed as part of an organized system." Regulations have continually expanded the EMT scope of practice with little to no oversight of the medical care provided. EMTs are contracted in a variety of settings with medical care expectations which at times exceed their scope of practice. In addition, two levels of care are being provided. An organized system requires documentation of care where the non-organized system EMT has no documentation requirements or ability for follow-up. If no change shall occur, LA County EMS Agency will be prepared to comment on moving several basic scope of practice elements to subdivision (b) of this Section in the next comment period.	Comment acknowledged No change, This would restrict EMTs employed by statewide public safety agencies (CHP, Cal Fire, Parks and Recreation) who work in multiple counties and LEMSA jurisdictions. Section 1797.170(b) of the Health and Safety Code provides that EMTs certified in California are recognized on a statewide basis. The only proposed expansion to the EMT Basic Scope of Practice, that does not require local EMS agency approval, has been the administration of aspirin and oral glucose. The administration of aspirin is commonly recommended by Emergency Medical Dispatchers prior to the EMS responders arrival.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
§ 100063 (a) (7) Page 4 Line 37	San Joaquin County EMS Agency	Use stabilization in place of immobilization because immobilization is impossible to achieve.	Comment acknowledged Comment accepted Will leave both spinal motion restriction (SMR) and immobilization in the language but add "or" to the language to accommodate different counties.
§ 100063 Page 4 Line 40	Tom O'Connor Ventura College	Change "of trauma" to "to patients". The items listed below this section include administration of aspirin and oral glucose and mechanical restraints in addition to the trauma patient related items.	Comment acknowledged Comment accepted
§ 100063 Page 4	Todd A. Salberg, Chief, Orleans Volunteer Fire Department	The Orleans Volunteer Fire Department wishes to enthusiastically support the proposed expansion of EMT Scope of Practice to include the use of glucometers to test blood sugar, the administration of epinephrine in auto-injecting syringes (EpiPens), and the administration of nalozone (Narcan). We also support training for EMTs in tactical casualty care. The Orleans Volunteer Fire Department serves a remote rural region of over a hundred square miles with a population of around 600 people in Humboldt and Siskiyou Counties in northwest California-. Our service area is without cellular telephone service or, in many cases, without landline service, and ambulance service is often over an hour response time away from our area. Our volunteer EMTs routinely respond to medical aid calls that involve diabetics, for people with anaphylactic reactions to beestings and	Comment acknowledged General comment

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		other allergens, and to opioid overdose cases. In each of these instances, the EMT is prohibited from utilizing tools available to members of the public due to the outdated limitations on their scope of practice. We strongly support the proposed rulemaking activity and recommend that the Emergency Medical Services Authority (EMSA) adopt the proposed regulations that expand the EMT scope of practice.	
§ 100063/4	Kern County EMS Division	Consider adding "An EMT shall be affiliated with an approved EMT service provider in order to perform the scope of practice specified in this Chapter." In order to perform the statutory function of medical control allowed in Health and Safety Code for a LEMSA medical director, EMT service providers need to be part of an organized EMS system. It is difficult for a LEMSA to have a true understanding on the local EMS system without the regulatory support to prevent unauthorized EMT service providers, including enforcement of statutory data requirements.	Comment acknowledged No change This would restrict EMTs employed by statewide public safety agencies (CHP, Cal Fire, Parks and Recreation) who work in multiple counties and LEMSA jurisdictions. Section 1797.170(b) of the Health and Safety Code provides that EMTs certified in California are recognized on a statewide basis.
§ 100063. Page 4, line 37 Page 5, lines 2 and 4	Contra Costa EMS	Immobilization in parenthesis is superfluous. The language should be consistent. The nomenclature should be consistent. Immobilization and SMR may be different (or the same) in each county.	Comment acknowledged Comment accepted EMSA will leave both SMR and immobilization in the language but add "or" to the language to accommodate different counties.
§ 100063/4/6	Kern County EMS Division	Consider adding: "as part of an organized EMS system"	Comment acknowledged No change

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
			This would restrict EMTs employed by statewide public safety agencies (CHP, Cal Fire, Parks and Recreation) who work in multiple counties and LEMSA jurisdictions. Section 1797.170(b) of the Health and Safety Code provides that EMTs certified in California are recognized on a statewide basis.
§ 100063(a) and (b) Page 4, starting at line 35	Andrew Dowd Ventura College	All activities listed in section (b) are essentially optional skills, as defined by section 100064(a). In fact, the wording in section 100064(a) and 100063(b) are virtually identical. This creates an un-necessary and confusing "third category" of the EMT scope, which is neither an EMT's basic scope, nor an EMT optional local scope. By making these skills in a "third category", the implementation will be fractionalized and different on a county by county or LEMSA by LEMSA basis. It does not create a state-wide standard. Finally, it creates a challenge for EMT training programs in that training programs in some counties may be required to teach a skill that is not authorized to be performed within their county or LEMSA. Practicing glucometer use, for example, would be considered operating outside an EMTs scope of practice, but would also be required as a state mandate for training programs. Or, put another way – EMT Programs in LEMSAs that used some of this new scope would be required to teach it, but EMT Programs in counties where it was not acceptable would not be able to, and as such	Comment acknowledged No change All EMTs will eventually receive training in the medications and skills listed in subsections (a) and (b), however, only those items in subsection (b) and it is up to the local EMS agency's discretion to approve those scope items in their local EMS system. Comment acknowledged No change. Administration of epinephrine (1797.197) and naloxone (1797.8 & 1797.197) are required training topics contained in the Health and Safety. With respect to the comment regarding the use of a glucometer by an EMT, §1797.170 of the Health and Safety Code grants the authority for the EMS Authority

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		– you no longer have a consistent, statewide approach to EMT training. A clear delineation between basic scope skills and optional scope skills gives EMT Training programs clear direction on what skills they should and should not be required to teach. Adding these skills may be of benefit in many communities, and meet the requirements of recent legislation. However, the most logical application and/or implementation of them with the least impact on existing EMT Programs, their curriculum and more would be to categorize all new skills as Optional Skills, make them subject to local LEMSA approval and regulation. If they are not to be Optional Local Scope, then all new skills should be part of the EMT Basic Scope of Practice, and kept in 100063, and EMTs should be able to perform them on a state-wide basis.	to establish the training and scope of practice for EMTs which is being done in this revision. Comment acknowledged No change. As proposed, all EMTs will eventually be trained in the administration of epinephrine and narcan and the use of a glucometer as a statewide standard. It will be the training program's responsibility to inform their students how and when the EMT can administer these medications or perform this skill. . Comment acknowledged No change. Administering medications or performing certain skills is a local EMS agency determination and needs to follow their policies.
§ 100063 (a) (8)(C) Page 5 Line 2	San Joaquin County EMS Agency	Use stabilization in place of immobilization because immobilization is impossible to achieve.	Comment acknowledged EMSA will leave both SMR and immobilization in the language but add "or" to the language to accommodate different counties.
§ 100063 (a) (8)(D) Page 5	San Joaquin County EMS Agency	Use stabilization in place of immobilization because immobilization is impossible to	Comment acknowledged

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
Line 4		achieve.	Will leave both SMR and immobilization in the language but add "or" to the language to accommodate different counties.
§ 100063/5/10	Clarence Teem Kimberly Freeman, MD	Removing the use of OTC medications, approved by the LEMSA Medical Director limits the flexibility of small rural EMS system to provide care when response and transport times can be lengthy. To my knowledge there have been no cases in which approved OTC medications, used by EMTs as part of the organized EMS Systems, have harmed a patient.	Comment acknowledged Comment accepted
§ 100063(a)(8)(G-O) Page 5 Line 13	San Joaquin County EMS Agency	The items are being listed under trauma care item (8). In addition, "Administer oral glucose or sugar solutions," & "Administer aspirin," should be moved to Section 100063(b)(6).	Comment acknowledged Comment accepted
§ 100063(a)(H) Page 5 Line 15	James Salvante EMS Coordinator Coastal Valleys EMS Agency	Medication administration should be authorized only if an EMT is practicing within an organized EMS system under the Medical Control of a LEMSA Medical Director. Recommend moving administration of Aspirin to Section 100063(b)(6)	Comment acknowledged Comment accepted
§ 100063(a)(8)(H) Page 5 Line 15	LA County EMS Agency	Move Administer Aspirin to subsection (b) of this Section.	Comment acknowledged Comment accepted
§ 100063. Page 5 Lines 10-15	Kris Lyons Kern County	My comments are as follows: I disagree with the changes in the EMT scope of practice regulations removing the over the counter medications option from the local medical director's purview. These are over the counter medications that the lay public	Comment acknowledged Comment accepted

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		can purchase without oversight or regulation. There is no reason that we should add multiple layers of governmental oversight and processes to complete in order for a local medical director to authorize the use of over the counter medications for EMTs. We are in effect further restricting the use of a medication because an individual has more medical training than the lay public. This is completely unnecessary. I would request that the OTC medications remain in the EMT scope of practice delineated by the local medical director without requiring EMDAC Scope of Practice and EMSA approval.	
§ 100063/5/15	Clarence Teem Kimberly Freeman, MD	The use of ASA by EMTs should be left to the discretion of the LEMSA Medical Director, taking into account the response time of ALS providers.	Comment acknowledged Comment accepted
§ 100063(a)(H) Page 5 Line 15	Kern County EMS Division	Kern believes the administration of medication should be under the direction of the LEMSA Medical Director as part of an organized EMS system and therefore, Aspirin should be moved to Section 100063(b)(6).	Comment acknowledged Comment accepted
§ 100063. Page 5, line 13 (Page 6, lines 34-36)	Contra Costa EMS	The use of a glucometer should be added to the basic scope of practice for EMTs if the basic scope allows the use administration of oral glucose. Mistreating hyperglycemia or AMS from cerebral hemorrhage may occur without definitive diagnosis using a glucometer. Alternatively, if the glucometer is not added to the basic scope of practice, the administration of oral glucose should remain an option scope or be removed from the proposed regulation. See comment to Section 100063/6/34-36	Comment acknowledged No change This is an invasive procedure that requires LEMSA approval and all basic life support providers will be required to purchase and maintain glucometers.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
§ 100063. SOP of EMT Page 5 Line 15	REMSA	ASA can be used for many types of pain relief – its intended use needs to be more defined here . . . need to add: H) Administer Aspirin for chest pain of suspected cardiac origin	Comment acknowledged No Change The local EMS agency policy can specify the indications for administration of aspirin.
§ 100063(a)(H) Page 5 Line 15	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	EMSAAC believes the administration of medication should be under the direction of the LEMSA Medical Director as part of an organized EMS system and therefore, Aspirin should be moved to Section 100063(b)(6).	Comment acknowledged Comment accepted
§ 100063(a)(H) Page 5 Line 15	North Coast EMS	The administration of medication should be under the direction of the LEMSA Medical Director as part of an organized EMS system and therefore, Aspirin should be moved to Section 100063(b)(6).	Comment acknowledged Comment accepted
§ 100063(a)(H) Page 5 Line 15	Steve Carroll Ventura County EMS Agency	Aspirin should only be administered by EMTs authorized by a local EMS agency medical director and when employed and operating within an organized EMS system. Our recommended change will allow for local EMS agency medical directors to establish policies and procedures for the appropriate use of this medication. We recommend deleting Administer Aspirin from 100063(a)(H) and moving it to 100063(b)(6).	Comment acknowledged Comment accepted
§ 100063(a)(8)(L) Page 5 Line 23	San Joaquin County EMS Agency	Add the word "Apply," to "mechanical patient restraint."	Comment acknowledged Comment accepted
§ 100063. Page 5 Line 35-39	REMSA	Speaks to the EMT's jurisdiction ("jurisdiction where EMT is employed"), but not to the student's. Add:	Comment acknowledged Subsection was reworded to state, "who is a part of an

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		"jurisdiction where EMT is employed/acting as a student"	organized EMS system", which addresses the comment.
§ 100063. Page 5 line 38	Contra Costa EMS	The language "as part of an organized EMS system within the jurisdiction where the EMT is employed" is superfluous. It implies a medical director that is not the medical director for that LEMSA (which would have jurisdiction) would otherwise be authorizing activities. The jurisdiction of the medical director of the LEMSA is already limited to make these decisions within their jurisdiction pursuant to the Health and Safety Code.	Comment acknowledged Comment accepted This is in reference to the EMT not to the medical director. Language has been changed for clarity. (b) In addition to the activities authorized by subdivision (a) of this Section, the medical director of the LEMSA may also establish policies and procedures to allow a certified EMT or a supervised EMT student who is part of the organized EMS system and in the prehospital setting and/or during interfacility transport to:
§ 100063 Page 6 Line 7	Tom O'Connor Ventura College	Remove "; and" at the end of the line as the item list continues	Comment acknowledged Comment accepted
§ 100063(b)(2) Page 6 Line 7	San Joaquin County EMS Agency	Remove the "and" at the end	Comment acknowledged Comment accepted
§ 100063(b)(4) Page 6 Lines 9-26	LA County EMS Agency	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines.	Comment acknowledged This subsection was moved to §100064 (a) (4) for clarification.
§ 100063(b)(4) Page 6 Lines 9-26	LA County EMS Agency	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA,	Comment acknowledged No change The administration of over the

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		similar to EMSA's preapproved hemostatic dressings list on EMSA's website.	counter medications was moved to the local EMS agency approval section. Adding a specific list would be too restrictive.
§ 100063 (b)(3) Page6 Line 28	James Salvante EMS Coordinator Coastal Valleys EMS Agency	Epinephrine administration by auto-injector should require "policies, procedures and protocols" consistent with 100063(c).Required competency to include assessment, indications, contraindications, side effects, interaction, mechanism of action and patient management. These are relevant because although the drug delivery device is less complicated, the EMT is administering a medication, and therefore must be competent to do so.	Comment acknowledged Section 100063 (c) will be struck because section 100063 (b) makes section 10063 (c) redundant. Competency is addressed in Section 100073.
§ 100063(b)(3)&(4) Page 6 Line 29 & 32	San Joaquin County EMS Agency	End with a semicolon like in (1) and (2)	Comment acknowledged Comment accepted
§ 100063/6/31	Jeffrey P Snow Santa Rosa Junior College	Strike "by auto-injector", insert "by intramuscular routes"	Comment acknowledged No change The regulations need to differentiate the use of an auto-injector from drawing up epinephrine and administering via intramuscular route.
§ 100063(b)(5) Page 6 Line 34	San Joaquin County EMS Agency	This is an invasive procedure that should be placed under section 100064.	Comment acknowledged No change. All EMTs will eventually receive training in using a glucometer and requires LEMSA approval to perform this skill. Administering oral glucose is in the EMT scope of practice and measuring a patient's blood

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
			glucose is necessary to determine if the patient is hypoglycemic. Glucometers are a waived test for CLIA.
§ 100063(b)(5) Page 6 Lines 34-36	LA County EMS Agency	Delete "Perform finger stick blood glucose testing" from the EMT scope of practice. EMSA identifies in the ISOR that the standards for the glucometer are from the National EMS Education Standards. NHTSA's National EMS Education Standards and the National EMS Scope of Practice Model, blood glucose verification is within the scope of practice for the Advanced EMT. Blood glucose measurement provides no further benefit of care to the patient provided by the EMT with increased costs associated with training and retraining of all EMTs. Furthermore, many ALS providers are not utilizing glucometers designed for diagnostic evaluation nor are registered through CLIA. Oral glucose administration for suspected hypoglycemia is safe and effective. If a LEMSA wishes to incorporate blood glucose monitoring into EMT scope of practice, trial study mechanism exists.	Comment acknowledged No change. All EMTs will eventually receive training in using a glucometer and requires LEMSA approval to perform this skill. Administering oral glucose is in the EMT scope of practice and measuring a patient's blood glucose is necessary to determine if the patient is hypoglycemic. Glucometers are a waived test for CLIA.
§ 100063(c) Page 6 Lines 39	LA County EMS Agency	Delete "finger stick glucose testing"	Comment acknowledged No change. All EMTs will eventually receive training in using a glucometer and requires LEMSA approval to perform this skill. Administering oral glucose is in the EMT scope of practice and measuring a patient's blood

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
			glucose is necessary to determine if the patient is hypoglycemic. Glucometers are a waived test for CLIA.
§ 100063(c) Page 6 Lines 39	LA County EMS Agency	Add "epinephrine"	Comment acknowledged Section 100063 (c) will be struck.
§ 100063. Page 6 lines 34-36	Contra Costa EMS	This language is confusing. Background information and context for this regulation is needed in order to intelligently comment. For example, how does an EMT obtain authorization from CMA to do a finger stick blood glucose? What methods are in place to obtain this authorization? Suggest revision to strike this requirement or alternatively strike the finger stick from proposed scope of practice.	Comment acknowledged Comment accepted
§ 100063(c) Page 6 Line 38	San Joaquin County EMS Agency	This includes redundant information from 100063(b). It should be just the training standards from 100064 for 100063(b)(3),(4), and (5) if (5) is not moved. See comment above to move 100063(b)(5).	Comment acknowledged Section 100063 (c) will be struck.
§ 100063/6/38-41	Kern County EMS Division	"The medical director of the LEMSA shall implement" implies that a LEMSA must approve naloxone and fingerstick for the jurisdiction. Consider revising to "Should the medical director of the LEMSA authorize (3), (4) and/or (5) above, the medical director shall…"	Comment acknowledged Section 100063 (c) will be struck.
§ 100063/6/38-41	Kern County EMS Division	Section 100064(b) refers to epi via syringe. The language in this section is specific to naloxone and finger stick testing. Consider adding epi to this section, or deleting (b)	Comment acknowledged Section 100063 (c) will be struck.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
§ 100063 (c) Page 6 Line 38	North Coast EMS	This section should also state that the LEMSA shall implement policies, procedures and protocols for the administration of EPI. It currently only lists naloxone and finger stick glucose testing.	Comment acknowledged Section 100063 (c) will be struck.
§ 100063/6/39	Jeffrey P Snow Santa Rosa Junior College	Add epinephrine via intramuscular routes	Comment acknowledged No change The regulations need to differentiate the use of an auto-injector from drawing up epinephrine and administering via intramuscular route.
§ 100063(d) Page 6 Line 43	San Joaquin County EMS Agency	Add the word "basic" after the.	Comment acknowledged No change. The items referenced in this section are outside the EMT basic scope.
Proposed - § 100063(b)(6) Page 6	LA County EMS Agency	Add "Administer nebulized albuterol for severe asthma" to Section 100063(b)(6) Albuterol is the first-line therapy for asthma and national guidelines recommend sick asthmatic patients receive three albuterol treatments within the first hour of an acute exacerbation. Albuterol via nebulizer is used in many EMS systems by BLS providers. Allowing administration of albuterol by BLS providers can allow more rapid treatment of some asthmatics in the field, who would otherwise need to await ALS arrival or transport to the hospital to begin the treatment. Studies have demonstrated accuracy of BLS providers in assessing bronchospasm and safety of albuterol administration by BLS	Comment acknowledged No change Current regulations allow EMTs to assist the patient with the administration of their physician prescribed devices (Section 100063 (a) (8) (O)).

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		providers. Furthermore, studies have raised concern that absence of protocols emphasizing use of albuterol can lead to inadequate treatment of asthma in the field and increased use of medications with less favorable side-effect profiles. Given current regulations authorize use of epinephrine for severe asthma by BLS providers, the lack of albuterol as a therapeutic option at the BLS level may result in administration of epinephrine in patients who would have responded to albuterol treatment.	
§ 100063. SOP of EMT. Page 7 Lines 1-4	REMSA	"During a mutual aid response . . . an EMT may utilize the SOP for which s/he is trained and authorized according to the policies . . .within the jurisdiction where . . .employed" Employer X is HQ'd in LEMSA 3 Employer X holds contracts to work in LEMSAs 1, 2, & 3 I am an EMT who works for Employer X and I run calls in LEMSAs 1 and 2 as part of my employment I am certified in/by LEMSA 1 because I am mostly based there & run most of my calls there I respond on a mutual aid into LEMSA 3. How does this affect me? -- Is the EMT employed in ALL jurisdictions by virtue of his employers contracts ? Just the one he mainly works in? The LEMSA where HQ is located?	Comment acknowledged No change The basic scope of practice carries across the state. Optional scope applies where employed when responding for mutual aid.
§ 100064(e) Page 7 Line 14	San Joaquin County EMS Agency	There are no provisions to define record keeping or acknowledgements of EMT	Comment acknowledged No change This is up to the LEMSAs

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		accreditations.	discretion.
§ Section 100064(a)(1-11) Pages 7-8 Lines 22-44 & 1-9	LA County EMS Agency	Delete the use of perilaryngeal airway adjuncts as an optional scope of practice skill NHTSA's National EMS Education Standards and the National EMS Scope of Practice identify this to be within the scope of practice for the AEMT. This is a high risk, low frequency skill which has increasingly shown to have little benefit and potentially causing additional harm in certain subsets of patients. Bag-mask ventilation has been proven to be safe and effective in the field setting. If a LEMSA wishes to incorporate perilaryngeal airway adjuncts in the EMT scope of practice, the trial study mechanism exists.	Comment acknowledged No change This is up to the LEMSAs discretion.
§ Section 100064(b)(1) Page 9 Line 22	LA County EMS Agency	Add "/or" to read "prefilled syringe and/or drawing up the proper drug" The EMT workgroup discussed the risks and benefits of adding the additional training for drawing up epinephrine. As EMTs will be trained in drawing up naloxone, the increase in training for epinephrine for all EMTs would be minimal. Whereas, the time and costs associated to re-train personnel to administer a medication by an alternative route are substantial. Epi-pen costs are extremely high, especially over the last few years and include very short expiry dates. Other states have implemented epinephrine by intramuscular injection for EMTs safely and effectively. The scope of practice is in subdivision (b) of this Section and therefore at the discretion of the LEMSA medical director. The training for implementation and	Comment acknowledged Comment accepted

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		verification of continued competency would be minimal.	
§ 100064(b) Page 9 Line 22	San Joaquin County EMS Agency	This should be item 100064(a)(2) and then sequenced as appropriate.	Comment acknowledged Comment accepted
§ 100064. EMT Optional Skills. Page 9 Lines 22-31, et al	EMSA	Since epi is now optional SOP, if the LEMSA is only choosing to use one method (epi-pen vs. regular draw), must both methods be taught? ~~(d)~~ (b) Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose for suspected anaphylaxis and/or severe asthma. (1) Training in the administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose for suspected anaphylaxis and/or severe asthma shall consist of no less than two (2) hours to result in the EMT being competent in the use and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose and managing . . ." (And several other places in this section)	Comment acknowledged Comment accepted

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
§100064. Page 9 Lines 22-23	Contra Costa EMS	The language "Administration of epinephrine by prefilled syringe and drawing up the proper drug dose" could cause confusion. Is the administration by prefilled syringe only or may the EMT also carry epi vials and draw up an empty syringe? The language seems to suggest the EMT is not just limited to prefilled syringe. Suggest striking the "drawing up" from this sentence.	Comment acknowledged We are recommending that the EMT be trained to use a prefilled syringe *and/or* to draw up epinephrine as an optional scope of practice. For clarification, lines 22-23 will be changed to: "Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe" For clarification, lines 25-31 will be changed as well to read: "… by prefilled syringe and/or drawing up the proper drug dose into a syringe…
§100064. Page 9 Lines 22-23	Marin County Fire Department	Currently the language states "Administration of epinephrine by prefilled syringe and drawing up the proper drug dose for suspected anaphylaxis and/or severe asthma". By definition, a pre-filled syringe contains the medication. The suggested change would be, "Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma." Note: these changes would be necessary in	Comment acknowledged Comment Accepted

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		the remaining part of the section where applicable.	
§ 100064. Page 9 lines 22-23	Kim Roderick	Currently the language states "Administration of epinephrine by prefilled syringe and drawing up the proper drug dose for suspected anaphylaxis and/or severe asthma". By definition, a pre-filled syringe contains the medication. The suggested change would be, "Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma." Note: these changes would be necessary in the remaining part of the section where applicable.	Comment acknowledged Comment Accepted …
§ 100064/9/25	Clarence Teem Kimberly Freeman, MD	Support this change	Comment acknowledged General comment
§ 100064. Page 9 lines 25-30	Contra Costa EMS	Language is disjointive, conjuctive and confusing. Suggest the following revision: "Training in the administration of epinephrine by prefilled syringe ~~and drawing up the proper drug dose~~ for suspected anaphylaxis and/or severe asthma shall consist of no less than two (2) hours of didactic and psychomotor skills training by an authorized CE provided. The CE provider shall establish indicators to ensure the ~~to result in the EMT being~~ EMT is competent in the use and administration of epinephrine by prefilled syringe ~~and drawing up the proper drug dose~~ and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training hours listed above shall be the following topics and skills."	Comment acknowledged For clarification, lines 25-31 will be changed to read: "… by prefilled syringe and/or drawing up the proper drug dose into a syringe… Comment acknowledged No change Language is unnecessary. Competency is already being required and this would be inconsistent with other subsections of this section. See section 100064 (a)(2)(B)

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§ 100064(b)(1) Page 9 Line 26-27	LA County EMS Agency	Revise "consist of no less than two (2) hours to" for the phrase to read "shall result in the EMT being competent" LA County EMS Agency is requesting all added education for the EMT to read "shall result in the EMT being competent." All education delivered requires the individual to demonstrate competency. We recommend all EMS CE and training programs be approved by their LEMSA to provide the updated content required for initial certification or renewal. EMS providers train their personnel when new scope practice, clinical, and protocols changes occur to meet system needs. Public Safety Regulations have an optional scope of practice for several of these changes with no hourly time requirements. Minimum time requirements as written will place an unjust burden on providers who have been delivering exceptional education and updates within their system.	Comment acknowledged No change A minimum of two hours is necessary for skills and competency training.
§ 100064(b)(1) Pages 9-10 Line 22-45 & 1-17	LA County EMS Agency	Incorporate training for administration of epinephrine using a prefilled syringe and drawing up the proper drug for all primary training programs and currently certified EMTs. The EMT workgroup discussed the risks and benefits of additional training for drawing up epinephrine. As EMTs will be trained in drawing up of naloxone, the increase in training for epinephrine for all EMTs would be minimal. Whereas, the time and costs associated to re-train personnel to administer	Comment acknowledged No change This has been placed in optional scope based on recommendations from medical directors and administrators due to the risk of medication errors.

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		medication in an alternative route are substantial. Epi-pen costs are extremely high, especially over the last few years and include very short expiry dates. Other states have implemented epinephrine by intramuscular injection for EMTs safely and effectively. The scope of practice is in subdivision (b) of this Section and therefore at the discretion of the LEMSA medical director.	
§ 100064 Page 10 Line 5	Tom O'Connor Ventura College	Keep "adverse" as part of the phrase to maintain similar wording as used in the other sections related to medications. For example: page 11 line 12, page 20 line 25, page 26 line 31.	Comment acknowledged Comment accepted
§ 100064(b) after (F) Page 10 Line 15	San Joaquin County EMS Agency	Should add "Medication administration." This would be consistent with process for Atropine and Pralidoxime Chloride.	Comment acknowledged Comment accepted
§ 100064. EMT Optionl Skills (b) Page 10 Lines 15 and 17	REMSA	Renumbering was omitted on these lines	Comment acknowledged Comment accepted
§ 100064(b)(3) Pages 10-11 Lines 41-45 & 1-40	LA County EMS Agency	Move Atropine and Pralidoxime (Duo-dote/Mark-I) into the basic scope of practice for an EMT. Section 100019(e) of Chapter 1.5, First Aid and CPR Standards and Training for Public Safety Personnel – authorize the administration of auto-injectors of Atropine and Pralidoxime (Duo-dote/Mark-I) for self or peer care. Basic first aid responders may be authorized to administer but an EMT is not unless the provider and LEMSA go through a	Comment acknowledged No change This is an optional skill in Chapter 1.5 giving the Medical Director the purview to approve or disapprove as it is in this Chapter/Section.

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		much more tedious procedure of approval and monitoring in order to administer said medication to self or peers.	
§ 100064(b)(3)(B) Page 11 Lines 3-4	LA County EMS Agency	Revise "consist of no less than two (2) hours of didactic and skills laboratory training" for the phrase to read "shall result in the EMT being competent" LA County EMS Agency is requesting all added education for the EMT to read "shall result in the EMT being competent." All education delivered requires the individual to demonstrate competency. We recommend all EMS CE and training programs be approved by their LEMSA to provide the updated content required for initial certification or renewal. EMS providers train their personnel when new scope practice, clinical, and protocols changes occur to meet system needs. Public Safety Regulations have an optional scope of practice for several of these changes with no hourly time requirements. Minimum time requirements as written will place an unjust burden on providers who have been delivering exceptional education and updates within their system.	Comment acknowledged No change A minimum of two hours is necessary for didactic and skills training and competency testing.
§ 100064. Page 11, lines 42-44	Contra Costa EMS	(4) Monitor preexisting vascular access devices and intravenous lines delivering fluids with additional medications pre-approved by the Medical Director of the Authority.	Comment acknowledged No change The Medical Director is defined in the Health and Safety Code 1797.68 as the "Director."
§ 100064(b)(4)(A-C) Pages 11-12	LA County EMS Agency	Reinstate the scope of practice and approval process for monitoring preexisting vascular	Comment acknowledged No change

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
Lines 42-44 & 1-14		access devices and intravenous lines to Section 100063(b)(4).	Monitoring of IV's is in the basic scope. This section refers to IV's with additional medication.
§ 100063(b)(4)(A-C) Pages 11-12 Lines 42-44 CORRECTION Section 100064	LA County EMS Agency	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA to Section 100063(b)(4), similar to EMSA's preapproved hemostatic dressings list on EMSA's website.	Comment acknowledged No change This is not a regulatory item. EMSA will consider adding an approved list of medications/additives.
§ 100064. Page 12, lines 1-6	Contra Costa EMS	(A) The medical director of the LEMSA shall submit a written request, ~~Form #EMSA-1 0391, revised 07/16,~~ herein incorporated by reference, and obtain approval from the Medical ~~d~~Director of the Authority, who shall	Comment acknowledged No change The name of the specific form is required by the Office of Administrative Law (OAL) The Medical Director is defined in the Health and Safety Code 1797.68 as the "Director."
§ 100064. Page 12, line 1-6	Contra Costa EMS	The language "Form #EMSA-0391, revised 07/16, herein incorporated by reference" is superfluous. Suggest revising to "on a form approved the Authority". The form could change, or may need revisions, which require the regs to open to effect said change.	Comment acknowledged No change The name of the specific form is required by the OAL.
§ 100064.1. EMT Trial Studies. Pages 13 – 15	REMSA	Not labled "**No Change**" -- were there changes to be made here? could not find any	Comment acknowledged No change This section is opened because it's referred to in Section 100063 and must be made available. No changes have been made within this section.
§ 100069.	REMSA	While it makes sense that a training program	Comment acknowledged

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EMT Training Program Notification Page 16 Lines 22-26		should certainly qualify as a CE provider, there are different regs and forms that the CE provider uses and that need to be understood/ submitted. Knowing those rules/meeting those requirements is not addressed here and needs to be. A blanket approval w/o showing understanding of the regs specific to CE is not acceptable.	Change accepted This subsection will be struck.
§ 100069(e) Page 16 Lines 27-32	LA County EMS Agency	Remove redundant reporting requirements to the Authority for EMT program approval. LEMSAs enter EMT and CE program information into the EMSA internet database including program approval. If additional information is required, add those elements to the database.	Comment acknowledged No change The public needs real time data regarding EMS training programs. This comment refers to the requirements of the EMS plan update which occurs once a year and does not supply real time data.
§ 100072. Page 17 line 7	Contra Costa EMS	Suggest cleaning up the language to read as follows: "Upon determination of non-compliance with the provisions of this Chapter, Aan EMT training program approving authority shall provide written notification of the basis for the determination ~~non-compliance of this Chapter to~~ the EMT training program provider ~~found in violation.~~ The notification shall be in writing and sent by certified mail to the EMT training program course director."	Comment acknowledged No change Suggested language does not provide further clarity.
§ 100072/18/9	Kern County EMS Division	States "paramedic training program". Consider revising to "EMT training program"	Comment acknowledged Comment accepted
§ 100072(b)(5) Page 18 Line 9	San Joaquin County EMS Agency	Remove "paramedic" and replace with EMT.	Comment acknowledged Comment accepted
§ 100072(b)(5) Page 18 Line 9	LA County EMS Agency	Change "Paramedic" to "EMT"	Comment acknowledged Comment accepted

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
§ 100072. Page 18 Lines 9	REMSA	b) 5) the term "paramedic training program approving authority" needs to be changed to "EMT training program approving authority"	Comment acknowledged Comment accepted
§ 100073(a)(3) Page 18 Line 34	LA County EMS Agency	Remove Challenge provision requirement for all training programs. Change the challenge requirement to optional. EMT programs may lack sufficient resources or are prevented by their institutionally prevented to offer a challenge process. The elements of a challenge option should remain for approval by the LEMSA. This requirement provision is also identified in Section 100066(b)(8) of this Chapter which was not open for comment at this time.	Comment acknowledged No change Section 100078(c) gives the LEMSA the ability to waive the challenge exam but the program has to have the ability to provide it.
§ 100073/18/38	Jeffrey P Snow Santa Rosa Junior College	Add "The approving authority may approve a training program that offers only EMT course(s).	Comment acknowledged No change EMSA wants the training program to have the option to offer a refresher course if they choose.
§ 100074(a)(2)(A) Page 19 Line 12	San Joaquin County EMS Agency	Reduce the hours from "up six (6)," to up "to three (3)." A high fidelity simulated patient should not consist of more than 1 hour for treatment to be equivalent to (two) 2 hours per contact.	Comment acknowledged No change However the content will be revised for clarification.
§ 100074. Trng Prgm Requrmts Page 19 Lines 12 – 14	REMSA	a) 2) A) - delete this entire section re: use of simulated training in place of real life patients. The reason for clinical hrs is to experience real pts and situations. Why mandate a certain amt of clinical hrs & then allow that they not be done?	Comment acknowledged No change High fidelity simulation is accepted nationwide for clinical experience in place of "real" patient contact which may not always be available or easy to get in the approved time frame.
§ 100074/19/20	Jeffrey P Snow Santa Rosa	Strike (b) The minimum hours shall not	Comment acknowledged

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
	Junior College	include the examinations for EMT certification.	No change However language will be revised for clarification.
§ 100074 (a) Page 19 lines 1-23	Andrew Dowd Ventura College	The increase in hourly requirements by EMT programs seems un-necessary and lacking basis. The TCC course alone is 16 hours – more than the increase in hourly requirements. (For TCC training issues, see below). The additional content listed is only an increase in Pharmacology training, and additional lab skills – both of which could be accomplished within the current hourly requirements. This is yet another area where the decision to place new skills in Optional Local Scope would be a huge benefit. Only those provider agencies in jurisdictions where these skills are utilized would be required to conduct training, and the burden wouldn't be placed on EMT Programs. There would be no reason to increase the core EMT Course hours, and avoid the time, energy and expense of revising current curriculum and scheduling within the community college system; a process which requires a great deal of effort. Should the authority be unwilling to change this requirement, current EMT programs should be given at least 24-36 months to comply as the cycle for updating curriculum, course scheduling and more within the community college system may not be completed within a 12 month period.	Comment acknowledged Additional hours are necessary for additional course content however we will be changing the course content and the required hours for TCC from 8 hours to a minimum of 4 hours. Comment acknowledged No change The addition of new curriculum content requires an increase in hours. Comment acknowledged No change Educational representatives on the workgroup indicated that a 12 month lead time is adequate.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
§ 100074. Page 19 Line 2	Anthony Mendoza	Clarification needed. Notice of Proposed Rulemaking document states there is no increase in hours of training, yet revision document shows a cross-out of a lower number of hours and replaces it with a higher number of hours.	Comment acknowledged No change The increased hours pertain to the training program course hours. The notice of proposed rulemaking is referring to the requirements of continuing education programs which are not being increased.
§ 100074 (a) Page 19 Line 2	North Coast EMS	Increasing the number of hours for the EMT programs will be extremely difficult for programs to meet. Most of our programs operate on a college semester system and they are all ready struggling to meet the minimum hours.	Comment acknowledged No change Additional hours are necessary for additional course content however we will be changing the course content and the required hours for TCC from 8 hours to a minimum of 4 hours.
§ 100074. Page 19, Lines 2 & 5	Cheryl Pittman, EMT, Professor, EMT Program Director, East Los Angeles College	Increasing EMT Primary Programs from minimum 160 hours to 174 hours. Which means 10 (ten) additional classroom training hours. Being at a community college increases the workload the Program Director, Principle Instructor, and Skills Teaching assistants without compensation as the last increase did. The adjustment of the course schedule. Also it should state that these hours do not include skills testing, periodic testing, and written exams/tests. The last increase it was very difficult for the powers to be where I'm at to understand that.	Comment acknowledged No change Additional hours are necessary for additional course content however we will be changing the course content and the required hours for TCC from 8 hours to a minimum of 4 hours. In addition, the tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§ 100074.	Contra Costa EMS	"Other EMT skills" in ambiguous and	Comment acknowledged

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Page 19 lines 8-10		overbroad. Also, there is no requirement for where the clinical experience must occur. EMS systems are seeing EMTs with no EMT experience because they did their supervised clinical experience at a clinic, amusement park, or facility that did not see "emergencies". There should be a component to familiarize the EMT with ambulance operations. Suggest the following revision: "A minimum of twenty-four (24) hours of supervised clinical experience, 12 of which shall occur on an ambulance. The clinical experience shall include a minimum of ten (10) documented patient contacts wherein a patient assessment and ~~other~~ EMT skills from the basic scope of practice are performed ~~and evaluated~~."	No change High Fidelity Simulation is being proposed to address this situation. See 100074. Page 19 lines 12-14 It's the responsibility of the approving LEMSA to ensure training program clinical sites are approved for EMT training. Please refer to Section 100068 of this Chapter.
§ 100074 Page 19 Line 17	Tom O'Connor Ventura College	Increase the 12 month time limit for compliance with the new course hours to 24 months. The process for increasing hours at the community colleges typically requires a great deal of time to process through the local and state curriculum committees and academic senates to gain approval. Depending upon the time of year that these regulations are put into effect, the academic calendar for processing may have been passed requiring up to two years of time to be completed. Any item submitted during the 2016-2017 academic year at our college will be available for implementation in Fall of 2018 as it will be processed during the next academic year.	Comment acknowledged No change Educational representatives on the workgroup indicated that a 12 month lead time is adequate.
§ 100074. Page 19 lines 26-32	Contra Costa	This language locks the regs into the 2009 DOT curriculum. The regulations shall provide that EMT training programs meet the	Comment acknowledged No change The name of the specific

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		objectives contained *in the most recent* DOT National EMS Education Standards. The language about the "EMT being competent" is superfluous; the training program approval ensures that the program have a system in place to determine that EMT has passed a written and skills assessment to be competent to take the NREMT exam. Reference to ever changing website location could be confusing and misleading if the website is replaced with different information. Suggest the following revisions: "The content of an EMT course shall meet the objectives contained in the most recent version of the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 27 077A, ~~January 2009~~), ~~incorporated herein by reference, to result in the EMT being competent in the EMT basic scope of practice~~ and receives training to competently perform the skills specified in Section 100063 of this Chapter. ~~The U.S. DOT National EMS Education Standards (DOT HS 811 077A, January 2009) can be accessed through the U.S. DOT National Highway Traffic Safety Administration at the following website address: http://ems.gov/pdf/811077a.pdf."~~	document is required by OAL. May not use language referring to the *"most recent version."* "The content of an EMT course shall…result in the EMT being competent." This is referring to the course content being taught not whether the EMT is competent.
§ 100074 (a) Page 19 lines 1-23	Andrew Dowd Ventura College	The increase in hourly requirements by EMT programs seems un-necessary and lacking basis. The TCC course alone is 16 hours – more than the increase in hourly requirements. (For TCC training issues, see below). The additional content listed is only an increase in Pharmacology training, and additional lab skills – both of which could be	Comment acknowledged Additional hours are necessary for additional course content however the course content has been amended and we will be changing the required hours for TCC from 8 hours to a

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		accomplished within the current hourly requirements. This is yet another area where the decision to place new skills in Optional Local Scope would be a huge benefit. Only those provider agencies in jurisdictions where these skills are utilized would be required to conduct training, and the burden wouldn't be placed on EMT Programs. There would be no reason to increase the core EMT Course hours, and avoid the time, energy and expense of revising current curriculum and scheduling within the community college system; a process which requires a great deal of effort. Should the authority be unwilling to change this requirement, current EMT programs should be given at least 24-36 months to comply as the cycle for updating curriculum, course scheduling and more within the community college system may not be completed within a 12 month period.	minimum of 4 hours. The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training. Comment acknowledged No change The addition of new curriculum content requires an increase in hours. Comment acknowledged No change Educational representatives on the workgroup indicated that a 12 month lead time is adequate.
§ 100075. Required Course Content Page 19	REMSA	Trng is outlined here for narcan, epi-pen, fingerstix in the basic curriculum. But there are many people in the system who went thru schooling pta EMSA's adoption of 2009 Nat'l Educ Stnds (NES) several yrs ago. At the	Comment acknowledged No change EMT renewal requirements can be found in Section

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		time of adoption, EMSA had no mandate for these already certified personnel to learn many of the "expanded" procedures that NES included because they weren't necessarily included in the CA basic SOP (ex -narcan was Opt SOP). There are many "older" EMTs who have not had training in narcan, epi-pens and other NES added procedures. Yet there is still no mandate for these "older" EMTs to learn these things, nor a time frame for that learning. Ditto for the now required 8hrs of TCC	100080. The course content of the TCC principles has been amended and the required course hours have been amended to a *minimum* of 4 hours leaving it up to the training program. The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§ 1000075 (b) Page 19 Starting at Line 34	Andrew Dowd	The National Standard Curriculum and state curriculum already requires EMT Students be trained in bleeding control methods, open chest injuries, etc. Hemostatic dressings are already incorporated into the EMS Education Standards referenced in section (a). Further, the NREMT guidelines require testing / training a student in the management of bleeding control through demonstration during a competency based skills examination. link	Comment acknowledged No change Hemostatic dressings are not covered in the National Education Standards.

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		The current iteration of Bleeding Control / Shock management skills from the NREMT does not require the use of hemostatic dressing: link Of all the cognitive, psychomotor and affective elements taught in an EMT Program, requiring such specific application of hemostatic gauze seems completely un-necessary. Rather than start down a path where the Authority identifies specific skills and/or treatments as they evolve, it would be best to instead to follow the National Standard Curriculum. This should be the basis for all EMT Programs in the State. As new, evidence based procedures and products are developed, there are other means for introducing them into the EMT Scope. Why is the Authority pursuing the development of curriculum independent of the National Education Standards, and curriculum that applies only to California? What is the justification for creating what is essentially "EMT Plus", when all national agencies recognize the four EMT levels, their scope of practice, training hours, etc. It seems to fly in the face of the goal of standardization of training and scope of the EMT levels on a national basis. Why require California EMT Training programs to develop different curriculum than are delivered Nationally. The goal of a national standard curriculum is	Comment acknowledged No change National Education Standards are minimum standards and can be expanded upon.

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		evident in its name "National Standard". Requiring separate testing and/or validation which exceeds national guidelines is un-necessary and creates an increased burden on EMT programs throughout the state to prove and/or validate what they are already teaching. If the goal is to develop more first responders with a greater scope of practice, but not to the level of a Paramedic, then the authority should follow national guidelines, and work towards the development of more regional AEMT Courses. Then, the intent of the legislation could be met and BLS EMTs could increase their scope of practice in a broader way including all the listed skills, as well as ACLS and more. As a general rule, The EMS Authority should continue to follow national scope of practice guidelines and national education standards for EMT Training and certification. If the authority wishes to exceed the standard, the model for that within the code is the use of "Local Optional Scope" which impacts only LEMSAS and agencies that participate.	
§ 100075(b)(5) Page 20 Line 3	San Joaquin County EMS Agency	This does not clearly define if this is a separate written and skills test from the initial EMT final written and skills test (see 100073(a)(2)).	Comment acknowledged Comment accepted This section will be amended to remove the competency written and skills exams for each individual item. Section 100073 (a) (2) will be amended to add "to include all skills covered by the course content listed in Section 100075" to the

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			end of the sentence. This way these skills can be batched into periodic written skills tests and not be tested individually.
§ 100075 (c), Page 20 Starting at line 7	Andrew Dowd	See the long argument above. This training is outside the National Standard Curriculum for EMTs. State EMT training should follow the NHTSA guidelines (http://www.ems.gov/pdf/811077a.pdf - page 52)	Comment acknowledged. This section will be amended to remove the competency written and skills exams for each individual item. Section 100073 (a) (2) will be amended to add "to include all skills covered by the course content listed in Section 100075" to the end of the sentence. This way these skills can be batched into periodic written skills tests and not be tested individually.
§ 100075/20/7-22/11	Jeffrey P Snow Santa Rosa Junior College	Programs lacking faculty with advanced training (beyond EMT) may find the requirement to teach parenteral drug administration prohibitive.	Comment acknowledged No change Training in naloxone and epinephrine is required in statute. (Health and Safety Code 1797.197) and Glucometers are over the counter devices.
§ 100075(c)(4) Page 20 Line 29-37	San Joaquin County EMS Agency	Remove (E) or (G). Should add "Medication administration." This would be consistent with process for Atropine and Pralidoxime Chloride.	Comment acknowledged No change (E) Dosages are found in cited section. (G) This is a requirement of draw up versus using a kit. Change accepted "medication administration" will be added.

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§ 100075(c)(5) Page 20 Line 39	San Joaquin County EMS Agency	This does not clearly define if this is a separate written and skills test from the initial EMT final written and skills test (see 100073(a)(2)).	Comment acknowledged. This section will be amended to remove the competency written and skills exams for each individual item. Section 100073 (a) (2) will be amended to add "to include all skills covered by the course content listed in Section 100075 " to the end of the sentence. This way these skills can be batched into periodic written skills tests and not be tested individually.
§ 100075 (d) Page 21 Starting at line 11	Andrew Dowd	This IS part of the National Standard Curriculum: http://www.ems.gov/pdf/education/National-EMS-Education-Standards-and-Instructional-Guidelines/EMT_Instructional_Guidelines.pdf - page 44. Section 100075(a) already speciies the need to cover all guidelines in the EMT basic scope, and follow NHTSA guidelines – this entire section could be greatly simplified by stating that EMT Courses shall utilize the National Standard Curriculum. This section does not require separate mention – just as training in Traction Splinting or the use of an AED does not require separate mention. Further – the requirement for a competency based written and skills examination should be removed. There is no requirement from NREMT of performing a skills examination based	Comment acknowledged Comment accepted Use of epinephrine auto injectors will be removed from this section because as the commenter points out, it is in the National Education Standards and Instructional Guideline for EMTs which has been adopted in California. Comment acknowledged. This section will be amended to remove the competency written and skills exams for

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		on the application of an Auto Injector. Secondly, the inference is that a separate written examination and skills examination would be required for each item (b, c, d). Third, there is no standard given for what comprises a written and skills examination in the topic. There is no Nationally recognized skill sheet, etc. - The EMS Authority needs to consider the impact on the classroom environment in requiring all of these separate "examinations". - The Regulations should be greatly simplified to require EMT Training Programs to follow National Standard Curriculum and National Standards in Scope of Practice and skill testing (NHTSA and NREMT).	each individual item. Section 100073 (a) (2) will be amended to add "to include all skills covered by the course content listed in Section 100075 " to the end of the sentence. This way these skills can be batched into periodic written skills tests and not be tested individually.
§ 100075(d)(4) Page 21 Line 25-33	San Joaquin County EMS Agency	Add "Dosages" or "Calculating drug dosages." Should add "Medication administration." This would be consistent with process for Atropine and Pralidoxime Chloride.	Comment acknowledged, Section 100075 (d) will be struck because this course content is covered in the National Education Standards and Instructional Guidelines for EMT training.
§ 100075(d)(8) Page 21 Line 41	San Joaquin County EMS Agency	This does not clearly define if this is a separate written and skills test from the initial EMT final written and skills test (see 100073(a)(2)).	Comment acknowledged, Section 100075 (d) will be struck because this course content is covered in the National Education Standards and Instructional Guidelines for EMT training.
§ 100075(d) Pages 21-22 Lines 11-45 & 1-10	LA County EMS Agency	Incorporate training for administration of epinephrine using a prefilled syringe and drawing up the proper drug for all primary training programs and currently certified	Comment acknowledged Use of epinephrine auto injectors will be removed from this section because as the

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		EMTs.	commenter points out, it is in the National Education Standards and Instructional Guideline for EMTs which has This has been placed in optional scope based on recommendations from medical directors and administrators due to the risk of medication errors.
§ 100075(e) Page 22 Lines 12-45 & 1-10	LA County EMS Agency	Delete training for performing finger stick blood glucose testing in primary EMT training.	Comment acknowledged No change. All EMTs will eventually receive training in using a glucometer and requires LEMSA approval to perform this skill. Administering oral glucose is in the EMT scope of practice and measuring a patient's blood glucose is necessary to determine if the patient is hypoglycemic.
§10075 (e) Page 22, Starting at line 12	Andrew Dowd Ventura College	Use of a Glucometer is outside the National EMT Scope of Practice, and outside the national standard curriculum for EMTs and fall under the AEMT Education Standards EMT Curriculum: http://www.ems.gov/pdf/811077a.pdf - page 21 & 27 EMT Curriculum: http://www.ems.gov/pdf/education/National-EMS-Education-Standards-and-Instructional-	Comment acknowledged No change. All EMTs will eventually receive training in using a glucometer and requires LEMSA approval to perform this skill. Administering oral glucose is in the EMT scope of practice and measuring a patient's blood glucose is necessary to

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		Guidelines/EMT_Instructional_Guidelines.pdf - Pages 93-95 Some elements identified in this section are already covered in the EMT curriculum, some are not. As with other new skills – there is a foundation of having national standards for EMS Education, and separating levels between EMT, AEMT and Paramedic. The Authority should adhere to National EMT Education Standards for all levels of responders, and not require EMT Education programs in the state to selectively teach elements of the AEMT curriculum within their EMT programs. Second, since only certain LEMSAs will allow EMTs to perform this skill, it's probable that EMT students would be violating local policy while performing this skill, and therefore not be able to complete a competency based examination of this skill. This is more validation for keeping this as a Local Optional Scope – in which EMT programs would not be required to teach outside the National Standard Curriculum, and only those counties / LEMSAs that adopt the skill would require training – and such training would be put on Providers in the county, not on local EMT programs.	determine if the patient is hypoglycemic. Comment acknowledged No change. The addition of glucometer training was a recommendation by the multi-disciplinary work group intended for EMTs to more accurately assess a patient who may be hypoglycemic before administering oral glucose and to assist the paramedic partner when assessing patients with altered mental status. Comment acknowledged No change Informing the EMT students that their local EMS agency must approve this skill is incumbent on the EMT training program. Skills training in the classroom are different from skills practiced in the field where local policies, procedures and protocols apply. The alternative could be that the EMT will be functioning outside of medical

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			control and subject to certification action.
§ 100075. Page 22 Line 16	Cheryl Pittman, EMT, Professor, EMT Program Director, East Los Angeles College	(1) Blood glucose determination: ALL EMTs should use the one that automatically gets blood from the arm of the patient, so this is not an invasive procedure by avoiding using a lancet on fingers. More comfortable and less painful for the patient. (2) Indications and contraindications should be clear. (3) Comment: Understanding that being at a community college funds are not readily available to purchase additional equipment for EMT Program. Further, training skills equipment is not inexpensive.	Comment acknowledged No change 1. It is up to the LEMSA to determine the type of device. 2. This is up to the training program based on current information. 3. Comment acknowledged General comment
§ 100075(e)(C)1 Page 22 Line 28	San Joaquin County EMS Agency	This should be worded as "Medical asepsis" to be consistent.	Comment acknowledged, Comment accepted Medical asepsis will replace "cleaning the site".
§ 100075(e)(2) Page 22 Line 44	San Joaquin County EMS Agency	This does not clearly define if this is a separate written and skills test from the initial EMT final written and skills test (see 100073(a)(2)).	Comment acknowledged. This section will be amended to remove the competency written and skills exams for each individual item. Section 100073 (a) (2) will be amended to add "to include all skills covered by the course content listed in Section 100075 " to the end of the sentence. This way these skills can be batched into periodic written skills tests and not be tested individually.
§ 100075.	REMSA	Speaks to a "competency-based	Comment acknowledged

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Required Course Content. p.23 L 6-7		practical/skills scenario exam" that includes "coordinated law enforcement /fire/EMS response" – it is unbelievably impractical to require every trng program to stage a multi-co drill with the real players. (It is difficult to accomplish that at the LEMSA level)	This comment referred to Section 100075 (f)(8). This sub-section was amended to remove testing because testing is required under Section 100073 (a). The requirement for testing was related to knowledge on how to coordinate with local law enforcement, not actually apply the knowledge.
§ 100075(f) Page 23 Line 12	San Joaquin County EMS Agency	8 hours of tactical casualty care principles in a basic EMT course is excessive. Content included in this section are already in EMT required course content per the National EMS Education Standards. This section should be evaluated to determine the time required to instruct on the added material not already included in National EMS Education Standards.	Comment acknowledged No Change This proposed tactical casualty care content is consistent with the intent of AB 1598 (Rodriquez) and the EMS Authority has chosen to require this training. The course content of the TCC principles has been amended and the required course hours have been amended to a *minimum* of 4 hours leaving it up to the training program. The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.

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§ 100075. Required Course Content. Page 23 Lines 12-14	REMSA	Subsections (c), (d), and (e) do not have time frames attached to their learning, but are competency-based, yet (f) has mandated hrs. Suggest the use of competency-based language with the inclusion of "8 hrs" as a suggested amount or a minimum amount.	Comment acknowledged, Comment accepted The course content of the TCC principles has been amended and the required course hours have been amended to a *minimum* of 4 hours leaving it up to the training program. The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§ 100074 Page 23 Line 12-14	Tom O'Connor Ventura College	Consider removing requirement for all EMT training programs to an agency or LEMSA training requirement. This is similar to emergency vehicle operations in that each group has a different type of vehicle or a set of local tactical plans. A significant portion of our student population does not intend to use the EMT training to work in EMS, but use this information as a foundation for their allied health career goals. Of the students that enter into employment in EMS, a majority are working for companies that are IFT only and will not have an opportunity to use this training. Would all EMT instructors teaching this	Comment acknowledged No change This proposed tactical casualty care content is consistent with the intent of AB 1598 (Rodriquez) and the EMS Authority has chosen to require this training. The course content of the TCC principles has been amended and the required course hours have been amended to a *minimum* of 4 hours leaving it up to the training program. The tactical component has been removed from initial,

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		information be required to be certified instructors in TCCC? This comes with significant additional costs for each program that would include each instructor taking a TCCC course, taking the instructor course, and completing observation time as a volunteer instructor before becoming certified. If this is not a requirement of EMT instructors, there is the potential for incorrect instruction. We would not hire an EMT instructor that never had any EMS field experience. Why should we allow an instructor without TCCC experience teach this material without proper credentials.	renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training. Comment acknowledged No change All course content is required for primary EMT training. It is difficult to determine how each EMT will apply their certification, if they chose to practice at all. Comment acknowledged No change Section 100070 (d)(3)(D) requires the instructor be approved by the EMT training program director as qualified to teach the topics to which he/she is assigned.
§ 100075(f) Page 23 Lines 12-14	LA County EMS Agency	Delete minimum time requirement: "(8) hours" for the phrase to read "shall include training in tactical casualty care (TCC) principles ……." LA County EMS Agency is requesting all added education for the EMT to read "shall result in the EMT being competent." All education delivered requires the individual to demonstrate competency. We recommend all EMS CE and training programs be approved by their LEMSA to provide the updated content required for initial certification or renewal. EMS providers train	Comment acknowledged The course content of the TCC principles has been amended and the required course hours have been amended to a *minimum* of 4 hours leaving it up to the training program. Comment acknowledged The tactical component has been removed from initial, renewal and recertification

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		their personnel when new scope practice, clinical, and protocols changes occur to meet system needs. Public Safety Regulations have an optional scope of practice for several of these changes with no hourly time requirements. Minimum time requirements as written will place an unjust burden on providers who have been delivering exceptional education and updates within their system.	requirements and will be left up to the EMT and his/her employer if they need to take this training.
§ 100075/23/12-26/16	Jeffrey P Snow Santa Rosa Junior College	Strike regulations tactical casualty care training	Comment acknowledged No change This proposed tactical casualty care content is consistent with the intent of AB 1598 (Rodriquez) and the EMS Authority has chosen to require this training. The course content of the TCC principles has been amended and the required course hours have been amended to a *minimum* of 4 hours leaving it up to the training program. Comment acknowledged The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§ 100075(f) Page 23-26		Revise Tactical Casualty Care principles to an overview and core content.	Comment acknowledged

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Lines 12-45, 1-		Listed content requirements are copied and pasted from a guideline currently in a taskforce/workgroup and public comment. Subject matter experts in tactical casualty care within the workgroup are still debating the content included in the guideline. The content exceeds the knowledge and skills required for an EMT to care for an individual as part of a rescue task force managing patients within the warm zone. The content should not exceed the requirements outlined in Chapter 1.5 of Title 22, First Aid and CPR Standards and Training for Public Safety Personnel.	The course content of the TCC principles has been amended and the required course hours have been amended to a *minimum* of 4 hours leaving it up to the training program. The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§ 100075(f) Page 33 Starting at Line 12 Correction: page 23	Andrew Dowd Ventura College	As an overview, requiring this training within EMT programs is un-necessary and places a significant burden on EMT Training programs. The curriculum is not currently included as part of the EMT National Standard Curriculum, and as such – programs would need to adopt the NAEMT curriculum. Few if any EMT instructors are qualified as TCC Instructors, meaning significant training and/or contracting of training. http://www.naemt.org/education/tecc/become-an-instructor The costs and logistics of providing a TCC scenario-based examination could be challenging, requiring resources which are beyond those currently used within any EMT training program (qualified instructors, simulated patients, law enforcement personnel, etc.) .	Comment acknowledged No change This proposed tactical casualty care content is consistent with the intent of AB 1598 (Rodriquez) and the EMS Authority has chosen to require this training. The course content of the TCC principles has been amended and the required course hours have been amended to a *minimum* of 4 hours leaving it up to the training program. The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her

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		The intent of the legislation was to ensure that First Responders are trained in TCC, and as such – the burden should be shifted from EMT Training Program to First Responder Agencies. These agencies develop their own policies and procedures for TCC, and should bear the responsibility of ensuring their employees are adequately trained. The responsibility of EMT Training Programs should be to produce candidates who are qualified to obtain certification and seek employment with providers. A model for this would be Emergency Vehicle Operations. The EMT National Standard Curriculum covers Ambulance Operations and safety, but does not require EMT Programs to conduct driver's training, EVOC courses, etc. This is the responsibility of First Responder Agencies; to adopt and provide training that meets their SOP/SOGs. Requiring EMT Training Programs to provide classes in Emergency Vehicle Operations would be a significant burden and liability – the same is true with TCC. The Authority (and regulations) should treat TCC as it does EVOC, not as it does the standard EMT Curriculum. The Authority could meet the intent of the legislation by requiring First Responder Agencies to provide this training (similar to the AED Service Provider or Safe Surrender requirements), or require each LEMSA to develop regional TCC training programs – shifting the burden away from EMT Training	employer if they need to take this training. Comment acknowledged No change. The EMS Authority along with the recommendation of our multidisciplinary working group, have chosen to require this training in all levels of EMS personnel through primary training. Comment acknowledged No change. Comment acknowledged No change. The EMS Authority proposes to use the course content from the proposed tactical first aid chapter of the TCC Guidelines that are being drafted with the assistance of the California

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		programs and to responder agencies. By requiring LEMSAs and/or First Responder agencies to address this with their first responders, the Authority would also ensure that each local community had action plans to address TCC scenarios. This approach would much better serve the needs of the EMT Programs, the LEMSAS and Responder Agencies, and the publis as a whole. If is determined that TCC training not be removed, then the training should be required to adhere to the NAEMT guidelines, and be required to be conducted by a certified TECC instructor. Further, Instructor guidelines for EMT Program Instructors should be updated to include / cover TCC instructors. Third, section (f) (1) (F), I don't believe there is a difference in authorized skills at a varying provider levels under TCC / active shooter scenarios. Recommend removing this section. Fourth (f) (6) – All of these skills are already demonstrated as required by the current EMT training requirements (100075(a) and NHTSA Guidelines). Students should not need to re-demonstrate competency in these skills. Fifth, (8) requires a scenario-based examination that will create significant	Tactical EMS Committee. Comment Acknowledged As provided in Section 100070 all instructors must be "qualified by education and experience" to teach the area being taught. Comment acknowledged No change. The intent is for the EMT instructor to emphasize that EMTs can only practice in the EMT scope of practice. Comment acknowledged No change. The EMS Authority is proposing that these topics are taught and not when or how. The proposed course content

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		challenges for EMT Training programs, in terms of costs, coordination, planning, and more. All skills will have previously been demonstrated on competency-based exams during the EMT Training Program, and any didactic / knowledge items can be demonstrated on as part of a written exam. Recommend removing this section entirely. Sixth, (g) No other new skill, didactic component, or Optional Scope item with the EMT regulations requires evidence of compliance. It seems un-necessary and questionable why TCC alone requires demonstration of compliance beyond what compliance recommendations already exist for current EMT Training programs. Recommend removing this section.	is for emphasis in the tactical environment. Comment acknowledged This sub-section was amended to remove testing because testing is required under Section 100073 (a). The requirement for testing was related to knowledge on how to coordinate with local law enforcement, not actually apply the knowledge. Comment acknowledged No change. Subsection (g) applies to all new topics in the chapter not just TCC.
§ 100075(f) Page 23 Line 12	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	EMSAAC believes 8 hours of tactical casualty care principles in a basic EMT course is excessive. This content is primarily directed at personnel that are already working within organized EMS systems and it will be difficult for EMT programs to incorporate into their basic curriculum. We recommend this portion be revised to be an overview of the tactical casualty care principles, and consist of no more than 2 hours. Additional tactical casualty care training for certified personnel should be at the LEMSA or EMS provider direction.	Comment acknowledged The course content of the TCC principles has been amended and the required course hours have been amended to a *minimum* of 4 hours leaving it up to the training program. Comment acknowledged The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.

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§ 100075(f) Page 23 Line 12	Kern County EMS Division	Kern believes 8 hours of tactical casualty care principles in a basic EMT course is excessive. This content is primarily directed at personnel that are already working within organized EMS systems and it will be difficult for EMT programs to incorporate into their basic curriculum. We recommend this portion be revised to be an overview of the tactical casualty care principles, and consist of no more than 2 hours. Additional tactical casualty care training for certified personnel should be at the LEMSA or EMS provider direction.	Comment acknowledged The course content of the TCC principles has been amended and the required course hours have been amended to a *minimum* of 4 hours leaving it up to the training program. The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§ 100075(f) Page 23 Line 12	Steve Carroll Ventura County EMS Agency	8 hours of tactical casualty care principles in a basic EMT course is excessive. This content is primarily directed at personnel that are already working within organized EMS systems and it will be difficult for EMT programs to incorporate into their basic curriculum. We recommend this portion be revised to be an overview of the tactical casualty care principles, and consist of no more than 2 hours. Additional tactical casualty care training for certified personnel should be at the LEMSA or EMS provider direction.	Comment acknowledged The course content of the TCC principles has been amended and the required course hours have been amended to a *minimum* of 4 hours leaving it up to the training program. The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§10075(f) Page 23 Line 12	North Coast EMS	North Coast EMS believes 8 hours of tactical casualty care principles in a basic EMT course is excessive. This content is primarily directed at personnel that are already working	Comment acknowledged The course content of the TCC principles has been amended

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		within organized EMS systems and it will be difficult for EMT programs to incorporate into their basic curriculum. We recommend this portion be revised to be an overview of the tactical casualty care principles, and consist of no more than 2 hours. Additional tactical casualty care training for certified personnel should be at the LEMSA or EMS provider direction.	and the required course hours have been amended to a *minimum* of 4 hours leaving it up to the training program. The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§ 100075 Page 23, Line 12	Anthony Mendoza	There is concern about whether TCC training has evidence to show a decrease in mortality/morbidity on active shooter incidents in the non-war setting in the United States. Does it offset cost of teaching instructors the material, teaching them how to teach it, additional hours of EMT school, training upkeep, potential harm to EMT personnel by going into unsecure scenes (rather than law enforcement extricating patients), and *dissuasion* of EMT students (often 17 or 18 year-old enrolled undergrads) from working in the field. EMS is often criticized for non-evidence based practices or getting swept up in a treatment fad. Additional hours in training should go toward further depth in medical assessments, understanding sepsis, survival factors in trauma. Or simply increased fluency with mechanical skills to decrease scene-times with critical patients.	Comment acknowledged The course content of the TCC principles has been amended and the required course hours have been amended to a *minimum* of 4 hours leaving it up to the training program. The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.

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		Consider making this an optional scope or a training that EMTs can volunteer to attend based on their employer or special interests. Note: Commenter realized this training is mandated by a separate law, but still wishes to submit this into public comment. Perhaps here is the opportunity to de-emphasize the "tactical" nature of this module and still comply with the training.	
§100075(f)(6)(B)(4) Page 24 Line 41	LA County EMS Agency	Delete "if approved by the Local EMS agency"	Comment acknowledged, Comment accepted Nasopharyngeal airways are in the EMT basic scope.
§100075. Page 25 Line 13-25	Anthony Mendoza	Clarification on whether this means it will be demonstrated to students (by instructors) or if it is creating a requirement to demonstrate the listed carries. I assume it's the former (since the latter would disqualify a good number of students).	Comment acknowledged The course content of the TCC principles has been amended and the required course hours have been amended to a *minimum* of 4 hours leaving it up to the training program. The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training. Subsection will be amended for consistency with the proposed tactical first aid topics in the proposed TCC Guidelines related to patient

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			movement. Student will be required to show competency.
§100075(f)(8) Page 25 Line 37	San Joaquin County EMS Agency	This does not clearly define if this is a separate written and skills test from the initial EMT final written and skills test (see 100073(a)(2)).	Comment acknowledged This sub-section was amended to remove testing because testing is required under Section 100073 (a).
§ ~~100074~~ 100075 Page 26 Line 6-7	Tom O'Connor Ventura College	Delete the requirement for the students to complete a competency based practical skills/scenario examination with a coordinated law enforcement/fire/EMS response. Arranging for these groups to volunteer time to an educational institution for large scale examinations would be an excessive demand on those agencies.	Comment acknowledged This sub-section was amended to remove testing because testing is required under Section 100073 (a). The requirement for testing was related to knowledge on how to coordinate with local law enforcement, not actually apply the knowledge.
§100079 (6) (7) (8) (9) Page 2 Starting at Line 43	Andrew Dowd	This additional requirement of providing proof of completion for these 4 new skills for certification creates a number of challenges for EMT Certification candidates and EMT Training Programs. First, the Authority requires EMT Training programs to provide a certificate of	Comment acknowledged This requirement will be removed from the initial certification section and required in the renewing EMT recertification sections. Any initial EMT certificate applicant will have this training in their primary training after 12 months of this chapter becoming effective. Comment acknowledged

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		completion, and entrusts programs to meet all training requirements in providing this to students. These statements would require all training programs to now provide course completion certificates for the course, and separate documentation for each of these 4 new items, which is completely un-necessary. The course completion certificate validates to the Authority (via it's agents) that the EMT student has successfully completed ALL aspects of an EMT Training program. They are not required to show proof of completion of each individual element. The same holds true for Paramedic students. Second - it is probable that many EMT Programs may not immediately adopt this curriculum immediately after the regulations are enacted. In those cases – you would have EMTs applying for certification that successfully completed a program, but were not trained in these 4 skills. The applicant and would then have to find some type of training program to obtain certification in these skills. Again, if the Authority held to the National Ed. Standards and kept this as local optional scope, the issue would be resolved. Third, as mentioned earlier – it may be that EMTs in one LEMSA couldn't train on certain skill which were not adopted by their LEMSA, and would be required to travel to another LEMSA where skills can be performed and a competency based exam can be given.	Comment acknowledged

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		Again, If these were are listed as optional skills,, only those EMTs in jurisdictions where skills are performed would be required to train in these skills. Moving these new skills into the Optional Local Scope would solve all of these problems. Training programs wouldn't be required to certify in this training, LEMSAs wouldn't be required to check verification of multiple skills / types. EMT Candidates would only be required to meet National Education Standards, and the intent of the legislation would still be met.	Comment acknowledged No change. These are required training topics most of which are required by statute. The one topic not required in statute is the use of the glucometer which was a recommendation by the work group to ensure the proper administration of oral glucose.
§100079(a)(1)-(3) Page 26 Line 27	San Joaquin County EMS Agency	Remove skills examination specified in 100059.1 of this Chapter, the final skills exam in the EMT course should satisfy the requirement.	Comment acknowledged No change. The NREMT written and skills examinations were selected as a single, professionally developed that is also legally defensible.
§100079. Page 26 lines 27-31	Contra Costa EMS	Recommend cleaning language to be more clear and concise. Certification should read certificate. (1) Pass the written examination and skills examination specified in Sections 100059 and 100059.1 of this Chapter within ~~the last~~ two (2) years ~~of~~ from the date of application ~~applying~~ for an EMT certificat~~ion e~~ and have a valid EMT course completion record or other documented proof of successful completion of an~~y~~ initial EMT course approved pursuant to Section 100066 of this Chapter ~~dated~~ issued within ~~the last~~ two (2) years of the date of	Comment acknowledged No change An EMT applies for certification not for a certificate. Comment acknowledged Comment accepted

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		application, or	
§100079(a)(4) Page 27 Line 1	San Joaquin County EMS Agency	Remove. This allows people outside of the 2 year course completion to apply for EMT certification. If this is left then the 2 year course completion requirement should be removed.	Comment acknowledged No change. This is one of many pathways for an individual to be eligible for EMT certification. Maintaining a current NREMT EMT certification shows a level of entry level competency for EMT certification in California.
§100079. Initial Cert Requirements. Page 27 Lines 4-8	REMSA	Simply and combine (5) and (6) (5) Possess a current and valid out-of-state Advanced EMT or Paramedic certificate/license from any state (and remove reference to (a)(6) in L 30 & 37 on p. 28)	Comment acknowledged No change. Combining the two levels provides no additional clarification.
§100079(b)(2) Page 27 Line 16	San Joaquin County EMS Agency	Should state, "The certifying entity shall verify the applicant is not excluded from certification from the results of the State and Federal criminal background check results.	Comment acknowledged No change. Current proposed language is intended to ensure that the criminal background check information is received and reviewed before issuing an EMT certificate. The comment would allow the certifying entity to issue an EMT certification without verifying if the applicant is precluded from certification based on criminal history. Some EMT certifying entities have issued EMT certifications prior receiving and reviewing criminal background checks, putting the public's health and safety at risk.

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§100079(b)(2) Page 27 Lines 16-17	LA County EMS Agency	Delete added line "The certifying entity shall receive the State and Federal criminal background check results before issuing an initial certification." This Section of the Regulations refers to the requirements for an EMT applicant to submit for EMT certification, not the requirements of the certifying entity. Chapter 6 and Chapter 10 should be reopened to incorporate clarification of the certification requirements of the certifying entity to improve compliance and a uniform process throughout the State. Develop language to identify penalties for non-compliance by a certifying entity with referenced Chapters.	Comment acknowledged No change. Current proposed language is intended to ensure that the criminal background check information is received and reviewed before issuing an EMT certificate. The comment would allow the certifying entity to issue an EMT certification without verifying if the applicant is precluded from certification based on criminal history. Some EMT certifying entities have issued EMT certifications prior receiving and reviewing criminal background checks, putting the public's health and safety at risk.
§100079. Page 27 lines 19-26	Contra Costa EMS	Suggest that the declaration encompass attachments to the application so training certificates, NREMT certificates, or other attachments are included. Suggest revising declaration to conform to the requirements of Penal Code § 118, et seq and Civ. Pro. § 2015.5. Suggest the following revision: "Complete an application form that contains this statement: "I hereby certify **under penalty of perjury under the laws of the State of California** that all information on this application or attached hereto is true and correct.; ~~to the best of my knowledge and belief, and~~ I understand that any falsification or omission	Comment acknowledged No change Unnecessary change.

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		of material facts may cause forfeiture on my part of all rights to EMT certification in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as an EMT in California. I authorize any person or agency who is presented with this application to release any information that may be required by the certifying entity to determine whether I meet the requirements for certification."	
§100079. Initial Cert Requirements. p.27 L 28	REMSA	Eliminate all misinterpretations and "wiggle room" (4) Disclose any prior and/or current certification or licensure action(s):	Comment acknowledged Change accepted Change provides clarity
§100079. Initial Cert Requirements. p.27 L 36-37	REMSA	Eliminate all misinterpretations and "wiggle room" C) Against any EMS-related certification or license of another state or other issuing entity, including denials and any active investigations	Comment acknowledged Comment accepted Provides consistency and clarity
§100079. Initial Cert Requirements. p.27 L 39	REMSA	Eliminate all misinterpretations and "wiggle room" (D) Against any health-related license from any state or issuing entity	Comment acknowledged No change This language is left intentionally broad to ensure it covers all options.
§100079. Page 27, lines 28-41	Contra Costa	This provision only requires disclosure of actions against a health care license. The applicant should be required to disclose any administrative or criminal investigations or pending charges which may bar certification by operation of law. Example: Applicant was	Comment acknowledged Comment accepted

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		not arrested but has been formerly charged with felony (e.g., grand theft of narcotics from a hospital) which would bar certification. Since no arrest occurred, the applicant has not been live scanned and no CORI record will result. The application is subject to denial pursuant to H&S 1798.200(c)(5), however, the EMS Agency has no knowledge of this pending charge or the circumstances. Suggest revising this provision to read and require Disclose any certification or licensure action: (A) Against an EMT or Advanced EMT, or EMT-II certificate, or any denial of certification by a LEMSA, including any active investigations B) Against a Paramedic license, or any denial of licensure by the Authority, including any active investigations; (C) Against any EMS-related certification or license of another state or other issuing entity, including any active investigations; or (D) Against any health-related license. (5) Disclose any pending or current criminal investigations. (6) Disclose any pending criminal charges. The applicant shall also disclose each and every certifying entity or LEMSA to which the applicant has applied for a certificate in the previous 12 months	
§100079. Initial Cert Requirements. p.27-28 L 43 -46 and 1-15	REMSA	For (6), (7), (8), and (9) – "Provide documentation of successful completion by an approved EMT training program or approved CE provider in the use . . ."	Comment acknowledged This requirement will be removed from the initial certification section and required in the renewing EMT certification and recertification sections.

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			Any initial EMT certificate applicant will have this training in their primary training after 12 months of this chapter becoming effective.
§100079(b)(6) Page 27 Line 45	San Joaquin County EMS Agency	Remove the "and" after (c)	Comment acknowledged This requirement will be removed from the initial certification section and required in the renewing EMT certification and recertification sections. Any initial EMT certificate applicant will have this training in their primary training after 12 months of this chapter becoming effective.
§100079(b)(6) Page 27 Lines 43-46	LA County EMS Agency	Revise "…by an approved EMT training program in the use and administration" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in the use and administration…" All EMT and EMS CE programs should be eligible to provide the training as long as the training is reviewed and approved by the LEMSA to provide training opportunities for every EMT in the State to meet the new requirements. EMT programs may lack sufficient resources or are institutionally/organizationally prevented to offer training to EMTs outside of their personnel or provide EMS continuing education.	Comment acknowledged This requirement will be removed from the initial certification section and required in the renewing EMT certification and recertification sections. Any initial EMT certificate applicant will have this training in their primary training after 12 months of this chapter becoming effective.
§100079(b)(6)	LA County EMS Agency	Revise "within twenty-four (24) months of the	Comment acknowledged

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Page 27 Lines 43-46		effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations." EMTs in primary training programs may complete the program prior to the new training program material being approved and implemented. LEMSAs and larger public safety departments will experience a significant burden in staff time and costs in notifying and tracking individuals to meet the requirements if the deadline occurs between their current certification cycle. Currently, in LA County, approximately 40% of the EMTs do not renew their certification prior to their expiration with a large percentage never renewing.	This requirement will be removed from the initial certification section and required in the renewing EMT certification and recertification sections. Any initial EMT certificate applicant will have this training in their primary training after 12 months of this chapter becoming effective.
§100079(b)(6)-(9) Page 27-28 Line 43	San Joaquin County EMS Agency	Consider requiring these items be listed on the initial EMT Course Completion certificate. The certifying entities do not receive any funding to maintain this information. This should be a renewal requirement, not added into the initial requirement. It should be tracked in MLO for renewal.	Comment acknowledged This requirement will be removed from the initial certification section and required in the renewing EMT certification recertification sections. §100083 of this chapter provides for certifying entities to establish fees to cover their costs to administer the requirements of this chapter. The statute §1797.212 allows Certifying Entities to establish fees that cover the cost of maintaining the certification files.

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			Any initial EMT certificate applicant will have this training in their primary training after 12 months of this chapter becoming effective.
§100079. Page 28 Line 2	Kim Roderick	(7) provide documentation of successful completion by an approved EMT training program in the use and administration of epinephrine by Auto-injector…" should we update the language to reflect the draw up of the med?	Comment acknowledged No change This requirement will be removed from the initial certification section and required in the renewing EMT certification and recertification sections. Any initial EMT certificate applicant will have this training in their primary training after 12 months of this chapter becoming effective. The administration of epinephrine auto-injector is under the basic scope of practice. Training in the administration of epinephrine via prefilled syringe and/or drawing up is under the optional skill that must be approved by the LEMSA Medical Director.
§100079(b)(7) Page 28	LA County EMS Agency	Revise "…by an approved EMT training program in the use and administration" to	This requirement will be removed from the initial

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Lines 2-5		read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in the use and administration…"	certification section and required in the renewing EMT certification and recertification sections. Any initial EMT certificate applicant will have this training in their primary training after 12 months of this chapter becoming effective.
§100079(b)(7) Page 28 Lines 2-5	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged This requirement will be removed from the initial certification section and required in the renewing EMT certification and recertification sections. Any initial EMT certificate applicant will have this training in their primary training after 12 months of this chapter becoming effective.
§100079(b)(8) Page 28 Lines 7-10	LA County EMS Agency	Revise "…by an approved EMT training program in the use and administration" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in the use and administration…"	Comment acknowledged This requirement will be removed from the initial certification section and required in the renewing EMT certification and recertification sections. Any initial EMT certificate applicant will have this training in their primary training after 12 months of this chapter becoming effective.
§100079(b)(8)	LA County EMS Agency	Revise "within twenty-four (24) months of the	Comment acknowledged

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Page 28 Lines 7-10		effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	This requirement will be removed from the initial certification section and required in the renewing EMT certification and recertification sections. Any initial EMT certificate applicant will have this training in their primary training after 12 months of this chapter becoming effective.
§100079(b)(9) Page 28 Lines 12-15	LA County EMS Agency	Revise "…by an approved EMT training program in tactical casualty care principles" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in tactical casualty care principles…"	Comment acknowledged This requirement will be removed from initial, renewal and recertification. Any initial EMT certificate applicant will have this training in their primary training after 12 months of this chapter becoming effective.
§100079(b)(9) Page 28 Lines 12-15	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged This requirement will be removed from initial, renewal and recertification. Any initial EMT certificate applicant will have this training in their primary training after 12 months of this chapter becoming effective.
§100079. Page 28 lines 17-20	Contra Costa EMS	This provision does not allow sufficient time to complete review and decisions on applications where, for example, a CSAM is required or an investigation into an arrest or conviction is required. This Section should be	Comment acknowledged No change Opening an investigation stays the 45 days because you

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		revised to read: (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. The EMT certifying entity shall have 90 days to approve or deny applications where an applicant has disclosed pending criminal charges, a criminal history, or administrative or disciplinary action against a health care related professional license.	cannot determine if the applicant has met the requirements of certification if there are eligibility questions.
§100079. Initial Cert Requirements. Page 28 Line 25 - 28	REMSA	Even though (a)(3) has a valid out of state (OOS) cert, we are still requiring them to take and pass the designated written and skills exam. (the OOS cert is simply taking the place of the documents of basic trng). Since the exams are our tests of competency (as with (a)(1) and (a)(2)), the expiration date of (a)(3) should be similar to that of (a)(1) and (a) (2), OR 2 years from the date of successful completion of the tests.	Comment acknowledged Language has been revised. All initial EMT certifications will have a two year certification cycle.
§100079. Initial Cert Requirements. Page 28 Line 33-34	REMSA	A) The last day of the month two (2) years from the effective date of the ~~initial~~ current EMT certification	Comment acknowledged Comment acknowledged Language has been revised. All initial EMT certifications will have a two year certification cycle.
§100079 (h) Page 29	Andrew Dowd	Please revise to read: "An individual currently certified as an EMT shall be recognized as an	Comment acknowledged No change.

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Starting at Line 4		EMT on a state wide basis, and shall not be required to re-certify, retest, or re-register as an EMT with any LEMSA in which they perform solely under the EMT Basic Scope of Practice as defined in section 100063(a). " - Add (h) (1) An individual currently licensed as a Paramedic or certified as an AEMT or EMT is deemed to be certified as an EMT for the duration of their licensure or certification. Licensed Paramedics and certified AEMTs shall be recognized as being certified as EMTs on a Statewide basis, and may perform the EMT Basic scope of practice on a statewide basis. LEMSAs shall not require Licensed Paramedics and Certified AEMTs to maintain separate EMT certification. (see below for explanations / justifications)	It is the purview of the employers to require or not require the EMTs to change Certifying entities. Comment acknowledged. Language has been added to say "A licensed paramedic employed as an EMT may perform any activity identified in the scope of practice of an EMT without requiring a separate certification." Subsection has been moved to Section 100062 "Application of Chapter" for clarity since these also apply to renewal and recertification, not just Initial certificates.
§100080 (a) (3) (B) Page 30 Starting at Line 19	Andrew Dowd	Re-number as (4) and read: An individual currently licensed in California as a Paramedic, or certified as an Advanced EMT, is deemed to be certified as an EMT on a statewide basis, for the duration of their licensure or certification, and their certification as an EMT shall be recognized on a statewide basis. LEMSAs shall not require Licensed Paramedics and Certified AEMTs to maintain separate EMT certification. Licensed Paramedics are able to perform within the EMT scope of practice on a statewide basis, regardless of their accreditation status within	Comment acknowledged No change. It is the purview of the employers to require or not require the EMTs to change Certifying entities. Language has been added to say "A licensed paramedic employed as an EMT may perform any activity identified in the scope of practice of an

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		any LEMSA. Add (4) (A) Should a licensed Paramedic or certified Advanced EMT choose maintain separate EMT Certification, possession of a current license or certification shall fulfill the requirements for recertification as an EMT under this section. Add (4) (B) If separate EMT certification for Paramedics or AEMTs is issued under this provision, the dates of certification shall run concurrent with the Paramedic license or Advanced EMT certification. Add (4) (C) If separate EMT certification for Paramedics or AEMTs is issued under this provision, the certification shall be provided to the Paramedic or AEMT at no cost and with no fees. Explanation: Currently, a number of LEMSAs do not recognize licensed Paramedics as being certified as EMTs, and require redundant and concurrent EMT certification and Paramedic licensure to function within the EMT Scope of Practice within their LEMSA. In Ventura County, for example, the LEMSA does not recognize Paramedic Licensure as being valid for EMT Certification. Licensed Paramedics are required to maintain separate and concurrent EMT certification to operate within the EMT scope of practice. They have also attempted to mandate that provider agencies within their jurisdiction require separate and concurrent	EMT without requiring a separate certification." Subsection has been moved to Section 100062 "Application of Chapter" for clarity since these also apply to renewal and recertification, not just Initial certificates.

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		EMT Certification as a condition of employment for licensed paramedics. This practice is beginning to take hold in other jurisdictions within the State, creating a fractionalized system that goes against the foundation of Health and Safety code, and current EMT and Paramedic regulations. In some jurisdictions, these policies are implemented on a discretionary basis and not equally applied. In Ventura County, for example, this practice currently only applies to non-locally Accredited Paramedics, while accredited paramedics are recognized as currently certified EMTs. In other jurisdictions, this practice was pursued for all licensed Paramedics regardless of accreditation status. Obviously, there is absolutely no support for this practice in any of the EMT or Paramedic regulations; however the practice continues, and is being pursued in other areas of the state. As a result, Paramedics operating in these areas are required to maintain and pay for dual certification / licensure, (carrying both a Paramedic License and a separate EMT Certification) and required to duplicate their Continuing Education, and demonstrate EMT skills on a bi-annual basis. The justification for this varies county by county, but the consistent reason given by LEMSAs is that the language in Title 22 section 2 and the Health and Safety code doesn't clearly and explicitly state that	

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		licensed paramedics are considered to be certified as EMTs and that no separate, concurrent certification is required. Further, in Ventura County this dual-certification policy was justified by claiming the ability to develop all necessary policies and procedures to maintain medical control within their system. This practice has the potential to expand to include all licensed Paramedics in counties currently implementing some form of dual certification, and eventually throughout the state. Requiring dual certification has the potential for serious consequences statewide. This practice runs contrary to the Health and Safety code (see references below), and the current Paramedic Regulations. Per Title 22, Chapter 6 - "licensed Paramedics are deemed to be certified EMTs with no further testing required". Per H&S Code – "Paramedics are not to be retested and re-certified in their basic scope of practice for each area in which they operate", which includes the basic EMT scope of practice. Finally, anyone certified as an EMT (including a licensed Paramedic) is required to be recognized on a statewide basis. The solution to this problem is to take this opportunity and clarify the regulations now, leaving no questions on this issue. LEMSAS pursing this policy have claimed that the regulations aren't clear, and therefore they whatever policies they deem necessary by their own regional interpretation. Letters,	

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		Emails and memos supporting this position can be submitted upon request for reference. Statewide recognition and application of licensing and certification standards is vital to our EMS system. This differing regional interpretation alone justifies the need for clarification of these policies within the updated EMT regulations and consistency on a Statewide basis. With growing number of first-responder Paramedics reaching higher positions within their agencies (e.g.: Captains, Battalion Chiefs, etc.) There are thousands of Licensed Paramedics statewide operating as EMTs that could be affected. As other areas push for a dual-certification requirement, this problem has the potential to be greatly compounded. The consequences if these regional polices were enacted on a statewide basis would be very significant to provider agencies and responders alike. In some cases, a Paramedic may choose to maintain separate certification, or may be required to do so by their employer. In those cases, the certification / re-certification process should be amended (section 4 A) and simplified. Paramedics are already required to submit 48 hours of CE to the state for licensure, and are not required to demonstrate skill proficiency. As such, they have exceeded the EMT certification requirements, and should not be required to demonstrate anything other than the	

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		possession of a current, valid Paramedic license. Finally, Paramedics have paid for inclusion in the EMT Registry, and for all related services in their payment for Paramedic licenses, and should not be double-billed for maintaining separate certification. References: Chapter 2, Section 100046 (a) Section 100065 (i) H&S Code 1797.185 H&S Code 1797.7 (b)	
§100079. Page 29 lines 6-11	Contra Costa EMS	For security reasons, applicants who report a stolen card should be required to the report the theft to law enforcement and submit a case number with their request. Suggest revision superfluous language to read: (h) ~~California certified~~ EMTs certified pursuant to this Chapter shall be recognized ~~as an EMT on a statewide basis~~ as an EMT statewide.. (i) If an EMT or Advanced EMT certification card is lost, destroyed, damaged, or there has been a change in the name of the EMT, the EMT must notify the certifying entity within 30 days. (j) Upon notification to the certifying entity pursuant to subsection (i), an EMT may ~~a~~ request a duplicate ~~certification card~~ EMT wallet ~~may be requested~~. The request shall be in writing to the certifying entity that issued the EMT certificate and include a statement	Comment acknowledged No change Reporting the theft of an EMT card to law enforcement should not be required in regulations. Comment acknowledged No change Does not provide any further clarification. Change is unnecessary. Comment acknowledged No change There is no information showing this has been a problem. Change is unnecessary.

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		identifying the reason for the request and, if due to a name change, ~~a copy~~ must submit ~~of legal documentation of the change in name~~ a certified copy of the court order or marriage certificate. The duplicate card shall bear the original certification number and ~~date of expiration as the replaced card~~expiration date.	
§100079(i) Page 29 Line 8-10	San Joaquin County EMS Agency	Should add "include" to read as follows: "The request shall be in writing to the certifying entity that issued the EMT certificate and include a statement identifying the reason for the request and, if due to a name change, include a copy of legal documentation of the change in name.	Comment acknowledged Comment Accepted Additionally, this subsection has been moved to Section 100062 as this is a more relevant place for this information.
§100079(j) Page 29 Line 13-30	San Joaquin County EMS Agency	Remove it. There is no reason to deactivate an EMT certification. If someone no longer wants to maintain their EMT certification they can just let it lapse. The certifying entities do not receive any funding to maintain this information.	Comment acknowledged No Change. If an EMT chooses/wants to deactivate the certification there is no reason to deny them the option and there needs to be a process in place to allow this change. Certifying Entities are required by Statute and regulations to maintain all EMT certificate statuses to include deactivation. The statute §1797.212 allows Certifying Entities to establish fees that

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			cover the cost of maintaining the certification files.
§100079. Page 29 lines 13-17	Contra Costa EMS	This section creates a new process for the existing process to surrender an EMT card. This section would create a duplicate provision for the surrender. Suggest eliminating this section and retaining provisions relating to the surrender of an EMT card.	Comment acknowledged No change This is not related to the surrendering of certification due to enforcement investigation. This is related to an EMT giving up their certification because they no longer want to be certified.
§100079 (j)(3) Page 29 Line 23-24	Andrew Dowd	Remove this line – EMTs are not accredited to a LEMSA, they are recognized Statewide for their certification.	Comment acknowledged No change Accreditation is necessary if the EMTs are working in a LEMSA that allows optional scope of practice as specified in section §100061.
§100080 and §100081 Multiple Areas Page 29 Page 32	Steve Carroll Ventura County EMS Agency	The current skills competency verification form, EMSA-SCV (08/10), is applied inconsistently and difficult to verify. The new proposal of requiring 6 of the 24 hours of continuing education to be skills based and instructor led will be also be inconsistent, open to interpretation and difficult to track and verify. We recommend removal of both of these items from the regulations and recommend that skills competency verification be addressed through a LEMSA EMSQIP process.	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality

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			Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100080 and §100081 Multiple Areas Page 29 Page 32	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	EMSAAC believes the 6 hours of skills based and instructor led continuing education requirement and the skills competency verification form, EMSA-SCV (08/10) should be removed. This requirement is undefined, inconsistent and will be very difficult to track. EMSAAC recommends skills competency be accomplished through the EMSQIP process.	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100080 and §100081 Multiple Areas Page 29 Page 32	Kern County EMS Division	Kern believes the 6 hours of skills based and instructor led continuing education requirement and the skills competency verification form, EMSA-SCV (08/10) should be removed. This requirement is undefined, inconsistent and will be very difficult to track. Kern recommends skills competency be accomplished through the EMSQIP process.	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this

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§100080 (a) (7), (8),(9) and (10)	James Salvante EMS Coordinator Coastal Valleys EMS Agency	Epinephrine administration, Tactical Trauma Care, Naloxone Administration and Glucometer use are required upon initial training and as a condition of ongoing certification. The requirement to complete training is the same for each EMT already certified in California; 24 months after regulation adoption. Therefore EMTs without proof of training face suspension and/or revocation of certification if training is unavailable. In addition to loss of EMT-level responders in rural communities with fewer training resources, the LEMSA faces the burden of multiple mandatory mid-cycle suspension or revocation processes. Training Programs may be unable to manage the volume of EMTs needing the training update in the required timeframe. Suggest changing the timeframe for the updated training to coincide with individual EMT renewal dates rather than 24 months after effective date of chapter revision. This will allow EMS systems with capacity to adopt new policy and train local EMTs to move forward, while lessening the impact on systems with fewer resources, particularly rural communities.	Comment acknowledged Comment Accepted Language will be changed to "Starting 24 months after the effective date of these regulations any EMT renewing, for the first time following implementation, shall submit documentation of successful completion by an approved EMT training program or approved CE provider of the following training: " Comment acknowledged The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§ 100080/30/1	Clarence Teem Kimberly Freeman, MD	There is no logical reason a Paramedic or Advanced EMT should be prohibited from being certified as an EMT. Refer to § 100079/27/1-8.	Comment acknowledged No change. The struck subsection §100080 (a)(1)(2) is under EMT certification renewal and does not prohibit Paramedics or Advanced EMTs from becoming an EMT.
§100080(a)(2)	San Joaquin County EMS	Would a 24 hour online refresher course from	Comment acknowledged

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Page 30 Line 7	Agency	an approved EMT training program count? We have at least one in the State.	Yes, as long as the training program met all approval requirements including a final skills exam. The regulations do not specify if the approved program must be in person or online, just that it be approved. It is the purview of the approving authority to decide if an online training program meets the requirements.
§100080(a)(3) (A) & (B) Page 30 Line 10	San Joaquin County EMS Agency	This requirement is not feasible. Chapter 11 of this Division does not have any requirements to include if a course was done in person and instructor led. The definition for instructor based is "the instructor resources are readily available to the student to answer questions, provide feedback, provide clarification, and address concerns (e.g., on-line CE courses where an instructor is available to the student).	Comment acknowledged, Subsection will be amended to remove "instructor led" since it is clear that it specifies that the skills based CE is in person.
§ 100080/30/15	Clarence Teem Kimberly Freeman, MD	Six hours of skills CE is excessive, 4 hours is more realistic.	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills

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			competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100080(a)(3)(A) Page 30 Lines 14-17	LA County EMS Agency	Delete "Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor lead." LA County EMS Agency does not believe the skills competency verification is "broken." However, the process which the Regulations authorized skill competency to be verified is. EMT skills are the foundation of care in EMS and a vocational trade which should continue to maintain a level skill competency.	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100080. Page 30 lines 14-17	Contra Costa EMS	(A) Obtain at least twenty-four (24) hours of continuing education (CE). Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor led, or I support this proposed revision; however, there is no definition of what skills are required to be trained on during this 6 hours. I would suggest updating and adopting the	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality

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		EMSA skills competency exam form that was published in 2003. As new perishable skills have been added to the scope of practice, those perishable skills should be added to the skills competency. Suggest language to the effect of: 1. Obtain at least twenty-four (24) hours of continuing education (CE). Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor led. The skills instruction shall include, at a minimum, the following: trauma patient examination and assessment, medical patient examination and assessment, emergency airway management assessment and treatment, emergency respiratory assessment and treatment, demonstration of AED and CPR to the standards of the American Heart Association in infant, child an adult CPR, emergency shock assessment and treatment, emergency neurological assessment and treatment, soft tissue injury assessment and treatment, diabetic emergency treatment and assessment, opiate overdose emergency assessment and treatment. 2. The candidate must demonstrate competency based on the standards set forth in the EMSA skills competency test before CE is issued for the 6 hours of skills instruction. .	Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100080 (a) (3)(A) Page 30 Line 15	North Coast EMS	We are in support of requiring six (6) hours of continuing education hours be taking in person and be skills based. We would actually like to see this be increased to eight	Comment acknowledged Comment accepted Based on workgroup input,

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		(8) hours.	both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100080. EMT Cert Renewal. Page 30 Lines 14-17 and 22-25	REMSA	We see no problems with the current skills competency verification (lines 35 – 45). But if it MUST be changed, this new verbiage on skills is too broad and vague. With the current language, a CPR class and a repeat of that class (one repeat is allowed q cert cycle) could account for 4 hours of the six required. And 6 hours is too much time. Even with the current 10 required categories of skills, a very thorough review and practice doesn't take any longer than 4 hrs. Suggest requiring 4 hours of skills-based, instructor led CE with verbiage mandating that these hours include all 10 of the currently mandated areas. Additionally, since so many on-line CE providers are considered "instructor-based" the 4 hours of skills cannot be done thru distributive learning, but must be through actual class time with in-person instructor feedback and coaching.	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100080/30/19-22	Kern County EMS Division	"currently licensed in California as a Paramedic or certified as an Advanced EMT	Comment acknowledged The language has been

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		… may be given credit…." The statement seems confusing. If the individual is dual licensed/certified as a paramedic (AEMT) and the California issued paramedic license is current that should be sufficient for EMT certification regardless of the length of expiration? Consider revision: move to line 10 as (3) "Be currently licensed in California as a Paramedic or certified as an Advanced EMT."	revised for clarification.
§100080(a)(3)(B) Page 30 Lines 22-25	LA County EMS Agency	Delete "Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor lead."	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100080(a)(5) Page 30 Lines 31-33	LA County EMS Agency	Delete added line "The certifying entity shall receive the State and Federal criminal background check results before issuing an initial certification."	Comment acknowledged No change. Without clarifying this in regulations, would put the public's health and safety at risk. EMSA is aware that some EMT certifying entities are issuing EMT certifications prior to receiving and reviewing criminal background checks,

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			because of the lack of clarity in current regulations, and subsequently discover an individual was certified when they were precluded from certification.
§100080(a)(4) Page 30 Line 31	San Joaquin County EMS Agency	Should state, "The certifying entity shall verify the applicant is not excluded from certification from the results of the State and Federal criminal background check results.	Comment acknowledged. No change. Without clarifying this in regulations, would put the public's health and safety at risk. EMSA is aware that some EMT certifying entities are issuing EMT certifications prior to receiving and reviewing criminal background checks, because of the lack of clarity in current regulations, and subsequently discover an individual was certified when they were precluded from certification. .
§100080(a)(6) Page 30 Lines 35-46	LA County EMS Agency	Revise: "Submit a completed skills competency verification form, EMSA-SCV (09/16). Form EMSA-SCV (09/16) is herein incorporated by reference. Skills competency shall be verified by an approved California EMS training program (EMT, AEMT, or Paramedic) or a California EMS CE provider approved for skills verification by the LEMSA which the entity is headquartered. Approval shall be recognized state-wide. Program verification shall be obtained from the Authority's training programs database. Verification of skills competency shall be valid during the current certification cycle."	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements

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		LA County EMS Agency does not believe the skills competency verification is "broken." However, the process which the Regulations authorized skill competency to be verified is. EMT skills are the foundation of care in EMS and a vocational trade which should continue to maintain a level skill competency.	pursuant to Chapter 12 of this Division.
§100080(a)(6) Page 30 Line 35	San Joaquin County EMS Agency	Consider leaving in, until 100080(a)(3) can be resolved. See note above.	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100080 (a)(6) Page 30 Line 45	North Coast EMS	We are opposed to removing the skills competency verification form as part of the renewal requirements. Basic skills competency is crucial to patient care.	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality

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			Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100080(a)(7)-(10)	San Joaquin County EMS Agency	Consider rewording to require this document with any renewal completed after a specific date. In addition, should additional hours be required for renewal just based on these additional requirements? The certifying entities do not receive any funding to track this requirement.	Comment acknowledged This subsection was reworded for clarification. We do not believe additional continuing education hours are necessary and can be included in the 24 hours required for EMT recertification.
§100080(a)(7) Page 31 Lines 2-5	LA County EMS Agency	Revise "…by an approved EMT training program in the use and administration" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in the use and administration…"	Comment acknowledged This subsection was reworded for clarification.
§100080(a)(7) Page 31 Lines 2-5	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged This subsection was reworded for clarification
§100080/31/2-15	Kern County EMS Division	Consider adding "If individual possesses current California issued paramedic license or Advanced EMT certificate then the individual need not provide proof of (7) (8) (9)."	Comment acknowledged Comment accepted Subsection will be amended to accept paramedics and AEMTs previous training, since these topics are part of their training and scope of practice.

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§100080(a)(7) Page 31 Line 2	North Coast EMS	Requiring EMT's to obtain the added medication and skills training from an approved EMT training program will put undue hardship on our training programs and instructors. In our rural area we have limited approved EMT programs and adding additional courses to their limited resources is not feasible. This section can be met by allowing the LEMSA to develop and approve specific modular type courses that require a qualified instructor and requires all EMT's to show proof that they attended the course.	Comment acknowledged Comment accepted Changed to add continuing education providers in addition to EMT training programs.
§100080. Page 31 line 7-10	Kim Roderick	"Administration of epinephrine by prefilled syringe and drawing up the proper drug dose for suspected anaphylaxis and/or severe asthma". By definition, a pre-filled syringe contains the medication. The suggested change would be, "Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma." Note: these changes would be necessary in the remaining part of the section where applicable.	Comment acknowledged No change The comment does not pertain to this section but to section 100064. Local optional scope of practice.
§100080(a)(8) Page 31 Lines 7-10	LA County EMS Agency	Revise "…by an approved EMT training program in the use and administration" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in the use and administration…"	Comment acknowledged Comment accepted Changed to add continuing education providers in addition to EMT training programs.
§100080(a)(8) Page 31 Lines 7-10	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged Section reworded for clarity.
§100080(a)(9)	LA County EMS Agency	Revise "…by an approved EMT training	Comment acknowledged

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Page 31 Lines 12-15		program in the use and administration" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in the use and administration…"	Changed to add continuing education providers in addition to EMT training programs.
§100080(a)(9) Page 31 Lines 12-15	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged Section reworded for clarity.
§100080(a)(10) Page 31 Lines 17-20	LA County EMS Agency	Revise "…by an approved EMT training program in tactical casualty care principles" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in tactical casualty care principles…"	Comment acknowledged The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§100080(a)(10) Page 31 Lines 17-20	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§100080/31/27-38	Kern County EMS Division	Consider adding "If California paramedic license or Advanced EMT certificate used for renewal, the expiration date on the EMT certificate shall be the same as the expiration of the paramedic license or the AEMT certificate."	Comment acknowledged No change, California paramedic license or AEMT certificate are not allowed to be used for renewal or reinstatement of an EMT certificate.
§100081 Page 32	Kern County EMS Division	General statement: Suggest removing additional CE requirements for expired EMT	Comment acknowledged No change.

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		certificate renewal with possession of current California issued paramedic license and/or Advanced EMT certificate. Consider adding language to each section for expiration date of EMT certificate renewal be same as paramedic license or AEMT certificate if being used to renew EMT.	California paramedic license or AEMT certificate are not allowed to renew or reinstate an EMT certificate, however, The same CEs may be used for both EMT and paramedic renewals.
§100081(a)(1)(A) Page 32 Line 30	San Joaquin County EMS Agency	Would a 24 hour online refresher course from an approved EMT training program count? We have at least one in the State.	Comment acknowledged Yes, as long as the training program met all approval requirements including a final skills exam. The regulations do not specify if the approved program must be in person or online, just that it be approved. It is the purview of the approving authority to decide if an online training program meets the requirements.
§100081(a)(1)(B) Page 32 Line 30	San Joaquin County EMS Agency	This requirement is not feasible. Chapter 11 of this Division does not have any requirements to include if a course was done in person and instructor led. The definition for instructor based is "the instructor resources are readily available to the student to answer questions, provide feedback, provide clarification, and address concerns (e.g., on-line CE courses where an instructor is available to the student).	Comment acknowledged No change. Subsection will be amended to remove "instructor led" since it is clear that it specifies that the skills based CE is in person.
§100081(a)(1)(B)(1) Page 32 Lines 37-40	LA County EMS Agency	Delete "Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor lead."	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency

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			verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100081/33/26-39	Kern County EMS Division	Consider adding "If individual possesses current California issued paramedic license or Advanced EMT certificate then the individual need not provide proof of (F) (G) (H)."	Comment acknowledged, subsection will be amended to accept paramedics and AEMTs previous training, since these topics are part of their training and scopes of practice.
§100081 (a)(1)(A) Recert of Exprd Cert. p. 32 L 30-31	REMSA	"(A) Successfully complete a 24 hour refresher course from an approved EMT training program within the 24 months prior to applying for recertification, or"	Comment acknowledged Comment accepted Change made to specify within 24 months.
§100081 (a)(1)(B)(1) Recert of Exprd Cert. p. 32 L 37-40	REMSA	"Obtain at least 24 hours of continuing education within the 24 months prior to applying for recertification." Delete skills hours requirement as written – see previous comments	Comment acknowledged Comment accepted Change made to specify within 24 months. Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills

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			competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100081/32/42-45	Kern County EMS Division	"currently licensed in California as a Paramedic or as an Advanced EMT or who has been certified within six (6) months of the date of application, may be given credit…." The statement seems confusing. If the individual is dual licensed/certified as a paramedic and the California issued paramedic license is current that should be sufficient for EMT certification regardless of the length of expiration? Consider revision: move to line 33 as (B) "Be currently licensed in California as a Paramedic or certified as an Advanced EMT."	Comment acknowledged The language has been revised for clarification.
§100081(a)(1)(B)(2) Page 33 Lines 1-3	LA County EMS Agency	Delete "Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor lead."	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.

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§100081(a)(1)(D) Page 33 Lines 10-11	LA County EMS Agency	Delete added line "The certifying entity shall receive the State and Federal criminal background check results before issuing an initial certification."	Comment acknowledged No change. Current proposed language is intended to ensure that the criminal background check information is received and reviewed before issuing an EMT certificate. The comment would allow the certifying entity to issue an EMT certification without verifying if the applicant is precluded from certification based on criminal history. Some EMT certifying entities have issued EMT certifications prior receiving and reviewing criminal background checks, putting the public's health and safety at risk.
§100081(a)(1)(E) Page 33 Lines 13-24	LA County EMS Agency	Revise "Submit a completed skills competency verification form, EMSA-SCV (08/10). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by an approved California EMS training program (EMT, AEMT, or Paramedic) or a California EMS CE provider approved for skills verification by the LEMSA which the entity is headquartered. Approval shall be recognized state-wide. Program verification shall be obtained from the Authority's training programs database. Verification of skills competency shall be valid during the current certification cycle."	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program

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			(EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100081(a)(1) (E) Page 33 Line 13	San Joaquin County EMS Agency	Remove. Why include it, if it's going to be repealed in 24 months?	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100081(a)(1)(F) Page 33 Lines 26-29	LA County EMS Agency	Revise "…by an approved EMT training program in the use and administration" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in the use and administration…"	Comment acknowledged Subsection will be reworded for clarity and to add CE providers as an option to provide this training.
§100081(a)(1)(F) Page 33 Lines 26-29	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged This subsection was reworded for clarification
§100081(a)(1) (F)-(I) Page 33 Line 26	San Joaquin County EMS Agency	Consider rewording to require this document with any renewal completed after a specific date. The certifying entities do not receive any funding to track this requirement.	Comment acknowledged This subsection was reworded for clarification. The tactical component has been removed from initial, renewal and recertification

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			requirements and will be left up to the EMT and his/her employer if they need to take this training. §100083 of this chapter provides for certifying entities to establish fees to cover their costs to administer the requirements of this chapter. The statute §1797.212 allows Certifying Entities to establish fees that cover the cost of maintaining the certification files.
§100081. Recert of Exprd Cert. p. 33 L 26-44	REMSA	Sections (F) – (I). Can this training documentation be part of the 24 hours required in (A) and (B) on the previous page or is it in addition to? As written, this is not clear.	Comment acknowledged Language revised for clarification. This training can be part of the 24 hours of continuing education. An EMT refresher course may include this training in addition to their approved course content.
§100081. Page 33, line 31-34	Kim Roderick	"Administration of epinephrine by prefilled syringe and drawing up the proper drug dose for suspected anaphylaxis and/or severe asthma". By definition, a pre-filled syringe contains the medication. The suggested change would be, "Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or	Comment acknowledged No change The comment does not pertain to this section but to section 100064. Local optional scope of practice.

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		severe asthma." Note: these changes would be necessary in the remaining part of the section where applicable.	
§100081(a)(1)(G) Page 33 Lines 31-34	LA County EMS Agency	Revise "…by an approved EMT training program in the use and administration" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in the use and administration…"	Comment acknowledged Subsection will be reworded for clarity and to add CE providers as an option to provide this training.
§100081(a)(1)(G) Page 33 Lines 31-34	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged This subsection was reworded for clarification
§100081(a)(1)(H) Page 33 Lines 36-39	LA County EMS Agency	Revise "…by an approved EMT training program in the use and administration" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in the use and administration…"	Comment acknowledged Subsection will be reworded for clarity and to add CE providers as an option to provide this training.
§100081(a)(1)(H) Page 33 Lines 36-39	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged This subsection was reworded for clarification
§100081(a)(1)(I) Page 33 Lines 41-44	LA County EMS Agency	Revise "…by an approved EMT training program in tactical casualty care principles" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in tactical casualty care principles…"	Comment acknowledged The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§100081(a)(1)(I) Page 33	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read	Comment acknowledged The tactical component has

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
Lines 41-44		"within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§100081(a)(2)(B) Page 334 Line 4 Correction: page 34	San Joaquin County EMS Agency	This requirement is not feasible. Chapter 11 of this Division does not have any requirements to include if a course was done in person and instructor led. The definition for instructor based is "the instructor resources are readily available to the student to answer questions, provide feedback, provide clarification, and address concerns (e.g., on-line CE courses where an instructor is available to the student).	Comment acknowledged No change. Subsection will be amended to remove "instructor led" since it is clear that it specifies that the skills based CE is in person.
§100081(a)(2)(B)(1) Page 34 Lines 12-15	LA County EMS Agency	Delete "Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor lead."	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§1000814/34/17-23	Kern County EMS Division	"currently licensed in California as a	Comment acknowledged

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		Paramedic or as an Advanced EMT or who has been certified within six (6) months of the date of application, may be given credit…." The statement seems confusing. If the individual is dual licensed/certified as a paramedic and the California issued paramedic license is current that should be sufficient for EMT certification regardless of the length of expiration? Consider revision: move to line 8 as (B) "Be currently licensed in California as a Paramedic or certified as an Advanced EMT."	The language has been revised for clarification.
§100081(a)(2)(B)(2) Page 34 Lines 21-23	LA County EMS Agency	Delete "Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor lead."	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100081(a)(2)(E) Page 34 Lines 32-33	LA County EMS Agency	Delete added line "The certifying entity shall receive the State and Federal criminal background check results before issuing an initial certification."	Comment acknowledged no change. Current proposed language is intended to ensure that the criminal background check information is received and reviewed before issuing an EMT certificate. The comment

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
			would allow the certifying entity to issue an EMT certification without verifying if the applicant is precluded from certification based on criminal history. Some EMT certifying entities have issued EMT certifications prior receiving and reviewing criminal background checks, putting the public's health and safety at risk.
§100081(a)(2) (F) Page 34 Line 35	San Joaquin County EMS Agency	Remove. Why include it, if it's going to be repealed in 24 months?	Comment acknowledged no change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100081(a)(2)(F) Page 34 Lines 35-46	LA County EMS Agency	Revise "Submit a completed skills competency verification form, EMSA-SCV (08/10). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by an approved California EMS training program (EMT, AEMT, or Paramedic) or a California EMS CE provider approved for skills verification by the LEMSA	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		which the entity is headquartered. Approval shall be recognized state-wide. Program verification shall be obtained from the Authority's training programs database. Verification of skills competency shall be valid during the current certification cycle."	instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100081(a)(2) (G)-(J) Page 35 Line 2	San Joaquin County EMS Agency	Consider rewording to require this document with any renewal completed after a specific date. The certifying entities do not receive any funding to track this requirement.	Comment acknowledged Rewording for clarity. The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training. §100083 of this chapter provides for certifying entities to establish fees to cover their costs to administer the requirements of this chapter. The statute §1797.212 allows Certifying Entities to establish fees that cover the cost of maintaining the certification files.
§100081(a)(2)(G) Page 34 Lines 2-5	LA County EMS Agency	Revise "…by an approved EMT training program in the use and administration" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide	Comment acknowledged Subsection will be reworded for clarity and to add CE providers as an option to

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Correction Page 35		training in the use and administration…"	provide this training.
§100081(a)(2)(G) Page 34 Lines 2-5 Correction Page 35	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged This subsection was reworded for clarification
§100081/35/2-15	Kern County EMS Division	Consider adding "If individual possesses current California issued paramedic license or Advanced EMT certificate then the individual need not provide proof of (G) (H) (I)."	Comment acknowledged Comment accepted.
§100081. Page 35 line 7-10	Kim Roderick	"Administration of epinephrine by prefilled syringe and drawing up the proper drug dose for suspected anaphylaxis and/or severe asthma". By definition, a pre-filled syringe contains the medication. The suggested change would be, "Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma." Note: these changes would be necessary in the remaining part of the section where applicable.	Comment acknowledged No change The comment does not pertain to this section but to section 100064. Local optional scope of practice.
§100081(a)(2)(H) Page 34 Lines 7-10 Correction Page 35	LA County EMS Agency	Revise "…by an approved EMT training program in the use and administration" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in the use and administration…"	Comment acknowledged Subsection will be reworded for clarity and to add CE providers as an option to provide this training.
§100081(a)(2)(H) Page 34 Lines 7-10 Correction Page 35	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged This subsection was reworded for clarification
§100081(a)(2)(I) Page 34 Lines 12-15	LA County EMS Agency	Revise "…by an approved EMT training program in the use and administration" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide	Comment acknowledged Subsection will be reworded for clarity and to add CE providers as an option to

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Correction Page 35		training in the use and administration…"	provide this training.
§100081(a)(2)(I) Page 34 Lines 12-15 Correction Page 35	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged This subsection was reworded for clarification
§100081(a)(2)(J) Page 34 Lines 17-20 Correction Page 35	LA County EMS Agency	Revise "…by an approved EMT training program in tactical casualty care principles" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in tactical casualty care principles…"	Comment acknowledged Comment acknowledged The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§100081(a)(2)(J) Page 34 Lines 17-20 Correction Page 35	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§100081(2)(J) Page 35 Line 22	North Coast EMS	We are opposed to removing the wording that states "but less than twenty four (24) months." This would indicate that anyone who is more than twelve (12) months expired can renew after they have met the minimum standards. It needs to clearly state that anyone who is more than twenty four (24) months expired must meet the basic initial certification requirements again. Otherwise, people who were certified and inactive for decades could be recertified without taking the class again.	Comment acknowledged No change. An individual who has been lapsed for decades will still be required to pass the NREMT written and skills exams, which has been proven to measure entry level competency.
§100081(a)(3)(A) Page 35 Line 25	San Joaquin County EMS Agency	Would a 24 hour online refresher course from an approved EMT training program count?	Comment acknowledged Yes, as long as the training program met all approval

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		We have at least one in the State. This should be a requirement and they should not have 100081(a)(3)(B) as an option.	requirements including a final skills exam. The regulations do not specify if the approved program must be in person or online, just that it be approved. It is the purview of the approving authority to decide if an online training program meets the requirements.
§100081(a)(3)(B) Page 35 Line 29	San Joaquin County EMS Agency	This requirement is not feasible. Chapter 11 of this Division does not have any requirements to include if a course was done in person and instructor led. The definition for instructor based is "the instructor resources are readily available to the student to answer questions, provide feedback, provide clarification, and address concerns (e.g., on-line CE courses where an instructor is available to the student).	Comment acknowledged No change. Subsection will be amended to remove "instructor led" since it is clear that it specifies that the skills based CE is in person.
§100081(a)(3)(B)(1) Page 35 Lines 33-36	LA County EMS Agency	Delete "Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor lead."	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements

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			pursuant to Chapter 12 of this Division.
§100081(a)(3)(B)(2) Page 35 Lines 42-44	LA County EMS Agency	Delete "Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor lead."	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100081/35/38-44	Kern County EMS Division	"currently licensed in California as a Paramedic or as an Advanced EMT or who has been certified within six (6) months of the date of application, may be given credit…." The statement seems confusing. If the individual is dual licensed/certified as a paramedic and the California issued paramedic license is current that should be sufficient for EMT certification regardless of the length of expiration? Consider revision: move to line 29 as (B) "Be currently licensed in California as a Paramedic or certified as an Advanced EMT."	Comment acknowledged The language has been revised for clarification
§100081(a)(3)(D) Page 36 Lines 5-6	LA County EMS Agency	Delete added line "The certifying entity shall receive the State and Federal criminal background check results before issuing an initial certification."	Comment acknowledged No change. Current proposed language is intended to ensure that the

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			criminal background check information is received and reviewed before issuing an EMT certificate. The comment would allow the certifying entity to issue an EMT certification without verifying if the applicant is precluded from certification based on criminal history. Some EMT certifying entities have issued EMT certifications prior receiving and reviewing criminal background checks, putting the public's health and safety at risk.
§100081(a)(3)(E) Page 36 Lines 8-19	LA County EMS Agency	Revise "Submit a completed skills competency verification form, EMSA-SCV (08/10). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by an approved California EMS training program (EMT, AEMT, or Paramedic) or a California EMS CE provider approved for skills verification by the LEMSA which the entity is headquartered. Approval shall be recognized state-wide. Program verification shall be obtained from the Authority's training programs database. Verification of skills competency shall be valid during the current certification cycle."	Comment acknowledged Comment accepted Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100081(a)(3)(E) Page 36 Line 8	San Joaquin County EMS Agency	Remove. Why include it, if it's going to be repealed in 24 months?	Comment acknowledged Based on workgroup input, both the skills competency

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			verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
§100081(a)(3)(F)-(I) Page 36 Line 21	San Joaquin County EMS Agency	Consider rewording to require this document with any renewal completed after a specific date. The certifying entities do not receive any funding to track this requirement.	Comment acknowledged This subsection was reworded for clarification §100083 of this chapter provides for certifying entities to establish fees to cover their costs to administer the requirements of this chapter.
§100081(a)(3)(F) Page 36 Lines 21-24	LA County EMS Agency	Revise "…by an approved EMT training program in the use and administration" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in the use and administration…"	Comment acknowledged Subsection will be reworded for clarity and to add CE providers as an option to provide this training.
§100081(a)(3)(F) Page 36 Lines 21-24	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged This subsection was reworded for clarification
§100081/36/21-34	Kern County EMS Division	Consider adding "If individual possesses current California issued paramedic license or Advanced EMT certificate then the individual need not provide proof of (F) (G) (H)."	Comment acknowledged Comment accepted

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§100081. Page 36 line 26-29	Kim Roderick	"Administration of epinephrine by prefilled syringe and drawing up the proper drug dose for suspected anaphylaxis and/or severe asthma". By definition, a pre-filled syringe contains the medication. The suggested change would be, "Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma." Note: these changes would be necessary in the remaining part of the section where applicable.	Comment acknowledged No change The comment does not pertain to this section but to section 100064. Local optional scope of practice.
§100081(a)(3)(G) Page 36 Lines 26-29	LA County EMS Agency	Revise "…by an approved EMT training program in the use and administration" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in the use and administration…"	Comment acknowledged Subsection will be reworded for clarity and to add CE providers as an option to provide this training.
§100081(a)(3)(G) Page 36 Lines 26-29	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged This subsection was reworded for clarification
§100081(a)(3)(H) Page 36 Lines 31-34	LA County EMS Agency	Revise "…by an approved EMT training program in the use and administration" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide training in the use and administration…"	Comment acknowledged Subsection will be reworded for clarity and to add CE providers as an option to provide this training.
§100081(a)(3)(H) Page 36 Lines 31-34	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged This subsection was reworded for clarification
§100081(a)(3)(I) Page 36 Lines 36-39	LA County EMS Agency	Revise "…by an approved EMT training program in tactical casualty care principles" to read "…by an EMS CE or EMT training program approved by the LEMSA to provide	Comment acknowledged The tactical component has been removed from initial, renewal and recertification

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		training in tactical casualty care principles…"	requirements and will be left up to the EMT and his/her employer if they need to take this training.
§100081(a)(3)(I) Page 36 Lines 36-39	LA County EMS Agency	Revise "within twenty-four (24) months of the effective date of these regulations." to read "within the next certification renewal, not to exceed thirty-six 36 months of the effective date of these regulations."	Comment acknowledged The tactical component has been removed from initial, renewal and recertification requirements and will be left up to the EMT and his/her employer if they need to take this training.
§100081(a)(3)(K) Page 36 Lines 36-39	LA County EMS Agency	Add "…National Registry Certificate or a current and valid California AEMT certificate or a current and valid California Paramedic license." California certified AEMT and licensed paramedics are unjustly excluded from the eligibility for recertification of an expired EMT by only allowing NREMT. Nothing requires an NREMT certificate holder to take the NREMT psychomotor and cognitive examinations to maintain their certificate.	Comment acknowledged Comment accepted Language revised to add California AEMT.
§100081(a)(3)(K) Page 36 Line 43	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	The proposal to require National Registry testing for a current AEMT or paramedic to recertify a lapsed EMT certification is inconsistent with initial EMT eligibility addressed in 100079. The proposed testing is unnecessary and excessive as a current and valid California Advanced EMT and a current and valid California Paramedic already have a certification or license that supersedes the EMT level in California. 100081(a)(3)(K) should be amended to read:	Comment acknowledged Comment accepted Based on workgroup input, language accepted and will include in or out-of-state AEMTs or paramedics as they are a higher level than EMT which is sufficient.

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		(K) Pass the written and skills certification exams as specified in Sections 100059 and 100059.1 within two (2) years of applying for EMT certification unless the individual possesses a current and valid EMT, AEMT or paramedic National Registry Certificate, or a current and valid California Advanced EMT certificate or a current and valid California Paramedic license.	
§100081(a)(3)(K) Page 36 Line 43	San Joaquin County EMS Agency	This should include passing the written certification exam specified in section 100059. They should have to complete a 24 EMT refresher course which should include passing a EMT skills testing to be issued a course completion certificate.	Comment acknowledged Based on workgroup input, language accepted and will include in or out-of-state AEMTs or paramedics as they are a higher level than EMT which is sufficient.
§100081(a)(3)(K) / Page 36 / Line 43	Scott Zeller *Battalion Chief, EMS* Ventura County Fire Department	(K) Pass the written and skills certification exams as specified in Sections 100059 and 100059.1 within two (2) years of applying for EMT certification unless the individual possesses a current and valid EMT, AEMT, ~~or~~ ~~p~~ Paramedic National Registry Certificate, or a current and valid California Advanced EMT certificate or a current and valid California Paramedic license. This change acknowledges individuals currently working within an established EMS system changing their status from AEMT or paramedic to EMT. They will be working within the same system however at a lower provider level. Fire Departments, AEMTs, and paramedics will be subjected to unnecessary financial expenses along with unnecessary written and skills testing should this proposed change be allowed to take effect as currently	Comment acknowledged Comment accepted Based on workgroup input, language accepted and will include in or out-of-state AEMTs or paramedics as they are a higher level than EMT which is sufficient.

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		written.	
§100081(a)(3)(K) Page 36 Line 43	Steve Carroll Ventura County EMS Agency	The proposed recertification requirements in 100081(a)(3)(K), will require a current and valid California Advanced EMT or current and valid California licensed Paramedic to pass the National Registry EMT Basic written and skills examination to reinstate a certification that has lapsed for more than 12 months, unless they possess a current and valid EMT, AEMT or paramedic National Registry Certification. This is inconsistent and unnecessary as current and valid California Advanced EMT's and current and valid California paramedics already have a California certification or license that supersedes the EMT level in California. According to 100079(a)(6), current and valid California Advanced EMT's and current and valid California licensed Paramedics are eligible for initial EMT certification in California, upon completing the remaining requirements of 100079(b), which does not require a National Registry examination. 100081(a)(3)(K) should be amended to read: (K) Pass the written and skills certification exams as specified in Sections 100059 and 100059.1 within two (2) years of applying for EMT certification unless the individual possesses a current and valid EMT, AEMT or paramedic National Registry Certificate, or a current and valid California Advanced EMT certificate or a current and valid California Paramedic license.	Comment acknowledged Comment accepted Based on workgroup input, language accepted and will include in or out-of-state AEMTs or paramedics as they are a higher level than EMT which is sufficient.

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§100081(a)(3)(K) Page 36 Line 43	North Coast EMS	The proposal to require National Registry testing for a current AEMT or paramedic to recertify a lapsed EMT certification is inconsistent with initial EMT eligibility addressed in 100079. The proposed testing is unnecessary and excessive as a current and valid California Advanced EMT and a current and valid California Paramedic already have a certification or license that supersedes the EMT level in California. 100081(a)(3)(K) should be amended to read: (K) Pass the written and skills certification exams as specified in Sections 100059 and 100059.1 within two (2) years of applying for EMT certification unless the individual possesses a current and valid EMT, AEMT or paramedic National Registry Certificate, or a current and valid California Advanced EMT certificate or a current and valid California Paramedic license.	Comment acknowledged Comment accepted Based on workgroup input, language accepted and will include in or out-of-state AEMTs or paramedics as they are a higher level than EMT which is sufficient.
§100081(a)(3)(K) Page 36 Line 43	Kern County EMS Division	The proposal to require National Registry testing for a current AEMT or paramedic to recertify a lapsed EMT certification is inconsistent with initial EMT eligibility addressed in 100079. The proposed testing is unnecessary and excessive as a current and valid California Advanced EMT and a current and valid California Paramedic already have a certification or license that supersedes the EMT level in California. 100081(a)(3)(K) should be amended to read: (K) Pass the written and skills certification exams as specified in Sections 100059 and	Comment acknowledged Comment accepted Based on workgroup input, language accepted and will include in or out-of-state AEMTs or paramedics as they are a higher level than EMT which is sufficient.

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		100059.1 within two (2) years of applying for EMT certification unless the individual possesses a current and valid EMT, AEMT or paramedic National Registry Certificate, or a current and valid California Advanced EMT certificate or a current and valid California Paramedic license.	
§100081(a)(2)(K) Page 37 Line 1	North Coast EMS	We believe this wording should remain in the regulations as written. Removing this section will allow any past EMT to renew their certification by simply taking a recertification course and meeting the other basic standards.	Comment acknowledged No change. An individual who has been lapsed for decades will still be required to pass the NREMT written and skills exams, which has been proven to measure entry level competency.
EMSA SVC (8/10) Form 1a.	LA County EMS Agency	Add Signature of EMT	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form 1a.	LA County EMS Agency	Revise to read "Name as shown on California EMT Certificate"	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6

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			hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form 1c.	LA County EMS Agency	Revise "Authority" to "Entity"	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form 1c.	LA County EMS Agency	Add "California" to read "California Certifying Entity"	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS

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			service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form	LA County EMS Agency	Change "Affiliation" to "Name of California approved EMS CE or EMS training program.	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form Skill 1	LA County EMS Agency	Change skill to "Trauma Assessment"	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.

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EMSA SVC (8/10) Form Skill 2	LA County EMS Agency	Change skill to "Medical Assessment"	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form Skill 3	LA County EMS Agency	Change skill to "Bag-Mask Ventilation"	Comment acknowledged No change Based on workgroup input, Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form Skill 4	LA County EMS Agency	Change skill to "Oxygen Administration"	Comment acknowledged No change Based on workgroup input, both the skills competency

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			verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form Skill 5	LA County EMS Agency	Change skill to "Cardiac Arrest Management with AED"	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form Skill 6	LA County EMS Agency	Change skill to "Hemorrhage Control and Shock management"	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills

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			competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form Skill 7	LA County EMS Agency	Change skill to "Spinal Motion Restriction – Supine & Seated"	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form Skill 8	LA County EMS Agency	Change skill to "Penetrating Chest Injury"	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements

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			pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form Skill 9	LA County EMS Agency	Change skill to "Epinephrine and Naloxone Administration"	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form Skill 10	LA County EMS Agency	Change skill to "Childbirth and Neonatal Resuscitation"	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division. (EMSQIP) process based on local policy.
EMSA SVC (8/10) Form	LA County EMS Agency	Secondary Recommendation Skills categories fixed for eight skills and	Comment acknowledged No change

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Skills		replace Skill 8 & 9 with "LEMSA approved/Provider identified QI based skill" Only recommending change if SVC form maintains the broad categories.	Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form	LA County EMS Agency	Add statement "All categories must specify skills tested in each area" Only recommending change if SVC form maintains the broad categories.	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
EMSA SVC (8/10) Form Instructions	LA County EMS Agency	Revise instructions to meet requested changes above	Comment acknowledged No change Based on workgroup input, both the skills competency verification form, EMSA-SCV (08/10), and the proposed 6 hours of skills based and

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			instructor led CE will be struck from the regulations. Skills competency verification will be addressed through the EMS service providers Quality Improvement Program (EMSQIP) requirements pursuant to Chapter 12 of this Division.
None – This is the Email I submitted with the Public Comment form for inclusion and consideration	Andrew Dowd, Ventura College	Mrs. Fishman - Thank you for the opportunity to provide public comment on the proposed EMT Regulations. I would like to request that this Email also be included in the public record as part of my public comments. I have copied and pasted this email in the last page of the public comment form comments in the event that email alone will not meet the submission requirements. Attached is the public comment form addressing a number of the updated items, including alternative recommendations for meeting the intent of the legislation through means already established within current regulations. As stated in the Public Comment document, "The EMSA must determine that no reasonable alternative it considered or has otherwise been identified and brought to the attention of the agency would be more effective in carrying out the purpose for which the action is proposed, or would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost effective to affected private persons and equally effective in	Comment acknowledged General comment

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		implementing the statutory policy or other provision of law." The proposals I made center around including all newly listed skills as part of Optional Local Scope instead of creating a 3rd category of EMT Scope of practice, transitioning the responsibility for TCC training away from EMT Training programs and on to First Responder agencies and/or LEMSAs, and for addressing significant inequities in the application of EMT Certification recognition on a state-wide basis. All the alternatives I am proposing meet the conditions stated above. First, moving new skills to Local Option Scope would be more effective in carrying out the purpose of the proposed action. By requiring only those EMTs who can perform the newly identified skills to complete training, we avoid having EMT Programs bear the burden of training EMTs in areas where these skills will not be allowed to be used. For certain, moving new skills to Optional Local Scope would be equally as effective as the "third category" which has the same standards as Optional Local Scope, and it would be less burdensome both on the Private Persons (EMT Students) and EMT Training programs, and more cost effective for both. Requiring additional hours, training, course material, etc. in skills or a scope of practice that an EMT may not be allowed to practice in their area represents an additional financial and educational / training burden.	

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		Further, developing training materials, purchasing disposable items, and more increases the cost both to the EMT Training program, and ultimately the students. By making these skills Optional Local Scope, only programs in those jurisdictions who adopt these skills will be required to meet the training requirements. Second - addressing the goal of regionalized training in TCC would be more effectively delivered if done directly with all First Responder Agencies in coordination with their LEMSAs. This would effectively require all responder agencies to coordinate within their LEMSA and adopt specific training, policies and procedures to address TCC concerns. Requiring EMT students does not address current responders, does not train them in their agencies local policies and more. Certainly, requiring provider agencies and LEMSAs to provide this training would be equally as effective, and would come at a significantly lower financial burden to the affected persons (EMT Students and EMT Programs). For example, in my current EMT Program - nearly 1/3 of the students are taking the class not to become first responders, but as a precursor to different fields, such as Nursing, Physician Assistant, Medical School, Military Service, and more. Requiring these students to incur the cost of TCC training when they may never serve as first responders is both un-necessary and not as effective as shifting that burden to field providers and LEMSAs who currently have	

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		the responsibility to respond to and mitigate such incidents. Finally, addressing the inequities in recognition of Paramedics certification as EMTs on a Statewide Basis is much more effective with the proposed changes I've made to the regulations. Currently, in many counties, Paramedics are required by the LEMSA to maintain dual certification as both EMTs and Paramedics. This is a massive waste and duplication of effort, significantly more burdensome to the affected parties. Updating the regulations as quoted in my changes would also be equally as effective and more cost effective to the affected parties who are now required to pay for dual certification, and to their provider agencies which must incur the cost of duplication of training, additional skills verification training, and more. Certainly, changing the regulations as I've proposed is equally as effective as the current language, and would be much less burdensome on affective private parties who are currently required by LEMSAs to maintain and pay for separate certification in what is clearly a violation of current Title 22 and Health and Safety Code. I hope that members of the members of the panel reviewing these regulations will appreciate the great care and concern I have for the future of EMS within our state. As both a First Responder, working daily within a local EMS System, and an EMS Educator, I feel a special responsibility to help see that the intent sought by the Authority is met, and	

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		handled in a way which is less burdensome, less costly, more effective for all our stakeholders, and continues to increase our level of service to the public. I appreciate the opportunity to contribute to this important cause. Sincerely, Andrew Dowd, EMT-P EMT Instructor, Ventura College andrew_dowd1@vcccd.edu (805) 729-1072	

Public Comments on the Proposed Revisions to the Emergency Medical Technician Regulations
Chapter 2, Division 9, Title 22 of the California Code of Regulations
December 2, 2016 – January 15, 2017
2nd 45-Day Comment Period

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
Section 100057(a)(2) Page 1 Line 29	ICEMA	Replace "area" with "County"	Comment acknowledged, change made
Section 100057(a)(2) Page 1 Line 29	Kern County EMS	Replace "area" with "County"	Comment acknowledged, change made
Section 100057(a)(2) Page 1 Line 29	LA County EMS Agency	Replace "area" with "County"	Comment acknowledged, change made
§100062(c)(1), p.4, l.4-5	Contra Costa EMS	The intent of the proposed language is supported. However, the language should provide further clarity to avoid the requirement that EMTs and paramedics hold dual licensure or certificates and should be amended to read: "A licensed paramedic employed as an EMT or working at the EMT level while employed as a paramedic, shall not be required to obtain an EMT certificate to perform any activity identified in the scope of practice of an EMT."	Comment refers to §100062 (d), pg. 4, line 7 Comment acknowledged, Comment accepted, the proposed language will be struck in the draft EMT Regulations.
Section 100062(d) Page 4 Lines 7	Steve Carroll Ventura County EMS Agency	Revise to read: "An individual licensed as a paramedic may function as an EMT, unless identified by LEMSA policy, with no further testing or certification required. If an EMT certificate is required, the certifying entity shall abide by the certification, renewal or	Comment acknowledged, Comment accepted, the proposed language will be struck in the draft EMT Regulations.

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		recertification process as specified in this Chapter." Add 1798 to Authority cited at the end of this subsection. The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS agency, which we believe includes the discretion to require certification of personnel directly working within a local organized EMS system.	
100062(d) Page 4 Line 7	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	An emergency medical services system shall be under the medical control of the medical director of the local EMS agency, which EMSAAC believes includes the discretion to require certification of personnel directly working within a local organized EMS system. Proposed wording should be revised to read: "An individual licensed as a paramedic may function as an EMT, unless identified by LEMSA policy, with no further testing or certification required. If an EMT certificate is required, the certifying entity shall abide by the certification, renewal or recertification process as specified in this Chapter." Add 1798 to Authority cited at the end of this subsection.	Comment acknowledged, Comment accepted, the proposed language will be struck in the draft EMT Regulations.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
Section 100062(d) Page 4 Lines 7-8	LA County EMS Agency	Revise to read: "An individual licensed as a paramedic may function as an EMT, unless identified by LEMSA policy, with no further testing or certification required. If an EMT certificate is required, the certifying entity shall abide by the certification, renewal or recertification process as specified in this Chapter." Add 1798 to Authority cited at the end of this subsection. The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS agency.	Comment acknowledged, Comment accepted, the proposed language will be struck in the draft EMT Regulations.
Section 100062(d) Page 4 Lines 7-8	ICEMA	Revise to read: "An individual licensed as a paramedic may function as an EMT, unless identified by LEMSA policy, with no further testing or certification required. If an EMT certificate is required, the certifying entity shall abide by the certification, renewal or recertification process as specified in this Chapter." Add 1798 to Authority cited at the end of this subsection. The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS	Comment acknowledged, Comment accepted, the proposed language will be struck in the draft EMT Regulations.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		agency.	
Section 100062(d) Page 4 Lines 7-8	Kern County EMS	Revise to read: "An individual currently licensed as a paramedic in California may function as an EMT, unless identified by LEMSA policy, with no further testing or certification required. If an EMT certificate is required, the certifying entity shall abide by the certification, renewal or recertification process as specified in this Chapter." Add 1798 to Authority cited at the end of this subsection. The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS agency.	Comment acknowledged, Comment accepted, The proposed language will be struck in the draft EMT Regulations.
Section 100062(d) Page 4 Lines 7-8	Riverside County EMS Agency (REMSA)	Revise to read: "An individual licensed as a paramedic may function as an EMT, with no further testing or certification required. When employed in an EMT capacity as part of an approved emergency response system, the jurisdictional LEMSA may require an EMT certificate to be obtained and renewed per the processes specified in this Chapter. This first part of this text more closely mimics the text in the paramedic regulations. The 2nd part meets the requirement that the management	Comment acknowledged, Comment accepted. The proposed language will be struck in the draft EMT Regulations.

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		and medical control of the LEMSA be under the control of the local Medical Director	
§100062(g)(5), p.4, l.37	Contra Costa EMS	The proposed language throughout the regulations should be consistent to read "certificate" instead of "card." This information shall be entered into the Central Registry by the certifying entity who issued the EMT ~~card~~ certificate~~.~~	Comment acknowledged, Change accepted.
Section 100063 Page 5 Line 3	Kern County EMS	Add to the end of line 3: "according to the policies and procedures established by the LEMSA within the jurisdiction where the EMT is employed as part of an organized system." Regulations have continually expanded the EMT scope of practice with little to no oversight of the medical care provided such as mechanical ventilating devices and CPAP. EMTs are contracted in a variety of settings with medical care expectations which at times exceed their scope of practice. An organized system requires documentation of	Comment acknowledged, no change. The EMT basic scope of practice is valid throughout the state. Under the suggested language, a LEMSA could limit an EMT's scope of practice through local policy. Rejecting the suggested language does not interfere with the LEMSA's authority for local medical control under Section 1798 of the Health and Safety Code. Comment acknowledged, no change. The EMT Basic Scope is valid statewide. If an EMT practices outside his/her scope of practice they could be subject to certification action. The proposed regulations require that certain tier scope items (such as naloxone, epi-pen, glucometer, interfacility transfer items, etc.) may only be

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		care where the non-organized system EMT has no documentation requirements or ability for follow-up regardless of changes in statute or regulation.	authorized in an organized EMS system.
Section 100063 Page 5 Line 3	ICEMA	Add to the end of line 3: "according to the policies and procedures established by the LEMSA within the jurisdiction where the EMT is employed as part of an organized system."	Comment acknowledged, no change. The EMT basic scope of practice is valid throughout the state. Under the suggested language, a LEMSA could limit an EMT's scope of practice through local policy. Rejecting the suggested language does not interfere with the LEMSA's authority for local medical control under Section 1798 of the Health and Safety Code.
Section 100063 Page 5 Line 3	LA County EMS Agency	Add to the end of line 3: "according to the policies and procedures established by the LEMSA within the jurisdiction where the EMT is employed as part of an organized system." Regulations have continually expanded the EMT scope of practice with little to no oversight of the medical care provided such as	Comment acknowledged, no change. The EMT basic scope of practice is valid throughout the state. Under the suggested language, a LEMSA could limit an EMT's scope of practice through local policy. Rejecting the suggested language does not interfere with the LEMSA's authority for local medical control under Section 1798 of the Health and Safety Code. Comment acknowledged, no change. The EMT Basic Scope is valid statewide. If an EMT practices outside his/her scope of practice they could be subject

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		mechanical ventilating devices and CPAP. EMTs are contracted in a variety of settings with medical care expectations which at times exceed their scope of practice. An organized system requires documentation of care where the non-organized system EMT has no documentation requirements or ability for follow-up regardless of changes in statute or regulation.	to certification action. The proposed regulations require that certain tier scope items (such as naloxone, epi-pen, glucometer, interfacility transfer items, etc.) may only be authorized in an organized EMS system.
100063(a)(8)(N) Page 6 Line 27	Steve Carroll Ventura County EMS Agency	Revise the end of the sentence "including inhaled or nebulized albuterol and epinephrine devices." Albuterol is the first-line therapy for asthma and national guidelines recommend sick asthmatic patients receive three albuterol treatments within the first hour of an acute exacerbation. Albuterol via nebulizer is used in many EMS systems by BLS providers. Allowing administration of albuterol by BLS providers can allow more rapid treatment of some asthmatics in the field, who would otherwise need to await ALS arrival or transport to the hospital to begin the treatment. Studies have demonstrated accuracy of BLS providers in assessing bronchospasm and safety of albuterol administration by BLS providers. Furthermore, studies have raised concern that absence of protocols	Comment acknowledged, no change. The administration of albuterol is included in the "assist patients with the administration of physician prescribed devices".

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		emphasizing use of albuterol can lead to inadequate treatment of asthma in the field and increased use of medications with less favorable side-effect profiles. Given current regulations authorize use of epinephrine for severe asthma by BLS providers, the lack of albuterol as a therapeutic option at the BLS level may result in administration of epinephrine in patients who would have responded to albuterol treatment.	
Section 100063(a)(8)(N) Page 6 Line 27	LA County EMS Agency	Revise the end of the sentence "including inhaled or nebulized albuterol and epinephrine devices." LA County recognizes the list is identified as an including but not limited to. However, albuterol is the first-line therapy for asthma and national guidelines recommend sick asthmatic patients receive three albuterol treatments within the first hour of an acute exacerbation. Albuterol via nebulizer is used in many EMS systems by BLS providers. Allowing administration of albuterol by BLS providers can allow more rapid treatment of some asthmatics in the field, who would otherwise need to await ALS arrival or transport to the hospital to begin the treatment. Studies have demonstrated accuracy of BLS providers in assessing	Comment acknowledged, no change. The administration of albuterol is included in the "assist patients with the administration of physician prescribed devices".

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		bronchospasm and safety of albuterol administration by BLS providers. Furthermore, studies have raised concern that absence of protocols emphasizing use of albuterol can lead to inadequate treatment of asthma in the field and increased use of medications with less favorable side-effect profiles. Given current regulations authorize use of epinephrine for severe asthma by BLS providers, the lack of albuterol as a therapeutic option at the BLS level may result in administration of epinephrine in patients who would have responded to albuterol treatment.	
Section 100063(a)(8)(N) Page 6 Line 27	REMSA	Add the following: ". . . but not limited to, patient-operated medication pumps, *medication inhalers and nebulizers,* sublingual nitrogylcerin, and self-administered . . ." as these are very common medical devices and essential in respiratory situations	Comment acknowledged, no change. The administration of albuterol is included in the "assist patients with the administration of physician prescribed devices".
Section 100063(b) Page 7	Kern County EMS	Add "Administer beta-2 specific bronchodilators by inhaled or nebulized routes for suspected asthma." Albuterol/atrovent is the first-line therapy for asthma and national guidelines recommend sick asthmatic patients receive three albuterol treatments within the first hour of an acute exacerbation.	Comment acknowledged, no change. EMTs may assist a patient with the administration of albuterol as it is included in the "assist patients with the administration of physician prescribed devices". Training in the administration of albuterol is not mandated for all EMTs and the intent is not to create "scope creep" as was done in the past

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		Albuterol/atrovent via nebulizer is used in many EMS systems by BLS providers. Allowing administration of albuterol/atrovent by BLS providers can allow more rapid treatment of some asthmatics in the field, who would otherwise need to await ALS arrival or transport to the hospital to begin the treatment. Studies have demonstrated accuracy of BLS providers in assessing bronchospasm and safety of albuterol administration by BLS providers. Furthermore, studies have raised concern that absence of protocols emphasizing use of albuterol can lead to inadequate treatment of asthma in the field and increased use of medications with less favorable side-effect profiles. Given current regulations authorize use of epinephrine for severe asthma by BLS providers, the lack of albuterol as a therapeutic option at the BLS level may result in administration of epinephrine in patients who would have responded to albuterol treatment. Inhaled and/or nebulized albuterol is commonly prescribed to patients for treatment in home.	that led to the Advanced EMT Regulations.
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	REMSA	Place the ability to monitor preexisting vascular access devices and intravenous lines with certain common and already EMSA-approved medications under Medical	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		Director oversight instead of in the optional scope. Compile and include this list of EMSA-approved medications to include such things as low-dose potassium (20KCl), "banana bags" and other such items which have already been approved by EMSA to the individual LEMSAs and are being widely used	remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight, instead of in Optional Scope. Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality improvement monitoring. The process of accreditation for additives with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to optional scope of practice will result in needless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive multiple	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.

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		applications for approval of a specific additive, if each LEMSA requested. **In the 2nd comment draft now:** § 100063. Basic Scope of Practice of Emergency Medical Technician. (b) In addition to the activities authorized by subdivision (a) of this Section, **the medical director of the LEMSA may also establish policies and procedures** to allow a certified EMT or a supervised EMT student who is part of the organized EMS system and in the prehospital setting and/or during interfacility transport as part of an organized EMS system within the jurisdiction where the EMT is employed to: (1) Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid; (2)Transfer a patient, who is deemed appropriate for transfer by the transferring 44 physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley 45 catheters, tracheostomy tubes and/or indwelling vascular	

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		access lines, excluding 46 arterial lines; So this is basic still, just requires protocols, which is appropriate for accountability.	
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	ICEMA	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight instead of in the optional scope. Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality improvement monitoring. The process of accreditation for additives with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to optional scope of practice will result in needless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive 31 applications for approval of a specific additive if each LEMSA requested.	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	Steve Carroll Ventura County EMS Agency	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight instead of in the optional scope. Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality improvement monitoring. The process of accreditation for additives with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to optional scope of practice will result in needless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive 31 applications for approval of a specific additive if each LEMSA requested.	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	LA County EMS Agency	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight instead of in the optional scope.	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these

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		Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality improvement monitoring. The process of accreditation for additives with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to optional scope of practice will result in needless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive 31 applications for approval of a specific additive if each LEMSA requested.	provisions were moved to another section to clarify the additional request and approval requirements.
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	Kern County EMS	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight instead of in the optional scope. Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		improvement monitoring. The process of accreditation for additives with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to optional scope of practice will result in needless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive 31 applications for approval of a specific additive if each LEMSA requested.	
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	ICEMA	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA, similar to EMSA's preapproved hemostatic dressings list on EMSA's website. Maintain the approved list of additives approved within the basic scope of practice with LEMSA Medical Director oversight to prevent multiple LEMSAs from formally applying to authorize an EMT to transport a patient with an additive the EMSA Medical Director has already approved in another jurisdiction.	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to be approved separately a standardized list is unfeasible.
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	LA County EMS Agency	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA, similar to EMSA's preapproved hemostatic dressings list on EMSA's website. Maintain the approved list of additives approved within the basic scope of practice with	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		LEMSA Medical Director oversight to prevent multiple LEMSAs from formally applying to authorize an EMT to transport a patient with an additive the EMSA Medical Director has already approved in another jurisdiction.	be approved separately a standardized list is unfeasible.
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	Kern County EMS	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA, similar to EMSA's preapproved hemostatic dressings list on EMSA's website. Maintain the approved list of additives approved within the basic scope of practice with LEMSA Medical Director oversight to prevent multiple LEMSAs from formally applying to authorize an EMT to transport a patient with an additive the EMSA Medical Director has already approved in another jurisdiction.	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to be approved separately a standardized list is unfeasible.
Section 100064(a)(1) Pages 8-9 Lines 21-44 & 2-8	ICEMA	Delete the use of perilaryngeal airway adjuncts as an optional scope of practice skill NHTSA's National EMS Education Standards and the National EMS Scope of Practice identify this to be within the scope of practice for the AEMT. This is a high risk, low frequency skill which has increasingly shown to have little benefit and potentially causing additional harm in certain subsets of patients. Bag-mask ventilation has been proven to be safe and effective in the field	Comment acknowledged, no change. The approval for the use of perilaryngeal airways is at the discretion of the local EMS agency medical director. Previous attempts to delete perilaryngeal airways from the EMT optional scope were opposed by local EMS agencies who approved this skill in their EMS systems.

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		setting. If a LEMSA wishes to incorporate perilaryngeal airway adjuncts in the EMT scope of practice, the trial study mechanism exists.	
Section 100064(a)(1) Pages 8-9 Lines 21-44 & 2-8	LA County EMS Agency	Delete the use of perilaryngeal airway adjuncts as an optional scope of practice skill NHTSA's National EMS Education Standards and the National EMS Scope of Practice identify this to be within the scope of practice for the AEMT. This is a high risk, low frequency skill which has increasingly shown to have little benefit and potentially causing additional harm in certain subsets of patients. Bag-mask ventilation has been proven to be safe and effective in the field setting. If a LEMSA wishes to incorporate perilaryngeal airway adjuncts in the EMT scope of practice, the trial study mechanism exists.	Comment acknowledged, no change. The approval for the use of perilaryngeal airways is at the discretion of the local EMS agency medical director. Previous attempts to delete perilaryngeal airways from the EMT optional scope were opposed by local EMS agencies who approved this skill in their EMS systems.
Section 100064 EMT Optional Skills Page 8, line 9 Page 10, line 20	Scott Schultz Fire Captain/Paramedic Orange County Fire Authority	Ms. Fishman, I am making my "Public Comment" on the proposed state changes to the EMT skills. I am referring to the "Optional" changes in section 100064, page 8, line 9 and page 10, line 20. The optional changes I'm concerned about are the 1) perilaryngeal airways and 2) Epinephrine drawn from a vial/ampule for SQ or IM administration.	Comment acknowledged, no change. The approval for the use of perilaryngeal airways and drawing up epinephrine is at the discretion of the local EMS agency medical director. Previous attempts to delete perilaryngeal airways from the EMT optional scope were opposed by local EMS agencies who approved this skill in their

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		My name is Scott Schultz and I am a Fire Captain / Paramedic for the Orange County Fire Authority. I've been a paramedic for 13 years and was an EMT for 7. With 20 years experience as an EMT and EMT/P…… I DO NOT THINK IT IS A GOOD IDEA TO PASS OR IMPLEMENT THESE TWO CHANGES. Dealing with a patient that is in need of an advanced airway or needing an airway adjunct like an LMA is a very challenging situation. Also, dealing with a patient in anaphylaxis that needs epinephrine is a very challenging situation. Both of these medical emergencies requires the education, training, skill and experience of an advanced paramedic and should not be delegated to EMT's.	EMS systems.
§ 100063.1, p.10, 20-21	Contra Costa EMS	Contra Costa EMS strongly opposes allowing EMTs to draw up epinephrine. There is data to suggest that paramedics make medication errors by not fully understanding the difference between doses (1:1000, 1:10000). This is a skill that requires training and the skill should be left to the paramedic level. The committee notes on the first public comment period suggests EMTs are not allowed to obtain a glucose because it is an "invasive skill" but will allow an EMT to draw up a medication and administer it through injection? This	Comment acknowledged, no change. This option is being offered as an alternative to the high cost of epinephrine auto injectors and would still require additional training and approval by the local EMS agency medical director.

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		seems to contradict the purpose behind denying EMTs the scope to obtain BGL before glucose administration, or alternatively, supports that EMTs should not be authorized to perform invasive skills. Recommend leaving the use of auto-injectors for EMT scope of practice. If EMSA chooses to adopt the proposed language, recommend adding to § 100074 that administration of medication by IM injection be included in the required clinical experience.	Comment acknowledged. Comment acknowledged, no change. Approval and training is discretionary upon the local EMS agency medical director and may not be utilized statewide.
Section 100064(a)(2) Pages 10-11 Lines 20-45 & 1-36	ICEMA	Move training and scope of practice for administration of epinephrine using a prefilled syringe and drawing up the proper drug for all primary training programs and currently certified EMTs.	Comment acknowledged, no change. Approval and training is discretionary upon the local EMS agency medical director and may not be utilized statewide.
Section 100064(a)(2) Pages 10-11 Lines 20-45 & 1-36	LA County EMS Agency	Move training and scope of practice for administration of epinephrine using a prefilled syringe and drawing up the proper drug for all primary training programs and currently certified EMTs. The EMT workgroup discussed the risks and benefits of additional training for drawing up epinephrine. As EMTs will be trained in drawing up of naloxone, the increase in training	Comment acknowledged, no change. Approval and training is discretionary upon the local EMS agency medical director and may not be utilized statewide. Comment acknowledged, no change. Those factors need to be considered when making the decision to utilize this optional scope.

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		for epinephrine for all EMTs would be minimal. Whereas, the time and costs associated to re-train personnel to administer medication in an alternative route are substantial. Epi-pen costs are extremely high, especially over the last few years and include very short expiry dates. Other states have implemented epinephrine by intramuscular injection for EMTs safely and effectively. The scope of practice should be in Section 100063(b) of this regulation and at the discretion of the LEMSA medical director.	
Section 100064(b)(3) Pages 11-12 Lines 42-46 and 2-41	LA County EMS Agency	Move Atropine and Pralidoxime (Duo-dote/Mark-I) into Section 100063(b) of this regulation. The National EMS Education Standards for EMR incorporate this pharmacologic intervention as part of the EMR basic competency. Section 100019(e) of Chapter 1.5, First Aid and CPR Standards and Training for Public Safety Personnel – authorize the administration of auto-injectors of Atropine and Pralidoxime (Duo-dote/Mark-I) for self or peer care. Basic first aid responders may be authorized to administer but an EMT is not unless the provider and LEMSA go through a much more tedious procedure of approval and monitoring in order to administer said medication to self or peers.	Comment acknowledged, no change. The administration of atropine and pralidoxime are not part of the EMT's basic training, therefore, if the LEMSA approves this optional skill, the EMT needs to complete focused training and competency testing.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
Section 100064(b)(3) Pages 11-12 Lines 42-46 and 2-41	Kern County EMS	Move Atropine and Pralidoxime (Duo-dote/Mark-I) into Section 100063(b) of this regulation. The National EMS Education Standards for EMR incorporate this pharmacologic intervention as part of the EMR basic competency. Section 100019(e) of Chapter 1.5, First Aid and CPR Standards and Training for Public Safety Personnel – authorize the administration of auto-injectors of Atropine and Pralidoxime (Duo-dote/Mark-I) for self or peer care. Basic first aid responders may be authorized to administer but an EMT is not unless the provider and LEMSA go through a much more tedious procedure of approval and monitoring in order to administer said medication to self or peers.	Comment acknowledged, no change. The administration of atropine and pralidoxime are not part of the EMT's basic training, therefore, if the LEMSA approves this optional skill, the EMT needs to complete focused training and competency testing.
Section 100064(b)(4) Pages 12-13 Lines 43-45 and 1-14	Steve Carroll Ventura County EMS Agency	Recommend deletion – See above comment on 100063(b)(4)(A-C)	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.
Section 100064(b)(4) Pages 12-13 Lines 43-45 and 1-14	LA County EMS Agency	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions

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		instead of in the optional scope. Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality improvement monitoring. The process of accreditation for additives with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to the Optional Scope of Practice will result in senseless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive 31 applications for approval of a specific additive if each LEMSA requested.	remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.
Section 100064(b)(4) Pages 12-13 Lines 43-45 and 1-14	ICEMA	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight instead of in the optional scope. Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality improvement monitoring. The process of accreditation for additives with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to the Optional Scope of Practice will result in senseless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive 31 applications for approval of a specific additive if each LEMSA requested.	
Section 100064(b)(4) Pages 12-13 Lines 43-45 and 1-14	Kern County EMS	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight instead of in the optional scope. Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality improvement monitoring. The process of accreditation for additives	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to optional scope of practice will result in needless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive 31 applications for approval of a specific additive if each LEMSA requested.	
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	ICEMA	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA, similar to EMSA's preapproved hemostatic dressings list on EMSA's website. Maintain the approved list of additives approved within the basic scope of practice with LEMSA Medical Director oversight to prevent multiple LEMSAs from formally applying to authorize an EMT to transport a patient with an additive the EMSA Medical Director has already approved in another jurisdiction.	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to be approved separately a standardized list is unfeasible.
Section 100064(b)(4) Pages 12-13 Lines 43-45 and 1-14	LA County EMS Agency	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA, similar to EMSA's preapproved hemostatic dressings list on EMSA's website. Maintain the approved list of additives approved within the basic scope of practice with LEMSA Medical Director oversight to	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to be approved separately a

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		prevent multiple LEMSAs from formally applying to authorize an EMT to transport a patient with an additive the EMSA Medical Director has already approved in another jurisdiction.	standardized list is unfeasible.
Section 100064(b)(4) Pages 12-13 Lines 43-45 and 1-14	ICEMA	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA, similar to EMSA's preapproved hemostatic dressings list on EMSA's website. Maintain the approved list of additives approved within the basic scope of practice with LEMSA Medical Director oversight to prevent multiple LEMSAs from formally applying to authorize an EMT to transport a patient with an additive the EMSA Medical Director has already approved in another jurisdiction.	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to be approved separately a standardized list is unfeasible.
Section 100064(b)(4) Pages 12-13 Lines 43-45 and 1-14	Kern County EMS	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA, similar to EMSA's preapproved hemostatic dressings list on EMSA's website. Maintain the approved list of additives approved within the basic scope of practice with LEMSA Medical Director oversight to prevent multiple LEMSAs from formally applying to authorize an EMT to transport a patient with an additive the EMSA Medical Director has already approved in another jurisdiction.	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to be approved separately a standardized list is unfeasible.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
Section 100064(b)(4) Pages 12 Lines 43-45	Riverside County EMS Agency (REMSA)	Revise to read: "Monitor preexisting vascular access devices and intravenous lines delivering fluids with ~~additional medications~~ *a medication other than one included on the approved list. Any such medication must be* pre-approved by the Director of the Authority. Approval of such medications . . . . "	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to be approved separately a standardized list is unfeasible.
Section 100073(a)(3) Page 21 Line 35	Kern County EMS	Revise the Challenge provision as a requirement for all training programs to be optional but if programs desires to offer a challenge program to meet the requirements set forth. Many EMT programs lack sufficient resources or are institutionally prevented to offer a challenge process. The elements of a challenge option should remain for approval by the LEMSA.	Comment acknowledged, no change. The approved EMT training program needs to have a challenge examination in order receive approval. This could be the training program's final written and skills examinations given at the end of each course. These challenge exams are necessary for higher level healthcare providers, such as a registered nurse, to obtain EMT certification.
Section 100073(a)(3) Page 21 Line 35	ICEMA	Revise the Challenge provision as a requirement for all training programs to be optional but if programs desires to offer a challenge program to meet the requirements set forth. Many EMT programs lack sufficient resources or are institutionally prevented to offer a challenge process. The components of the challenge option should remain as written for approval by the LEMSA if	Comment acknowledged, no change. The approved EMT training program needs to have a challenge examination in order receive approval. This could be the training program's final written and skills examinations given at the end of each course. These challenge exams are necessary for higher level healthcare providers, such as a registered nurse, to obtain EMT

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		the program elects to have a challenge option.	certification.
Section 100073(a)(3) Page 21 Line 35	LA County EMS Agency	Revise the Challenge provision as a requirement for all training programs to be optional but if programs desires to offer a challenge program to meet the requirements set forth. Many EMT programs lack sufficient resources or are institutionally prevented to offer a challenge process. The components of the challenge option should remain as written for approval by the LEMSA if the program elects to have a challenge option.	Comment acknowledged, no change. The approved EMT training program needs to have a challenge examination in order receive approval. This could be the training program's final written and skills examinations given at the end of each course. These challenge exams are necessary for higher level healthcare providers, such as a registered nurse, to obtain EMT certification.
Section 100075(d) Pages 24-25 Lines 15-43 and 1-16	LA County EMS Agency	Reinstate the epinephrine training in the required course content. Administration of epinephrine for anaphylaxis/severe respiratory distress is not incorporated in the National EMS Education Standards nor the National EMS Scope of Practice model. Training in assisting patients with their own emergency medications has existed for a significant amount of time but varies from textbook to textbook and LEMSA to LEMSA. Training EMTs to assess and determine to provider impression and initiate a pharmacologic intervention is a different process which currently does not exist. The only medication which this training exists is the administration of oral glucose for suspected hypoglycemia	Comment acknowledged Change made

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		and more recently administration of aspirin.	
Section 100075(d) Pages 24-25 Lines 15-43 and 1-16	ICEMA	Reinstate the epinephrine training in the required course content.	Comment acknowledged change made
Section 100075(d) Pages 24-25 Lines 15-43 and 1-16	Kern County EMS	Reinstate the epinephrine training in the required course content. Administration of epinephrine for anaphylaxis/severe respiratory distress is not incorporated in the National EMS Education Standards nor the National EMS Scope of Practice model. Training in assisting patients with their own emergency medications has existed for a significant amount of time but varies from textbook to textbook and County to County. Training EMTs to assess and determine to provider impression and initiate a pharmacologic intervention is a different process which currently does not exist. The only medication which this training exists is the administration of oral glucose for suspected hypoglycemia and more recently administration of aspirin.	Comment acknowledged change made
Section 100075(e) Pages 26-37 Lines 18(p26) - 37(p37)	LA County EMS Agency	Delete or Revise Tactical Casualty Care principles to an overview and core content.	Comment Acknowledged. No change. The proposed tactical content in the EMT Regulations is consistent with the course content approved by the California Tactical EMS Advisory Committee.

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		Listed content requirements are copied and pasted from a guideline currently in a taskforce/workgroup and public comment. Subject matter experts in tactical casualty care within the workgroup are still debating the content included in the guideline. The content exceeds the knowledge and skills required for an EMT to care for an individual as part of a rescue task force managing patients within the warm zone. The content should not exceed the requirements outlined in Chapter 1.5 of Title 22, First Aid and CPR Standards and Training for Public Safety Personnel. With the guideline is still in process of development and approval, we recommend deletion of requirement. The training is also not included in EMT recertification requirements which will result in thousands of EMTs who are not required to attain this training.	Public Safety Personnel are non-certified, non- licensed and thus are not required to train on the additional topics required by EMTs, as EMTs will provide a higher level of care during these types of incidents.
Section 100075(e) Pages 26-37 Lines 18(p26) - 37(p37)	Kern County EMS	Delete or Revise Tactical Casualty Care principles to an overview and core content. Listed content requirements are copied and pasted from a guideline currently in a taskforce/workgroup	Comment Acknowledged. No change. The proposed tactical content in the EMT Regulations is consistent with the course content approved by the California Tactical EMS Advisory Committee. Public Safety Personnel are non-certified, non- licensed and thus are not required to train on

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		and public comment. Subject matter experts in tactical casualty care within the workgroup are still debating the content included in the guideline. The content exceeds the knowledge and skills required for an EMT to care for an individual as part of a rescue task force managing patients within the warm zone. The content should not exceed the requirements outlined in Chapter 1.5 of Title 22, First Aid and CPR Standards and Training for Public Safety Personnel. With the guideline is still in process of development and approval, we recommend deletion of requirement. The training is also not included in EMT recertification requirements which will result in thousands of EMTs who are not required to attain this training.	the additional topics required by EMTs, as EMTs will provide a higher level of care during these types of incidents.. Comment Acknowledged. No change. This training is discretionary on the EMTs and their employers.
Section 100075(e) Pages 26-37 Lines 18(p26) - 37(p37)	REMSA	Tactical Casualty Care This is significant content to be added to basic training, yet there are no mandates or provisions for the 1000s of current EMTs to receive this training, resulting in an EMT population that is split between the haves and have nots, with no way to determine the difference. If it is that important to have, then there needs to be provisions made for current EMTs to receive it.	Comment Acknowledged. No change. This training is discretionary on the EMTs and their employers.
100075 Page 30 Line 39	Steve Carroll Ventura County EMS Agency	Appears to be numbered incorrectly - (g) should be (f)	Comment acknowledged Change made

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§ 100079, p.31	Contra Costa EMS	This section remains unclear and confusing. First, the definition of cognitive and psychomotor examination is used inter-changeably with "NREMT examination" in other sections of the regulations. Recommend defining the examination as the NREMT examination for consistently and clarity through the regulations. Second, subsection (1) contradicts subsection (4): Why would someone take the NREMT exams and be required to also have a valid course completion when subsection (4) requires merely an NREMT registration certificate. If you have met the requirements for subsection (1), you have by default met the requirements and meet the criteria for certification under subsection 4, and vice versa. Recommend eliminating the superfluous language of subsection (1) and merely require candidates to demonstrate they have an NREMT registration certificate and have attended an approved EMT training program. Eliminate subsection (4) and replace subsection (1) with the following	 Comment Acknowledged. No change. Sections 100059 and 100059.1 define the NREMT as the certifying cognitive and psychomotor examinations. A review of the chapter showed that all NREMT Examinations, Skills Exams, and Written exams had been updated to be consistent. Comment acknowledged, no change. These different subsections allow for different pathways for eligibility for EMT certification. Subsection (1) applies to recent primary EMT training and subsection (4) applies to those individuals who completed their primary training greater than two years ago but hold a current NREMT certificate.

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		language: (1) Possess a current and valid Nationally Registration EMT, advanced EMT, or paramedic registration certificate and proof of completion of an approved EMT or paramedic training program.	
100079(b) Page 32 Line 37	Steve Carroll Ventura County EMS Agency	Appears to be numbered incorrectly - (8) should be (9)	Comment acknowledged Change made
§ 100079, p.39	Contra Costa EMS	The phrase "The certifying entity shall receive the State and Federal criminal background check results before issuing a certification" is repeated several times through the proposed certification and recertification regulations. This sentence should be removed and placed in the section about updating central registry (see § 100343.1) and should read: "the certifying entity shall not issue an EMT certificate or renew an expired EMT certificate unless the certifying entity has received the results of a Department of Justice criminal offender record information (CORI) background check and verified that the applicant is not prohibited from certification."	Comment acknowledged, no change. Chapter 10, the California EMT Central Registry Chapter of Regulations is not open for public comment at this time. This provision is added to clarify the certifying entity's role to determine eligibility for EMT certification and to protect the public's health and safety. Several EMT certifying entities have issued EMT certifications prior to receiving and reviewing criminal background checks only to discover some EMTs were precluded from certification.
100080 Page 35 Line 24	Steve Carroll Ventura County EMS Agency	Delete skill requirement as written and reinstate skills verification and form as described below in next comment.	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original

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		The current language as written cannot be enforced or verified with providers across the State for the purposes of recertification and validation of competency.	language. The Form will be revised based on comments received below.
Section 100080(a) Pages 35-36 Lines 43-46 and 1-8	Steve Carroll Ventura County EMS Agency	Reinstate and Revise: "Submit a completed skills competency verification form, EMSA-SCV (09/16). Form EMSA-SCV (09/16) is herein incorporated by reference.	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
		Skills competency shall be verified by authorized personnel from an approved California EMS training program (EMT, AEMT, or Paramedic) or authorized personnel from a California EMS CE provider that is approved for skills verification by the LEMSA where the CE provider is located. Approval shall be recognized state-wide.	The commenter has not demonstrated that there is a problem that would require restricting competency verification to approved training programs (EMT, AEMT, Paramedic) or continuing education providers. Requiring only LEMSA approval where the training program or CE provider is located disproportionally impacts statewide public safety agencies because the EMS Authority approves statewide public safety agency's EMT training programs.
		Program and authorized personnel verification shall be obtained from the Authority's training programs database.	Comment acknowledged, no change. The suggestion would require a statewide information technology project approval

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			process requiring funding that is currently not available.
		Verification of skills competency shall be valid during the current certification cycle." EMT skills are the foundation of care in EMS and should continue to maintain a level skill competency.	Comment acknowledged, no change. Two years coincides with the current EMT certification cycles. If an EMT recertifies prior to expiration, they will be required to submit a completed skills competency verification form per the recertification requirements in this chapter.
100080 Page 35 Line 24	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Delete skill requirement as written and reinstate skills verification and form as described below in next comment. The current language as written cannot be enforced or verified with providers across the State for the purposes of recertification and validation of competency.	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
Section 100080(a) Pages 35-36 Lines 43-46 and 1-8	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Reinstate and Revise: "Submit a completed skills competency verification form, EMSA-SCV (09/16). Form EMSA-SCV (09/16) is herein incorporated by reference. Skills competency shall be verified by authorized personnel from an approved California EMS training program (EMT, AEMT, or Paramedic) or authorized personnel from a California EMS CE provider that is approved for skills verification by the LEMSA where the CE provider is	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		located. Approval shall be recognized state-wide. Program and authorized personnel verification shall be obtained from the Authority's training programs database. Verification of skills competency shall be valid during the current certification cycle." EMSAAC does not believe the skills competency verification is "broken." However, the process which the Regulations authorized skill competency to be verified is. EMT skills are the foundation of care in EMS and a vocational trade which should continue to maintain a level skill competency.	
Section 100080(a)(2)(B)2 Page 35 Lines 24-25	Kern County EMS	Delete skill requirement as written and reinstate skills verification and form as described below in next comment. The current language as written cannot be enforced or verified with providers across the State for the purposes of recertification and validation of competency.	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
Section 100080(a) Pages 35-36 Lines 43-46 and 1-8	Kern County EMS	Reinstate and Revise: "Submit a completed skills competency verification form, EMSA-SCV (09/16). Form EMSA-SCV (09/16) is herein incorporated by reference. Skills competency shall be verified by	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below. The commenter has not

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		an approved California EMS training program (EMT, AEMT, or Paramedic) or a California EMS CE provider approved for skills verification by the LEMSA which the entity is headquartered. Approval shall be recognized state-wide.	demonstrated that there is a problem that would require restricting competency verification to approved training programs (EMT, AEMT, Paramedic) or continuing education providers. Requiring only LEMSA approval where the training program or CE provider is located disproportionally impacts statewide public safety agencies because the EMS Authority approves statewide public safety agency's EMT training programs.
		Program verification shall be obtained from the Authority's training programs database. Verification of skills competency shall be valid during the current certification cycle." Kern County does not believe the skills competency verification is "broken." However, the process which the Regulations authorized skill competency to be verified is. EMT skills are the foundation of care in EMS and a vocational trade which should continue to maintain a level skill competency.	Comment acknowledged, no change. The suggestion would require a statewide information technology project approval process requiring funding that is currently not available.
Section 100080(a)(2)(B)2 Page 35 Lines 24-25	LA County EMS Agency	Delete skill requirement as written and reinstate skills verification and form as described below in next comment. The current language as written cannot be enforced or verified with	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments

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		providers across the State for the purposes of recertification and validation of competency.	received below.
Section 100080(a) Pages 35-36 Lines 43-46 and 1-8	LA County EMS Agency	Reinstate and Revise: "Submit a completed skills competency verification form, EMSA-SCV (09/16). Form EMSA-SCV (09/16) is herein incorporated by reference.	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
		Skills competency shall be verified by an approved California EMS training program (EMT, AEMT, or Paramedic) or a California EMS CE provider approved for skills verification by the LEMSA where the entity is headquartered. Approval shall be recognized state-wide.	The commenter has not demonstrated that there is a problem that would require restricting competency verification to approved training programs (EMT, AEMT, Paramedic) or continuing education providers. Requiring only LEMSA approval where the training program or CE provider is located disproportionally impacts statewide public safety agencies because the EMS Authority approves statewide public safety agency's EMT training programs.
		Program verification shall be obtained from the Authority's training programs database. Verification of skills competency shall be valid during the current certification cycle." LA County does not believe the skills competency verification is "broken."	Comment acknowledged, no change. The suggestion would require a statewide information technology project approval process requiring funding that is currently not available.

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		However, the process which the Regulations authorized skill competency to be verified is broken. EMT skills are the foundation of care in EMS and a vocational trade which should continue to maintain an established standard of skill competency.	
Section 100080(a)(5) et al Page 36 Lines 12-13	Kern County EMS	Revise to read "…by an approved EMT training program or EMS CE provider approved by the LEMSA to provide the following training:" All EMT and EMS CE programs should be eligible to provide the training as long as the training is reviewed and approved by the LEMSA to provide training opportunities for every EMT in the State to meet the new requirements. EMT programs may lack sufficient resources or are institutionally/organizationally prevented to offer training to EMTs outside of their personnel or provide EMS continuing education.	Comment acknowledged, no change. The commenter has not demonstrated a problem that would justify requiring the training programs or CE providers to go through an additional approval process. Providing these courses is at the discretion of the training programs and CE providers. If they lack resources, it's the programs choice to not provide the course. Restricting the approval would also disproportionately affect statewide programs as they are approved by EMSA.
Section 100080(a) Pages 35-36 Lines 43-46 and 1-8	Orange County EMS Agency	Reinstate and Revise: "Submit a completed skills competency verification form, EMSA-SCV (09/16). Form EMSA-SCV (09/16) is herein incorporated by reference. Skills competency shall be verified by an approved California EMS training program (EMT, AEMT, or Paramedic) or a California EMS CE provider approved for skills verification by the LEMSA where the entity is	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		headquartered. Approval shall be recognized state-wide. Program verification shall be obtained from the Authority's training programs database. Verification of skills competency shall be valid during the current certification cycle." Orange County does not believe the skills competency verification is "broken." However, the process which the Regulations authorized skill competency to be verified is broken. EMT skills are the foundation of care in EMS and a vocational trade which should continue to maintain an established standard of skill competency.	
Section 100080(a)(5) et al Page 36 Lines 12-13	LA County EMS Agency	Revise to read "…by an approved EMT training program or EMS CE provider approved by the LEMSA to provide the following training:" All EMT and EMS CE programs should be eligible to provide the training as long as the training is reviewed and approved by the LEMSA to provide training opportunities for every EMT in the State to meet the new requirements. EMT programs may lack sufficient resources or are institutionally/organizationally prevented to offer training to EMTs outside of their personnel or provide EMS continuing education.	Comment acknowledged, no change. The commenter has not demonstrated a problem that would justify requiring the training programs or CE providers to go through an additional approval process. Providing these courses is at the discretion of the training programs and CE providers. If they lack resources, it's the programs choice to not provide the course. Restricting the approval would also disproportionately affect statewide programs as they are approved by EMSA.

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§ 100080(2)(a), p.35, l-6-7	Contra Costa EMS	Section currently states "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." The language proposed in this section is confusing and contradicts the CE requirement section of the regulations. For example, if an applicant has been expired for 10 years this section could be interpreted that completing a refresher program is the only requirement for renewal. If this is the intent, the section undermines the value of current education for emergency responders (EMTs) and the fact that EMS is continually progressing new skills and minimum didactic knowledge for EMTs. This should read something to the effect of: "Successfully complete a twenty-four (24) hour refresher course from an approved EMT training program within the current certification cycle or within 12 months of expiration of the current EMT certificate."	Comment acknowledged, no change. The current subsection allows for two options, completion of a 24-hour refresher course or complete 24-hours of continuing education. Proposed amendments to this subsection clarify refresher course or continuing education. The requirements for reinstating (aka renewing an expired certificate) are addressed in the next section, 100081, Reinstatement of an Expired California EMT Certification. Comment acknowledged, no change. Course completion records, either a refresher course or continuing education, are valid for two years.
§ 100080(B)(1), p.35, l.20-22.	Contra Costa EMS	This provision is vague and overbroad as to the phrase "may be used to	Comment acknowledged, no change. As indicated in Sub-

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		renew multiple licensure/certification types."	Section 100080 (a) (2) (B), continuing education units need to be from an approved EMS CE provider. The intent of this amendment is to allow an individual to use EMS CEs for their EMT certification and paramedic license renewals, if the individual holds separate credentials to avoid the burden of requiring an individual from taking CE separately for different credentials.
		This provision should be moved to the CE regulations and should not be contained in the recertification regulations.	Comment acknowledged, no change. The CE Regulations are not open for amendment.
		What license or certificate can they be used to renew? EMR? First Aid? Can a paramedic take an EMT refresher and receive credit for paramedic renewal? If so, does this mean that a paramedic is never again required to obtain CE at the paramedic level and can reduce their level of continuing education to the EMT level for the duration of their career?	Comment acknowledged, no change. As long as the CE is obtained from an EMS approved CE provider, the CE could be valid. Currently there is no distinction in regulations for advanced or basic CEs for either EMTs or paramedics to renew their certification or license.
100080/35/24	North Coast EMS	We are not clear how an EMT that is not affiliated with a provider will be able to show any skills competency. As worded if an EMT is not working for a provider they will not have to show any skills maintenance or competency. We still feel that the	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		skills verification form is the easiest way to show skills competency for all EMT.	
Section 100080(a)(2)(B)2 Page 35 Lines 24-25	ICEMA	Delete skill requirement as written and reinstate skills verification and form as described below in next comment. The current language as written cannot be enforced or verified with providers across the State for the purposes of recertification and validation of competency.	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
100080(a)(2)(B)2 p.35 Line 24-25	Contra Costa EMS	This section is confusing, provides no specific direction or guidance on what is a minimum competency requirement statewide, and allows for serious disparity in EMT skills maintenance throughout the state and more significantly, within each EMS system who has multiple EMS providers with different QIPs. EMTs are state certified. Allowing EMS service providers to determine the method, manner and criteria for skills competency and maintenance and a local level and at the discretion of each EMS service provider would create a wide variation in EMT skills competency throughout the state and the local EMS systems; there would be no state baseline for determining EMT skills competency. In other words, an EMT who was determined to be competent in skills in Santa	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		Clara may not be deemed competent in their skills in Los Angeles, and vice versa. Moreover, this would have serious implications with respect to determining gross negligence and incompetency as defined in Health and Safety Code §1798.200(c) because there would be no standard even within the same community because each EMS service provider is determining what competency is and how it will be determined. This proposed language would also require an EMT to be employed as an EMT by an EMS service provider before they could renew their EMT certificate since the only way they could obtain skills verification is to be "actively employed" by am "EMS service provider" who has a QIP. What if an EMT is not employed by an EMS service provider? How do they obtain skills competency then? What about EMTs who work for a water park or senior living center who are not a part of an EMS system but practice as an EMT? How do we determine they have maintained their skills competency? This previous version that has strike through (section B) should be	

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		reinstated or an alternative method ensuring a statewide standard and baseline for EMT skills competency and maintenance should be proposed rather than leaving the determination of competency to the individual EMS service providers and local levels. If EMSAAC is determined to have the current proposed language requiring EMS service providers to determine EMT skills competency, then this LEMSA would recommend that the regulations go to the way it was before the proposed changes and reincorporate a skills competency verification form.	
100080 EMT Certification Renewal (B)(2) + multiple additional sections Page 35	Daniel Peck	Clarify which skills require proof of competency, or is the skills competency meant to be generic and is up to the EMS service providers? Can the LEMSA dictate the skills that require competency proof and the methods of proof?	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
100080 Page 35 Line 24	James Salvante Coastal Valleys EMS Agency	Define "EMS service provider" and the expectations of such providers in verifying skills competency. If EMS Service providers are verifying competency for statewide certification, clear expectations at the state level are needed to maintain consistency. Each "EMS service provider" may have a different idea about what "competency" means. EMSQIPs are not consistent across	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		the state, so competency requirements should be in regulations. (2)Skills maintenance and competency shall be met either: (A)Through documented verification of competency from an EMS Service Provider where the EMT is employed as part of the organized EMS System. EMS Service Providers verifying competency must attest to the competency of the EMT consistent with those competencies documented on the skills competency verification form, EMSA-SCV. Form EMSA-SCV is herein incorporated by reference. Any EMS Service Provider attesting to skills competency of an EMT shall submit proof of verified competency upon the request of the EMT's certifying entity. (B) By completing an EMT refresher program incorporating the required skills competency verification competencies as documented on the skills competency verification form, EMSA-SCV. Form EMSA-SCV is herein incorporated by reference. EMS Training Programs shall maintain records of skills competency verification documented on EMSA-SCV and shall submit proof of verified competency upon the request of the EMT's certifying entity.	

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Section 100080(a) Pages 35 Lines 24-25	REMSA	Delete	Comment acknowledged Comment accepted The EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
§ 100080, p.35, l.39-41.	Contra Costa EMS	This section has superfluous language and should be revised as follows: Starting 24 months after the effective date of these regulations, any EMT renewing a certificate for the first time, ~~following implementation,~~ shall submit verification ~~documentation~~ of successful completion by an approved EMT training program or approved CE provider ~~in~~ of the following training:	Comment refers to §100080 (a) (5), pg. 36, lines 10-13. Comment acknowledged, no change, suggested language does not provide anymore clarify than what is proposed.
Section 100080(a) Pages 35-36 Lines 43-46 and 1-8	REMSA	Maintain Skills Competency Verification (SCV) as it is in the current regulations with the change that "Skills competency shall be verified by direct observation ~~of an actual or . . . .~~" from an approved skills verifier. A list of approved verifiers shall be maintained by the LEMSA for their jurisdiction; approval will be recognized statewide. "Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification."	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below. The LEMSAs currently have the ability to create and maintain a list of skills verifiers. Mandating each of the 33 LEMSAs to create and maintain this list may be too burdensome for some LEMSAs and may not apply to

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			public safety EMT certifying entities.
Section 100080(a)(5) et al Page 36 Lines 12-13	ICEMA	Revise to read "…by an approved EMT training program or EMS CE provider approved by the LEMSA to provide the following training:"	Comment acknowledged, no change. The commenter has not demonstrated a problem that would justify requiring the training programs or CE providers to go through an additional approval process. Providing these courses is at the discretion of the training programs and CE providers. If they lack resources, it's the programs choice to not provide the course. Restricting the approval would also disproportionately affect statewide programs as they are approved by EMSA.
Section 100080(a) Pages 35-36 Lines 43-46 and 1-8	ICEMA	Reinstate and Revise: "Submit a completed skills competency verification form, EMSA-SCV (09/16). Form EMSA-SCV (09/16) is herein incorporated by reference. Skills competency shall be verified by an approved California EMS training program (EMT, AEMT, or Paramedic) or a California EMS CE provider approved for skills verification by the LEMSA where the entity is headquartered. Approval shall be recognized state-wide. Program verification shall be obtained from the Authority's training programs database. Verification of skills competency shall be valid during the	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		current certification cycle." ICEMA does not believe the skills competency verification is "broken." However, the process which the Regulations authorized skill competency to be verified is broken. EMT skills are the foundation of care in EMS and a vocational trade which should continue to maintain an established standard of skill competency.	
§ 100080(4), p.37, l.32-33.	Contra Costa EMS	What is a Commanding Officer? This section should not be left to the discretion of a clerk or EMT working at a certifying entity or LEMSA to decipher. Moreover, a CO may not have any idea about the medical or CE training the applicant received while on active duty or oversees. Furthermore, the CO may be oversees and unavailable to sign or verify such training. It is recommended that EMSA consider revising to the effect of: The verification of continuing education for active duty or deployed personnel shall be on a form approved by EMSA and signed by the person's training officer.	Comment acknowledged, no change. The intent of this provision is to require a high level of verification of training. This is not a new provision, it is merely broken out for clarification. The commenter has not demonstrated that the requirement of a commanding officer attestation is a problem.
100081(a)(1)(B)2 p.38 Line 21-22	Contra Costa EMS	This section is confusing, provides no specific direction or guidance on what is a minimum competency requirement statewide, and allows for serious disparity in EMT skills	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be

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		maintenance throughout the state and more significantly, within each EMS system who has multiple EMS providers with different QIPs. EMTs are state certified. Allowing EMS service providers to determine the method, manner and criteria for skills competency and maintenance and a local level and at the discretion of each EMS service provider would create a wide variation in EMT skills competency throughout the state and the local EMS systems; there would be no state baseline for determining EMT skills competency. In other words, an EMT who was determined to be competent in skills in Santa Clara may not be deemed competent in their skills in Los Angeles, and vice versa. Moreover, this would have serious implications with respect to determining gross negligence and incompetency as defined in Health and Safety Code §1798.200(c) because there would be no standard even within the same community because each EMS service provider is determining what competency is and how it will be determined. This proposed language would also require an EMT to be employed as an EMT by an EMS service provider	revised based on comments received below.

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		before they could renew their EMT certificate since the only way they could obtain skills verification is to be "actively employed" by am "EMS service provider" who has a QIP. What if an EMT is not employed by an EMS service provider? How do they obtain skills competency then? What about EMTs who work for a water park or senior living center who are not a part of an EMS system but practice as an EMT? How do we determine they have maintained their skills competency? This previous version that has strike through (section B) should be reinstated or an alternative method ensuring a statewide standard and baseline for EMT skills competency and maintenance should be proposed rather than leaving the determination of competency to the individual EMS service providers and local levels. If EMSAAC is determined to have the current proposed language requiring EMS service providers to determine EMT skills competency, then this LEMSA would recommend that the regulations go to the way it was before the proposed changes and reincorporate a skills competency verification form.	

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Section 100081 Page 38 Lines 21-22	Riverside County EMS Agency (REMSA)	Delete	Comment acknowledged Comment accepted The EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
Section 100081 Page 38 & 39 Lines 40-49 & Lines 1-5	REMSA	Revise to read: (E) Submit a skills competency verification form, EMSA-SCV (08/10), completed as per the process described in Section 100080	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
100081(a)(2)(B)2 p.40 Line 11-12	Contra Costa EMS	This section is confusing, provides no specific direction or guidance on what is a minimum competency requirement statewide, and allows for serious disparity in EMT skills maintenance throughout the state and more significantly, within each EMS system who has multiple EMS providers with different QIPs. EMTs are state certified. Allowing EMS service providers to determine the method, manner and criteria for skills competency and maintenance and a local level and at the discretion of each EMS service provider would create a wide variation in EMT skills competency throughout the state and	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		the local EMS systems; there would be no state baseline for determining EMT skills competency. In other words, an EMT who was determined to be competent in skills in Santa Clara may not be deemed competent in their skills in Los Angeles, and vice versa. Moreover, this would have serious implications with respect to determining gross negligence and incompetency as defined in Health and Safety Code §1798.200(c) because there would be no standard even within the same community because each EMS service provider is determining what competency is and how it will be determined. This proposed language would also require an EMT to be employed as an EMT by an EMS service provider before they could renew their EMT certificate since the only way they could obtain skills verification is to be "actively employed" by am "EMS service provider" who has a QIP. What if an EMT is not employed by an EMS service provider? How do they obtain skills competency then? What about EMTs who work for a water park or senior living center who are not a part of an EMS system but practice as an EMT? How do we determine they have maintained their	

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		skills competency? This previous version that has strike through (section B) should be reinstated or an alternative method ensuring a statewide standard and baseline for EMT skills competency and maintenance should be proposed rather than leaving the determination of competency to the individual EMS service providers and local levels. If EMSAAC is determined to have the current proposed language requiring EMS service providers to determine EMT skills competency, then this LEMSA would recommend that the regulations go to the way it was before the proposed changes and reincorporate a skills competency verification form.	
Section 100081 Page 40 Lines 11-12	REMSA	Delete	Comment acknowledged Comment accepted The EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
Section 100081 Page 40 Lines 32-43	REMSA	Revise to read: (E) Submit a skills competency verification form, EMSA-SCV (08/10), completed as per the process described in Section 100080	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments

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			received below.
100081(a)(3)(B)2 p.41 Line 3-4	Contra Costa EMS	This section is confusing, provides no specific direction or guidance on what is a minimum competency requirement statewide, and allows for serious disparity in EMT skills maintenance throughout the state and more significantly, within each EMS system who has multiple EMS providers with different QIPs. EMTs are state certified. Allowing EMS service providers to determine the method, manner and criteria for skills competency and maintenance and a local level and at the discretion of each EMS service provider would create a wide variation in EMT skills competency throughout the state and the local EMS systems; there would be no state baseline for determining EMT skills competency. In other words, an EMT who was determined to be competent in skills in Santa Clara may not be deemed competent in their skills in Los Angeles, and vice versa. Moreover, this would have serious implications with respect to determining gross negligence and incompetency as defined in Health and Safety Code §1798.200(c) because there would be no standard	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		even within the same community because each EMS service provider is determining what competency is and how it will be determined. This proposed language would also require an EMT to be employed as an EMT by an EMS service provider before they could renew their EMT certificate since the only way they could obtain skills verification is to be "actively employed" by am "EMS service provider" who has a QIP. What if an EMT is not employed by an EMS service provider? How do they obtain skills competency then? What about EMTs who work for a water park or senior living center who are not a part of an EMS system but practice as an EMT? How do we determine they have maintained their skills competency? This previous version that has strike through (section B) should be reinstated or an alternative method ensuring a statewide standard and baseline for EMT skills competency and maintenance should be proposed rather than leaving the determination of competency to the individual EMS service providers and local levels. If EMSAAC is determined to have the current proposed language requiring	

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		EMS service providers to determine EMT skills competency, then this LEMSA would recommend that the regulations go to the way it was before the proposed changes and reincorporate a skills competency verification form.	
Section 100081 Page 42 Lines 3-4	REMSA	Delete	Comment acknowledged Comment accepted The EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
100081/41/28	North Coast EMS	This section states that for a lapse of 12 months or more but doesn't give a cut off date, so it implies that any expired EMT is eligible for reinstatement by meeting these requirements. As we interpret this, an EMT that has been expired for 20 years could reinstate by simply meeting these new regulations. We suggest keeping the wording "but less than twenty-four (24) months lapsed" in this section.	Comment acknowledged, no change. The intent of this change was to remove the cutoff date so that all EMT certifications lapsed over 12 months will be processed the same. The NREMT psychomotor and cognitive exams are developed to test for entry level competency and are required for a lapse of over 12 months. This amendment was also made to be consistent with the NREMT re-entry process.
§100081(a)(3), p.41, l.28-29	Contra Costa EMS	This section allows an EMT who has been expired, for example for 5 years or more, to challenge the NREMT exam and complete 48 hours of CE without taking an EMT course. The curriculum and content of courses is	Comment acknowledged, no change. The intent of this change was to remove the cutoff date so that all EMT certifications lapsed over 12 months will be processed the

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		evolving and to allow an EMT to return to an EMS service with an EMT certificate after having been out of the industry for many years poses a threat to the public health and safety. EMTs should be required to attend another EMT training program after being expired for more than 24 months. Moreover, the proposed language requires EMTs to obtain skills maintenance and competency from an EMS service provider. If this is the intent, what EMT is going to be expired for more than 12 months but still working at an EMS service provider where they can obtain skills verification? See comments to EMT skills verification, supra.	same. The NREMT psychomotor and cognitive exams are developed to test for entry level competency and are required for a lapse of over 12 months. This amendment was also made to be consistent with the NREMT re-entry process. Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
Section 100081 Page 40 Lines 21-32	REMSA	Revise to read: (E) Submit a skills competency verification form, EMSA-SCV (08/10), completed as per the process described in Section 100080	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
Section 100082(e) Page 44 Lines 22-26	ICEMA	Revise to read: "The local EMS agency shall develop and implement policies for the medical control and medical accountability of care rendered by the EMT. This shall include, but not be limited to, the EMT completing an electronic patient care record (ePCR) which is compliant with	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and

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		the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information Systems (NEMSIS) standards if the LEMSA collects EMT patient care data." Add 1797.227 to Authority cited at the end of this subsection.	provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols. Comment acknowledged, change made.
Section 100082(e) Page 44 Lines 22-26	Steve Carroll Ventura County EMS Agency	As this is already addressed in 1797.227, we feel the proposed language is unnecessary in the EMT Regulations and recommend deletion.	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
Section 100082(e) Page 44	Bryan Cleaver, President Emergency Medical	As this is already addressed in 1797.227, EMSAAC feels the	Comment acknowledged, the provision to require completion

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Lines 22-26	Administrators' Association of California (EMSAAC)	proposed language is unnecessary in the EMT Regulations and we recommend deletion.	of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
100082. Record Keeping (e) Page 44 line 22	James Salvante Coastal Valleys EMS Agency	Revise. Responsibility for completion of ePCRs should rest with the EMS service provider agency in conformity with LEMSA medical control policy. Variability across the state exists in regard to internet access and funding for compliant ePCR systems. All EMS care provided should be documented by those providing the care, and if data can be submitted it must be compliant with current standards. When electronic reporting is not possible, due to connectivity or technical issues, completion of a paper PCR should be allowed as an interim process. Suggest:	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.

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		"Any EMS Service Provider employing EMTs as part of the organized EMS system shall comply with Local EMS Agency polices for patient care report completion and electronic patient care record (ePCR) data submission compliant with current versions of the California Emergency Medical Services Information System (CEMSIS) and National Emergency Medical Services Information System (NEMSIS) standards." The Local EMS Agency shall develop and implement policies for medical control and medical accountability that shall include, but not be limited to, completion of patient care records and electronic patient care record (ePCR) data submission compliant with current versions of the California Emergency Medical Services Information System (CEMSIS) and National Emergency Medical Services Information System (NEMSIS) standards. The above would allow LEMSAs to address local issues and system challenges while maintaining the requirement to both report data in the required format when reporting and ensure all patient care provided by EMS Service Providers is documented even when ePCR systems are out-of-service or	

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		unavailable.	
Section 100082(e) Page 44 Lines 22-26	Kern County EMS	Revise to read: "The local EMS agency shall develop and implement policies for the medical control and medical accountability that shall include but not limited to, if the LEMSA collects EMT patient care data an electronic patient care record (ePCR) completed by the EMT compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information Systems (NEMSIS) standards).." The language must allow for the flexibility which current law only requires the LEMSA to be compliant with above said standards if patient care record data is collected by the LEMSA. Requiring compliance of all EMTs in California adds significant costs to providers and LEMSAs which have systems in place to meet the needs and requirements at the ALS level to collect patient care data and evaluate their system.	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
Section 100082(e) Page 44 Lines 22-26	LA County EMS Agency	Revise to read: "The local EMS agency shall develop and implement policies for the medical control and medical accountability of care rendered by the EMT. This shall include, but not be limited to, the EMT completing an electronic patient care	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of

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		record (ePCR) which is compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information Systems (NEMSIS) standards if the LEMSA collects EMT patient care data." Add 1797.227 to Authority cited at the end of this subsection. The language must allow for the flexibility as current law only requires the LEMSA to be compliant with above said standards if patient care record data for EMTs is collected by the LEMSA. Requiring compliance of all EMTs in California exceeds the interpretation of the Health and Safety code and adds significant costs to providers and LEMSAs which have systems in place to meet the needs and requirements at the ALS level to collect patient care data and evaluate their system.	the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols. Comment acknowledged Comment accepted
100082/44/22	North Coast EMS	Although we understand the value for all EMS responders utilizing electronic reporting, it is unrealistic, unfeasible and costly to expect rural, non-transporting providers and EMT responders to be e-PCR compliant.	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for

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		The North Coast EMS region alone has 58 responding fire providers, all but 7 of which are volunteer. These providers, who can be on scene with a patient for over an hour or more before arrival of transporting paramedics, are not reimbursed by federal or state resources, and unless the EMSA intends to pay all e-PCR costs, they cannot afford to participate in an e-PCR data system. Should this requirement be approved as written, we will likely experience a decrease in the number of non-transporting EMT responding providers. We also emphasize that most of the responding non-transporting providers function in areas without internet or cell phone connections, so they cannot begin an e-PCR on a tablet that then auto fills the transporting paramedics e-PCR or transmits to the hospital. We suggest adding wording that the e-PCR requirement applies to transporting providers only, or, that wording be added that gives the LEMSA the latitude to allow rural, non-transporting providers and EMT responders to use paper PCRs and have the responding transporting EMT or paramedic enter any relevant information on their e-PCR.	consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.

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Section 100082. Record Keeping Page 44	Joe Vasquez Fire Chief Happy Valley Fire Protection District	Hello, My name is Joe Vasquez and I am the fire chief for Happy Valley Fire Protection District. We are a small department in the north part of the state. Of our eighteen EMTs only three are payed members. The other fifteen EMTs are volunteers. I do not think this program will work for our department because volunteers have already been asked to much. With their jobs, families and the fire department their plate is full. This program will only drive more volunteers away from volunteering with our department and others. The PCR that we fill out on patients are given the the paramedic on the ambulance after each response. Requiring EMTs to to do the same thing does not make any since. I do not think requiring ePCR reporting is a good program and I hope that it is not approved. The other item I did not discuss is the startup and ongoing cost to run this program. We are a small district with a small budget and this would have a significant impact on us.	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
Section 100082. Record Keeping Page 44	Scott Corn CAL FIRE Battalion Chief/EMS Coordinator/LEO 2447 Shasta-Trinity Unit /Shasta County fire	Corrine, Thank you the opportunity to comment. Currently the Shasta County Fire Department has a small group of non-transporting EMT volunteer civilian Firefighters that respond to their rural communities for medical emergencies. Most of these communities have very limited	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and

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		internet access and often it goes down for extended periods of time. The EMTS currently complete a run report and a written patient care report. I fear that the mandatory completion of an ePCR may be impractical and in many cases not possible in some of these communities leading to unintentional noncompliance with 100082. With the exception of non-transports the majority of these patients end up being transferred to an ambulance company or higher level of care and transport. I would like to see an exemption for when the geographical location prohibits the completion of the ePCR or an exemption for call volume or lack off. Some of our volunteers respond to less than 10 requests for medical aid a year.	provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
Section 100082. Record Keeping Page 44	Steve Burroughs Chairman of the Board LaPorte Fire Protection District	We would like to comment on and express our disagreement with the proposed requirement that EMS agencies be required to submit electronic Patient Care Reports (ePCR). We are a very small fire department, all volunteer, with a very small limited budget and this would create a hardship for us financially. Our volunteers are over 60, some know how to turn on a computer, others run from it, and requiring us to complete ePCRs is not going to go over well with our medical responders. They have stated they	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's

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		won't fill out the forms electronically as they don't know how and they are not going to learn. We respond to calls in very remote areas and there is no internet access in these areas. So, we do not want to have to prepare ePCRs, we are doing just fine with the paper PCR.	ability to establish basic life support policies, procedures and protocols.
Section 100082. Record Keeping Chap. 2 EMT Art 6 Pg 44 Ln 24	Esther Kilian RN, EMT Fieldbrook Vol. F.D.	This proposed change is redundant as we already record information on calls made. If the patient is transported to the hospital, ambulance personnel submit an electronic report. Once again, this is an unfunded mandate that imposes a difficult, and for many small rural departments, literally an impossible financial burden. Internet and cell phone service is spotty or unavailable in many rural areas so this would be one more expensive, time consuming & unnecessary requirement. As it is, many departments lack & cannot afford the minimum equipment they need to respond adequately. Also, most rural departments are	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.

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		staffed by volunteers who often must leave work in order to respond. Additional paperwork may cause the volunteer an additional personal expense. We are trying to attract and keep EMTs, not drive them away. Electronic reports make the individuals personal medical information available to more people, often without a need to know, less private and less secure. Suggest: striking "electronic"	
Section 100082. Record Keeping Page 44	Richard H. Webb, Chief Linda Fire Protection District	I am writing to you today to register the Linda Fire Protection Districts opposition to the proposed revision of the California Code of Regulations, Division 9, Title 22, Chapter 2, Emergency Medical Technicians, Section 100082 Record Keeping (e). Specifically the proposed revision requiring the EMT to complete an electronic patient care record (ePCR). In the Yuba County Operational Area, there is an exclusive private ambulance provider who accomplishes ePCR's on each patient the fire service responds to. Requiring each fire service based EMT to accomplish an ePCR in addition to those being completed by the ambulance service will create an unnecessary duplication of service. No fire service agency in Yuba County currently utilizes vehicle	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.

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		based computers, mobile data terminals, or tablets, nor the software necessary to comply with the proposal. The implementation of the requirement for each EMT to complete an ePCR will create a significant financial burden, essentially creating another unfunded mandate by the State of California on the largely volunteer fire service struggling to make ends meet already. The time required for EMT's to accomplish an ePCR is an additional concern for the District. Responders are already required to complete an extensive computer based incident report for each response. Many times it takes longer to complete the incident report than the amount of time spent on-scene handling the incident. To add an additional, separate ePCR will create an additional burden to responders who have little time available as it is. In closing, I again urge you not to adopt this particular recordkeeping change. In the District's opinion there is no compelling reason to adopt this requirement as it creates a duplication of services with no corresponding benefit. There will be an unnecessary expense to the fire service in already financially tough times and a new time burden that is	

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		not warranted based on the lack of meaningful benefit.	
Section 100082 Record Keeping	Brandi Dudek, President Yuba County Fire Chiefs Association	On 12-5-16 the Yuba County Fire Chiefs Association met and reviewed the proposed changes to the California Code of Regulations, Division 9, Chapter 2. Emergency Medical Technicians. The Yuba County Fire Chiefs Association by a unanimous vote does not support the changes outlined in Section 100082 Record Keeping. The group feels this requirement to complete an electronic patient care report for all BLS contacts by fire agency personnel is a duplication of efforts as a EPCR is already completed by the transporting agency. This EPCR requirement will cause an undue financial burden on the Fire Agency responders in Yuba County.	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
Section 100082. Record Keeping Page 44	Gerry Gray Fire Chief City of Redding SCHMRT Operations Director CalChiefs Area 1 North Director	As a busy BLS municipal fire agency that staffs 80 EMTs, we respond to nearly 14,000 incidents each year. Our fire department, as do all fire departments in the nation, is required to report all incident data to the National Fire Incident Reporting System (NFIRS). To this end, every single incident that we handle, including EMS calls, generates an incident report, completed by the on-scene responders. Over the course of one year this obligates a significant number of documentation hours to	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further

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		our limited personnel. Section 100082 suggests that we will also complete a separate incident report for every EMS calls (nearly 9,000 incidents per year for us) which would substantially increase the documentation commitment on our responders. Essentially, if approved, we would need to complete two separate reports for the same EMS incident (NFIRS & ePCR). With limited staffing and resources I am concerned about the increased time burden this will impose on our personnel. I understand the intent of the proposed rule but would argue that our engine companies already document the specifics of each EMS call in the NFIRS-compatible incident reporting software. We do not have available time for additional reports, especially duplicate efforts. As an alternative, perhaps the commercially-available NFIRS-compatible reporting systems (we use Emergency Reporting) can incorporate the necessary ePCR elements into the respective EMS modules so that data need only be entered once for each EMS calls.	clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
§ 100082, Page 44, Lines 22-26	Sierra – Sacramento Valley EMS Agency	We are supportive of moving in this direction, however, language should encourage rather than mandate EMT	Comment acknowledged, the provision to require completion of an electronic health record

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		providers utilize NEMSIS compliant electronic patient care documentation software programs at this time.	(EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
100082/44/22	Humboldt Bay Fire Joint Powers Authority 533 C Street, Eureka, CA 95501 Bill Gillespie, Fire Chief	Although we understand the value for all EMS responders utilizing electronic reporting, it is unrealistic, unfeasible and costly to expect the small rural, non-transporting agencies to be e-PCR compliant. In the North Coast EMS jurisdiction alone there are 58 responding fire providers, and all but seven are volunteer. Humboldt County represents 40 of those departments. Humboldt Bay Fire is a non-transport fire department providing BLS and part time ALS response in the greater Eureka area. Our department typically interfaces with one of two private transport agencies, both of which already complete a patient ePCR. Additionally, on ALS responses where our paramedic assumes patient care	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.

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		and provides treatment, our paramedic is also completing an ePCR. Having EMT's on BLS responses fill out ePCR's in addition to those filled out by the transport agency causes significant hardship. First and foremost is the additional report writing time that will be required to fill out the ePCR, and also complete a separate NFIRS required incident report. In the case of our department, that would result in nearly 4000 additional reports having to be completed under the proposed language as I understand it. The associated costs would be very high and, because almost all patients seen by non-transporting EMS providers are transported in our area by a private transport agency, duplicate e-PCRs would result. We suggest adding language stating that the ePCR requirement applies to transporting providers only.	
100082/44/22	Humboldt County Fire Chiefs Association Bill Gillespie, Vice President	Although we understand the value for all EMS responders utilizing electronic reporting, it is unrealistic, unfeasible and costly to expect the small rural, non-transporting agencies to be e-PCR compliant. In the North Coast EMS jurisdiction alone there are 58 responding fire providers, and all but seven are volunteer. Humboldt County Fire Chiefs Association represents 40 of those departments. The associated costs would be very high and, because almost all patients	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been

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		seen by non-transporting EMS providers are transported in our area, duplicate e-PCRs would result. We suggest adding that the ePCR requirement applies to transporting providers only.	amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
100082 Record Keeping (a) Line 22 requiring EMTs to use an ePCR	Dan Spiess Nor-Cal EMS 530 229-3979 dspiess@norcalems.org	We have first responder agencies (non-transport) with no internet access either in the field or at their base of operation. This section would preclude EMTs from using their skills. Suggestion - Permit the LEMSA to exempt EMTs from this requirement but require the submittal of a written PCR to the LEMSA.	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
100082/44/22-26	Napa County EMS	We have BLS First Response Agencies (non-transport) with no internet access either in the field or at their base of operation. These include first responder agencies that are all volunteer organization. We suggest the regulations allow the LEMSA to exempt EMTs from this requirement but require the submittal of a written PCR to the LEMSA.	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection

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			will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols. .
EMSA SVC (8/10) Form 1a.	Kern County EMS	Add Signature of EMT	Comment acknowledged Change made
EMSA SVC (8/10) Form 1a.	LA County EMS Agency	Add Signature of EMT	Comment acknowledged Change made
EMSA SVC (8/10) Form 1a.	Steve Carroll Ventura County EMS Agency	Add Signature of EMT	Comment acknowledged Changes made
EMSA SVC (8/10) Form 1a.	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Add Signature of EMT	Comment acknowledged Change made
EMSA SVC (8/10) Form 1a.	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Revise to read "Name as shown on California EMT Certificate"	Comment acknowledged Change made
EMSA SVC (8/10) Form 1a.	Steve Carroll Ventura County EMS Agency	Revise to read "Name as shown on California EMT Certificate"	Comment acknowledged Change made
EMSA SVC (8/10) Form 1a.	LA County EMS Agency	Revise to read "Name as shown on California EMT Certificate"	Comment acknowledged Changes made
EMSA SVC (8/10) Form 1a.	Kern County EMS	Revise to read "Name as shown on California EMT Certificate"	Comment acknowledged Change made
EMSA SVC (8/10)	Kern County EMS	Revise "Authority" to "Entity"	Comment acknowledged

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Form 1c.			This section of the form has been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form 1c.	LA County EMS Agency	Revise "Authority" to "Entity"	Comment acknowledged This section of the form has been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form 1c.	Steve Carroll Ventura County EMS Agency	Revise "Authority" to "Entity"	Comment acknowledged This section of the form has been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form 1c.	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Revise "Authority" to "Entity"	Comment acknowledged This section of the form has been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form 1c.	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Add "California" to read "California Certifying Entity"	Comment acknowledged This section of the form has been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form 1c.	Steve Carroll Ventura County EMS Agency	Add "California" to read "California Certifying Entity"	Comment acknowledged This section of the form has been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form	LA County EMS Agency	Add "California" to read "California Certifying Entity"	Comment acknowledged This section of the form has

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1c.			been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form 1c.	Kern County EMS	Add "California" to read "California Certifying Entity"	Comment acknowledged This section of the form has been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form	Kern County EMS	Change "Affiliation" to "Name of California approved EMS CE or EMS training program.	Comment acknowledged The form has been updated to require the verifier to provide how they are approved to verify skills competency. The qualifications to be an approved skills verifier have been provided.
EMSA SVC (8/10) Form	LA County EMS Agency	Change "Affiliation" to "Name of California approved EMS CE or EMS training program.	Comment acknowledged The form has been updated to require the verifier to provide how they are approved to verify skills competency. The qualifications to be an approved skills verifier have been provided.
EMSA SVC (8/10) Form	Steve Carroll Ventura County EMS Agency	Change "Affiliation" to "Name of California approved EMS CE or EMS training program.	Comment acknowledged The form has been updated to require the verifier to provide how they are approved to verify skills competency. The qualifications to be an approved skills verifier have been provided.
EMSA SVC (8/10) Form	Bryan Cleaver, President Emergency Medical Administrators' Association of	Change "Affiliation" to "Name of California approved EMS CE or EMS training program.	Comment acknowledged The form has been updated to require the verifier to provide

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	California (EMSAAC)		how they are approved to verify skills competency. The qualifications to be an approved skills verifier have been provided.
EMSA SVC (8/10) Form Skill 1	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Trauma Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 1	Steve Carroll Ventura County EMS Agency	Change skill to "Trauma Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 1	LA County EMS Agency	Change skill to "Trauma Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 1	Kern County EMS	Change skill to "Trauma Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 2	Kern County EMS	Change skill to "Medical Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 2	LA County EMS Agency	Change skill to "Medical Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 2	Steve Carroll Ventura County EMS Agency	Change skill to "Medical Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 2	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Medical Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 3	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Bag-Mask Ventilation"	Comment acknowledged Skill will be changed to Bag-valve-mask ventilation for proper terminology.
EMSA SVC (8/10) Form	Steve Carroll Ventura County EMS Agency	Change skill to "Bag-Mask Ventilation"	Comment acknowledged Skill will be changed to Bag-

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Skill 3			valve-mask ventilation for proper terminology.
EMSA SVC (8/10) Form Skill 3	LA County EMS Agency	Change skill to "Bag-Mask Ventilation"	Comment acknowledged Skill will be changed to Bag-valve-mask ventilation for proper terminology.
EMSA SVC (8/10) Form Skill 3	Kern County EMS	Change skill to "Bag-Mask Ventilation"	Comment acknowledged Skill will be changed to Bag-valve-mask ventilation for proper terminology.
EMSA SVC (8/10) Form Skill 4	Kern County EMS	Change skill to "Oxygen Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 4	LA County EMS Agency	Change skill to "Oxygen Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 4	Steve Carroll Ventura County EMS Agency	Change skill to "Oxygen Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 4	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Oxygen Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 5	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Cardiac Arrest Management with AED"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 5	Steve Carroll Ventura County EMS Agency	Change skill to "Cardiac Arrest Management with AED"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 5	LA County EMS Agency	Change skill to "Cardiac Arrest Management with AED"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 5	Kern County EMS	Change skill to "Cardiac Arrest Management with AED"	Comment acknowledged Change made

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EMSA SVC (8/10) Form Skill 6	Kern County EMS	Change skill to "Hemorrhage Control and Shock management"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 6	LA County EMS Agency	Change skill to "Hemorrhage Control and Shock management"	Comment acknowledged Changes made
EMSA SVC (8/10) Form Skill 6	Steve Carroll Ventura County EMS Agency	Change skill to "Hemorrhage Control and Shock management"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 6	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Hemorrhage Control and Shock management"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 7	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Spinal Motion Restriction – Supine & Seated"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 7	Steve Carroll Ventura County EMS Agency	Change skill to "Spinal Motion Restriction – Supine & Seated"	Comment acknowledged Changes made
EMSA SVC (8/10) Form Skill 7	LA County EMS Agency	Change skill to "Spinal Motion Restriction – Supine & Seated"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 7	Kern County EMS	Change skill to "Spinal Motion Restriction – Supine & Seated"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 8	Kern County EMS	Change skill to "Penetrating Chest Injury"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 8	LA County EMS Agency	Change skill to "Penetrating Chest Injury"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 8	Steve Carroll Ventura County EMS Agency	Change skill to "Penetrating Chest Injury"	Comment acknowledged Change made

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EMSA SVC (8/10) Form Skill 8	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Penetrating Chest Injury"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 9	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Epinephrine and Naloxone Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 9	Steve Carroll Ventura County EMS Agency	Change skill to "Epinephrine and Naloxone Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 9	LA County EMS Agency	Change skill to "Epinephrine and Naloxone Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 9	Kern County EMS	Change skill to "Epinephrine and Naloxone Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 10	Kern County EMS	Change skill to "Childbirth and Neonatal Resuscitation"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 10	LA County EMS Agency	Change skill to "Childbirth and Neonatal Resuscitation"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 10	Steve Carroll Ventura County EMS Agency	Change skill to "Childbirth and Neonatal Resuscitation"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 10	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Childbirth and Neonatal Resuscitation"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skills	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Secondary Recommendation: Skills categories fixed for eight skills and replace Skill 8 & 9 with "LEMSA approved/Provider identified QI based skill"	Comment acknowledged No change, skills sheet has been updated.

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		Only recommending change if SVC form maintains the broad categories.	
EMSA SVC (8/10) Form Skills	Steve Carroll Ventura County EMS Agency	Secondary Recommendation: Skills categories fixed for eight skills and replace Skill 8 & 9 with "LEMSA approved/Provider identified QI based skill" Only recommending change if SVC form maintains the broad categories.	Comment acknowledged No change, skills sheet has been updated.
EMSA SVC (8/10) Form Skills	LA County EMS Agency	Secondary Recommendation: Skills categories fixed for eight skills and replace Skill 8 & 9 with "LEMSA approved/Provider identified QI based skill" Only recommending change if SVC form maintains the broad categories.	Comment acknowledged No change, skills sheet has been updated.
EMSA SVC (8/10) Form Skills	Kern County EMS	Secondary Recommendation: Skills categories fixed for eight skills and replace Skill 8 & 9 with "LEMSA approved/Provider identified QI based skill" Only recommending change if SVC form maintains the broad categories.	Comment acknowledged No change, skills sheet has been updated.
EMSA SVC (8/10) Form	Kern County EMS	Add statement "All skill categories must specify skills tested in each area" Only recommending change if SVC form maintains the broad categories.	Comment acknowledged No change, skills sheet has been updated.
EMSA SVC (8/10) Form	LA County EMS Agency	Add statement "All skill categories must specify skills tested in each area"	Comment acknowledged No change, skills sheet has been updated.

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		Only recommending change if SVC form maintains the broad categories.	
EMSA SVC (8/10) Form	Steve Carroll Ventura County EMS Agency	Add statement "All skill categories must specify skills tested in each area" Only recommending change if SVC form maintains the broad categories.	Comment acknowledged No change, skills sheet has been updated.
EMSA SVC (8/10) Form	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Add statement "All skill categories must specify skills tested in each area" Only recommending change if SVC form maintains the broad categories.	Comment acknowledged Comment acknowledged No change, skills sheet has been updated.
EMSA SVC (8/10) Form Instructions	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Revise instructions to meet requested changes above	Comment acknowledged Change made
EMSA SVC (8/10) Form Instructions	Steve Carroll Ventura County EMS Agency	Revise instructions to meet requested changes above	Comment acknowledged Change made
EMSA SVC (8/10) Form Instructions	LA County EMS Agency	Revise instructions to meet requested changes above	Comment acknowledged Change made
EMSA SVC (8/10) Form Instructions	Kern County EMS	Revise instructions to meet requested changes above	Comment acknowledged Change made

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§ 100057.1 Page 2 Lines 1-6	Tom O'Connor Ventura College	Per the Society of Simulation in Healthcare Dictionary (http://www.ssih.org/Dictionary) High-fidelity simulation is listed as the following: *Definition • In healthcare simulation, high-fidelity refers to simulation experiences that are extremely realistic and provide a high level of interactivity and realism for the learner (INACSL, 2013); Can apply to any mode or method of simulation; for example: human, manikin, task trainer, or virtual reality.* Limiting High-fidelity simulation to the use of computerized manikins does not allow for emerging technologies to be utilized in conjunction with standardized patients to create more realistic simulation opportunities than a computerized manikin can provide. We have recently acquired simulation monitors capable of displaying multiple ECG rhythms, allows the adjustment of heart rate, blood pressure, SPO2 levels, and ETCO2 readings with waveform that can be adjusted by the technician to provide accurate readings displayed on the monitoring device screen. This can be used with a standardized patient (human actor) to provide a more realistic interactive training opportunity than a computerized manikin can offer without the need to obtain an expensive piece of equipment. Please consider revision of the definition to match that of the Society of Simulation in	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.

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		Healthcare listed above.	
100059.1 Page 2 Line 26-35	San Joaquin County EMS Agency	The National Registry does not have a psychomotor exam for emergency medical technicians. The NREMT website states: "[applicants] must also successfully complete a state-approved Emergency Medical Technician (EMT) psychomotor examination. Speak with your instructor or State EMS Office about the format and logistics of completing a state-approved Emergency Medical Technician (EMT) psychomotor exam." https://www.nremt.org/rwd/public/document/emt This definition and the requirements cannot be implemented as written.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100061 Page 3 Line 7-12	San Joaquin County EMS Agency	Modify criteria to allow local EMS agencies the option to issue/require accreditation of all EMTs working within the local EMS agency's jurisdiction. Accreditation should not be limited to the ability to perform optional skills.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100062 (g) Page 4-5 Line 39-45, 1-15	San Joaquin County EMS Agency	Delete and remove. A certified EMT may simply discontinue providing prehospital care and allow the certification to lapse/	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.

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100062 (g)(1) Page 4 Line 45	San Joaquin County EMS Agency	Restate as: "Discontinue **providing prehospital care** ~~all medical practice~~ requiring an active and valid EMT certificate." EMTs do not practice medicine.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100063(a)(8)(K) Page 6 Line 35	San Joaquin County EMS Agency	The word "Mechanical" should start with a lower case "m."	Comment acknowledged Change made Non-substantive change
Section 100063(b)(4)(A-C) Page 7 Lines 21-38	LA County EMS Agency	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines. EMSA has moved this section to the Optional Scope of Practice without appropriate rationale or justification. This change, as EMSA responded to in the 2nd public comment, "This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements" is not completely correct. Moving this to the Optional Scope of Practice requires Local Accreditation which should be reserved for advanced medical procedures/therapies with potential harm to the patient and should apply to a select group of individuals or organizations within a system receive extensive training, on-going competency, and quality improvement	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.

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		monitoring. None of this is required nor able to be tested for continued competency for minor additives. The process of Local Accreditation for Comment acknowledged minor additives adds systematic process resulting in significant additional costs and staff time for LEMSAs, EMS personnel, provider agencies, without any additional benefit. In addition, moving the additives to optional scope of practice will result increased costs to patients as senseless Paramedic transports will be required when the patient only required EMT level of care.	
100063(b)(4) Page 7 Line 43-44	San Joaquin County EMS Agency	Restrict epinephrine administration by BLS personnel to patients with signs and symptoms of anaphylaxis. BLS training programs are not currently designed to teach BLS personnel to differentiate mild, moderate, and severe asthma to allow for the safe administration of epinephrine.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100063(b)(5) Page 7 Line 27	San Joaquin County EMS Agency	This is an invasive procedure that should be an optional skill under section 100064.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
Section 100063(b) Page 7-8 Lines 21-45 & 1-14	LA County EMS Agency	Alternative: Move all scope of practice within an organized system to the optional scope of practice.	Comment acknowledged No Change Comment does not relate to

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		The new therapeutic modalities are not included in the National Scope of Practice model not the EMS Education Standards which demonstrates scope of practice infringement to the AEMT.	the changes made during this comment period, therefore EMSA has decided not to provide a response.
100063(d) Page 8 Line 19-22	San Joaquin County EMS Agency	This section subsection should be relocated to section 100062.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100064(a)(2) Page 10 Line 43-44	San Joaquin County EMS Agency	Restrict epinephrine administration by BLS personnel to patients with signs and symptoms of anaphylaxis. BLS training programs are not currently designed to teach BLS personnel to differentiate mild, moderate, and severe asthma to allow for the safe administration of epinephrine.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
#100064/10/43-44	CA Emergency Nurses Assoc Judith A Scott, RN	We highly recommend the deletion of the proposal to draw epinephrine into a syringe From "Acute Care" Vol 22 Issue 22 26 Jan 2017 EPINEPHRINE auto-injectors. A patient with colon cancer presented to an emergency department (ED) after developing anaphylaxis while receiving a platelet infusion in the	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		hospital's outpatient infusion suite. The dose of EPINEPHRINE for anaphylaxis is 0.2-0.5 mg (0.2-0.5 mL) of a1 mg/mL solution, given subcutaneously or intramuscularly (IM), repeated every 5-15 minutes as necessary. But an ED physician ordered EPINEPHRINE 1mg IM as the initial dose, which was prepared in a syringe and given. Fortunately, the patient only experienced hypertension, tachycardia, and agitation, all of which soon resolved. But this episode reminded us once again of more serious dosing and wrong route errors that have been reported to ISMP over the years, as reviewed in our February 26, 2015 newsletter (www.ismp.org/sc?id=2853), some of which have been fatal. Besides prescribing too high of a dose, we have also received reports of administering the full contents of a 1 mg/mL ampule or vial that has been drawn into a syringe and given by the IV route, which has proven harmful to some patients as well. One way to prevent dosing errors during treatment of anaphylaxis is to use EPINEPHRINE auto-injectors. If your organization has made a decision, for cost reasons, to replace the EPIPEN auto-injector this past year with ampules and/or vials, Or if your organization never stocked auto-injectors, please reconsider their use now as more generic EPINEPHRINE auto-injectors are available and their prices are decreasing. If continuing to use vials or ampules, it is important to provide patient care areas with an anaphylaxis kit that includes clear dosing and administration instructions.	
100064(a)(2)(A)	San Joaquin County	Restrict epinephrine administration by BLS	Comment acknowledged

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
Page 11 Line 1- 7	EMS Agency	personnel to patients with signs and symptoms of anaphylaxis. BLS training programs are not currently designed to teach BLS personnel to differentiate mild, moderate, and severe asthma to allow for the safe administration of epinephrine.	No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
#100064/12/24-28	CA Emergency Nurses Assoc Judith A. Scott, RN	Using prepackaged products, the following medications may be administered Using prepackaged products <u>for Organo-phosphate poisoning,</u> the following medications may be administered	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100064(a)(3)(B) Page 12 Line 35	San Joaquin County EMS Agency	Add the following to be consistent in training of optional skills medication (see 100064(A)(2)(A)(1)): Names Complications Interactions	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
Section 100064(b)(4) Page 13 Lines 24-41	LA County EMS Agency	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines back to Section 100063 of this Chapter instead of in the Optional Scope of Practice.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		EMSA has moved this section to the Optional Scope of Practice without appropriate rationale or justification. This change, as EMSA responded to in the 2nd public comment, "This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements" is not completely correct. Moving this to the Optional Scope of Practice requires Local Accreditation which should be reserved for advanced medical procedures/therapies with potential harm to the patient and should apply to a select group of individuals or organizations within a system receive extensive training, on-going competency, and quality improvement monitoring. None of this is required nor able to be tested for continued competency for minor additives. The process of Local Accreditation for minor additives adds systematic process resulting in significant additional costs and staff time for LEMSAs, EMS personnel, provider agencies, without any additional benefit. In addition, moving the additives to optional scope of practice will result increased costs to patients as senseless Paramedic transports will be required when the patient only required EMT level of care.	provide a response.
100064(i) Page15 Line 22	San Joaquin County EMS Agency	Delete - Redundant. This section should be removed. The more thorough language of section 100063(d), if moved as suggested to section 100062, sufficiently addresses mutual aid response.	Comment acknowledged No Change Comment does not relate to the changes made during this

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
			comment period, therefore EMSA has decided not to provide a response.
Section 100073(a)(3) Page 22 Line 27	LA County EMS Agency	Revise the Challenge provision mandate to be optional. If program desires to offer a challenge program it shall meet the requirements set forth in this Chapter. Many EMT programs lack sufficient resources or are institutionally prevented to offer a challenge process. The components of the challenge should remain as written for approval by the LEMSA if the program elects to have a challenge provision.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100075(d) Page 26 Line 13-17	San Joaquin County EMS Agency	Restrict epinephrine administration by BLS personnel to patients with signs and symptoms of anaphylaxis. BLS training programs are not currently designed to teach BLS personnel to differentiate mild, moderate, and severe asthma to allow for the safe administration of epinephrine.	Comment acknowledged No change The LEMSA has the discretion to use epinephrine auto-injectors and limit the use to anaphylaxis in their local policy and procedures. Restricting the use of epinephrine to anaphylaxis may inhibit other LEMSAs from the option to use for severe asthma.
100075(e) Page 26-27 Line 43-42	San Joaquin County EMS Agency	Blood glucose testing is an invasive procedure that should be an optional skill.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
100075(e) Page 27 Line 44	San Joaquin County EMS Agency	Formatting issue - this is a duplicate (e) should be (f) unless the other (e) is removed.	Comment acknowledged Comment accepted Non-substantive change
#100075/30/4-25	CA emergency Nurses Assoc Judith A. Scott, RN	Revise the listing for 1. Bleeding control. Put Direct Pressure, etc before a. Apply tourniquet	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100079(a)(1)-(3) Page 33 Line 1-18	San Joaquin County EMS Agency	The National Registry does not have a psychomotor exam for emergency medical technicians. The NREMT website states: "[applicants] must also successfully complete a state-approved Emergency Medical Technician (EMT) psychomotor examination. Speak with your instructor or State EMS Office about the format and logistics of completing a state-approved Emergency Medical Technician (EMT) psychomotor exam." https://www.nremt.org/rwd/public/document/emt This definition and the requirements cannot be implemented as written.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100079(a)(4) Page 33 Line 20-21	San Joaquin County EMS Agency	Remove. Only a valid course completion certificate should be acceptable for certification for individuals completing courses of instruction within the State of California.	Comment acknowledged No Change Comment does not relate to the changes made during this

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		NREMT certification should be limited to reciprocity for individual in which NREMT is considered a valid out of state certificate.	comment period, therefore EMSA has decided not to provide a response.
100079(b)(2) Page 33 Line 34-36	San Joaquin County EMS Agency	Revise the second sentence to read as: "The certifying entity shall receive the State and Federal criminal background check results and verifies they are not precluded from certification before issuing an initial certification."	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100079(b)(6) Page 34 Line 18	San Joaquin County EMS Agency	Revise to read as: "Disclose any pending criminal charges or complaints."	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100080(a)(4) Page 37 Line 30-33	San Joaquin County EMS Agency	Revise the second sentence to read as: "The certifying entity shall receive the State and Federal criminal background check results and verifies they are not precluded from certification before issuing a certification."	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100080(a)(5)	San Joaquin County	Remove the requirement for skills verification.	Comment acknowledged

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
Page 37 Line 35-45	EMS Agency	Employers should be responsible for providing training, evaluating performance, taking corrective action consistent with quality improvement practices as outlined in Chapter 12 or reporting individuals for possible disciplinary action in accordance with Chapter 6.	No change The EMS Authority proposed the QIP to verify competency in earlier version and received numerous opposing comments because there would not be any standardization across the state. Emergency Medical Services Administrator's Association of California (EMSAAC) requested in public comment the skills form be kept with modifications which were made.
Section 100080(a)(5)et al Page 37 Lines 35-55	LA County EMS Agency	We support the skills verification as written	Comment acknowledged General Comment
Section 100080(a)(5) Pages 37 Lines 35-45	Central California EMS Agency	The requirement for the use of a Skills Verification Form should be removed and verification of skills should be the responsibility of the Quality Improvement Program, similar to the assurance of skills for all certifications, including paramedic skills, dispatcher skills, and MICN skills. Why are we requiring EMTs to complete a Skills Verification Form on the most basic skills when we do not require that level of verification from our paramedics who perform significantly more invasive skills and the degradation of these skills are much more concerning? We have listened to concerns from other EMS agencies and providers over the last few years	Comment acknowledged No change The EMS Authority proposed the QIP to verify competency in earlier version and received numerous opposing comments because there would not be any standardization across the state. Emergency Medical Services Administrator's Association of California (EMSAAC) requested in public comment

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		that have indicated that the verification forms are useless and really do not provide the true verification of skills competency that we desire. Just when EMSA removes it some LEMSAs want it reinstated. To what end? I realize that this has been widely commented on in the previous comment period, but now that it has gone back to requiring a Skills Verification Form, We feel compelled to submit a comment. LEMSAs should have a quality improvement and assurance program that addresses the skills performed by all of the levels of certification and not hold the basic EMT to additional hurdles that are not necessary and unproven as measurement of skills competency. If a LEMSA wants to have a skills verification form, then add it to your Quality Improvement Plan. Many LEMSAs don't have an issue and this Skills Verification Form requirement is another "one size fits all" policy that is unnecessary for many LEMSAs. We request that the Skills Verification Form requirement be removed from the regulations.	the skills form be kept with modifications which were made.
100080(a)(6) Page 38 Line 15	San Joaquin County EMS Agency	Change to 36 months. EMT training programs have a full year to implement the new training standards. Certified individuals should be afforded a full two-years from training program compliance to obtain required training.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
Section 100080(a)(6) et al Page 38 Lines 17-18	LA County EMS Agency	Revise to read "…by an approved EMT training program or EMS CE provider approved by the approving authority to provide the following training:" All EMT and EMS CE programs should only be eligible to provide the training as long as the training is reviewed and approved by the approving authority to provide training opportunities for every EMT in the State to meet the new requirements. As EMSA is approving the updated medical content of the POST, Parks and Recreation, and Cal-Fire programs, the LEMSAs shall review and approve the new mandated training content for EMT certification for all programs which they approve.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100080(a)(6)(C) Page 38 Line 31-32	San Joaquin County EMS Agency	Blood glucose testing is an invasive procedure that should be an optional skill.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100081(a)(1)(D) Page 40 Line 40-43	San Joaquin County EMS Agency	Revise the second sentence to read as: "The certifying entity shall receive the State and Federal criminal background check results and verifies they are not excluded from certification before issuing a certification."	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
100081(a)(1)(E) Page 41 Line 1-11	San Joaquin County EMS Agency	Remove the requirement for skills verification. Employers should be responsible for providing training, evaluating performance, taking corrective action consistent with quality improvement practices as outlined in Chapter 12 or reporting individuals for possible disciplinary action in accordance with Chapter 6.	Comment acknowledged No change The EMS Authority proposed the QIP to verify competency in earlier version and received numerous opposing comments because there would not be any standardization across the state. Emergency Medical Services Administrator's Association of California (EMSAAC) requested in public comment the skills form be kept with modifications which were made.
100081(a)(1)(F) Page 41 Line 26-29	San Joaquin County EMS Agency	Change to 36 months. EMT training programs have a full year to implement the new training standards. Certified individuals should be afforded a full two-years from training program compliance to obtain required training.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100081(a)(1)(F)(3) Page 41 Line 42-43	San Joaquin County EMS Agency	Blood glucose testing is an invasive procedure that should be an optional skill.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
			provide a response.
100081(a)(2)(D) Page 43 Line 2-5	San Joaquin County EMS Agency	Revise the second sentence to read as: "The certifying entity shall receive the State and Federal criminal background check results and verifies they are not excluded from certification before issuing a certification."	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100081(a)(2)(E) Page 43 Line 7-17	San Joaquin County EMS Agency	Remove the requirement for skills verification. Employers should be responsible for providing training, evaluating performance, taking corrective action consistent with quality improvement practices as outlined in Chapter 12 or reporting individuals for possible disciplinary action in accordance with Chapter 6.	Comment acknowledged No change The EMS Authority proposed the QIP to verify competency in earlier version and received numerous opposing comments because there would not be any standardization across the state. Emergency Medical Services Administrator's Association of California (EMSAAC) requested in public comment the skills form be kept with modifications which were made.
100081(a)(2(F) Page 43 Line 32-35	San Joaquin County EMS Agency	Change to 36 months. EMT training programs have a full year to implement the new training standards. Certified individuals should be afforded a full two-years from training program compliance to obtain required training.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
			EMSA has decided not to provide a response.
100081(a)(2)(F)(3) Page 44 Line 3-4	San Joaquin County EMS Agency	Blood glucose testing is an invasive procedure that should be an optional skill.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100081(a)(3)(B) Page 44 Line 28-30	San Joaquin County EMS Agency	For a lapse of more than 12 months an EMT refresh course should be required. The EMT refresher course will include the psychomotor exam required to take the cognitive exam required in item 100081(A)(3)(H).	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100081(a)(3)(D) Page 45 Line 7-9	San Joaquin County EMS Agency	Revise to read as: "The certifying entity shall receive the State and Federal criminal background check results and verifies they are not excluded from certification before issuing a certification."	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100081(a)(3)(E) Page 45 Line 11-21	San Joaquin County EMS Agency	Remove the requirement for skills verification. Employers should be responsible for providing training, evaluating performance, taking	Comment acknowledged No change The EMS Authority proposed

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		corrective action consistent with quality improvement practices as outlined in Chapter 12 or reporting individuals for possible disciplinary action in accordance with Chapter 6.	the QIP to verify competency in earlier version and received numerous opposing comments because there would not be any standardization across the state. Emergency Medical Services Administrator's Association of California (EMSAAC) requested in public comment the skills form be kept with modifications which were made.
100081(a)(3)(F) Page 45 Line 36-39	San Joaquin County EMS Agency	Change to 36 months. EMT training programs have a full year to implement the new training standards. Certified individuals should be afforded a full two-years from training program compliance to obtain required training.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100081(a)(3)(F)(3) Page 46 Line 7-8	San Joaquin County EMS Agency	Blood glucose testing is an invasive procedure that should be an optional skill.	Comment acknowledged No Change Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.
100081(a)(3)(H) Page 46	San Joaquin County EMS Agency	The National Registry does not have a psychomotor exam for emergency medical	Comment acknowledged No Change

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
Line 22-26		technicians. The NREMT website states: "[applicants] must also successfully complete a state-approved Emergency Medical Technician (EMT) psychomotor examination. Speak with your instructor or State EMS Office about the format and logistics of completing a state-approved Emergency Medical Technician (EMT) psychomotor exam." https://www.nremt.org/rwd/public/document/emt This definition and the requirements cannot be implemented as written.	Comment does not relate to the changes made during this comment period, therefore EMSA has decided not to provide a response.

State of California
EMT Skills Competency Verification Form
EMSA – SCV (01/17)

FINAL REVISED VERSION - CLEAN

See attached for instructions for completion

This section is to be filled out by the EMT whose skills are being verified:
I certify that I have performed the below listed skills before an approved verifier and have been found competent to perform these skills in the field.

Name as shown on California EMT Certificate	EMT Certificate Number	Signature

This section is to be filled out by an approved Verifier (see instructions for information on approved Verifiers).
By filling out this section the Verifier certifies that they have, through direct observation, verified that the above EMT is competent in the skills below.

Skill Verified	**Verifiers Information**	
1. Trauma Assessment (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
2. Medical Assessment (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
3. Bag-Valve-Mask Ventilation (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
4. Oxygen Administration (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
5. Cardiac Arrest Management w/ AED (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
6. Hemorrhage Control & Shock Management (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
7. Spinal Motion Restriction- Supine & Seated (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
8. Penetrating Chest Injury (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
9. Epinephrine & Naloxone Administration (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
10. Childbirth & Neonatal Resuscitation (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:

FINAL REVISED VERSION - CLEAN

INSTRUCTIONS FOR COMPLETION OF EMT SKILLS COMPETENCY VERIFICATION FORM

1. A completed EMT Skills Verification Form (EMSA-SCV 01/17) is required for those individuals who are either renewing or reinstating their EMT certification. This verification form must accompany the application.

2. Verification of skills competency shall be accepted as valid to apply for EMT renewal or reinstatement for a maximum of two (2) years from the date of skill verification.

3. The EMT that is being skills tested shall provide their complete name as shown on their California EMT certification, the EMT certificate number and signature in the spaces provided.

4. **Verification of Competency**

   Once skills competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall:

   a. Sign the EMT Skills Competency Verification Form for that skill.
   b. Print their name on the EMT Skills Competency Verification Form for that skill.
   c. Enter the date that the individual demonstrated the competency of the skill.
   d. Provide the name of the organization that has approved them to verify skills.
   e. Provide their certification or license type and number.

5. In order to be an **approved skills verifier** you must meet the following qualifications:

   a. Be currently licensed or certified as an EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician, and
   b. Be approved to verify by:
      - EMT training program, or
      - AEMT training program, or
      - Paramedic training program, or
      - Continuing education providers, or
      - EMS service provider (including but limited to public safety agencies, private ambulance providers, and other EMS providers).

FINAL VERSION - CLEAN

REQUEST FOR APPROVAL of UNDEFINED SCOPE OF PRACTICE

Check One: ☐ **Local Optional Scope of Practice** ☐ **Trial Study**

EMS Medical Director:_____ **Date:**_____

Local EMS Agency:_____

Proposed Procedure or Medication:_____

Please provide the following information. For information provided, check "yes" and describe. For information not provided, check "no" and state the reason it is not provided.

Yes	No	
☐	☐	**1. Description of the procedure or medication requested:**
☐	☐	**2. Description of the medical conditions for which the procedure/medication will be utilized:**
☐	☐	**3. Patient population that will benefit:**
☐	☐	**4. Description of proposed study design including the scope of the study, research question, method of evaluating the effectiveness of the procedures or medications and the expected outcome.**
☐	☐	**5. Alternatives (Please describe any alternate therapy(ies) considered for the same conditions and any advantages and disadvantages.**
☐	☐	**6. Estimated frequency of utilization:**
☐	☐	**7. Other factors or exceptional circumstances:**

Please attach the following documents. Check "yes" for each document attached; for documents not attached, check "no" and state the reason it is not attached.

Yes	No	
☐	☐	**8. Any supporting data, including relevant studies and medical literature:**
☐	☐	**9. Recommended policies/procedures to be instituted regarding:**
☐	☐	**Use**
☐	☐	**Medical Control**
☐	☐	**Treatment Protocols**
☐	☐	**Quality assurance of the procedure or medication**
☐	☐	**10. Description of the training and competency testing required to implement the procedure or medication:**
☐	☐	**11. Copy of the local EMS System Evaluation and Quality Improvement Program plan for this request:**
☐	☐	**12. Make up of local medical advisory committee, appointed by the medical director, to assist with the evaluation of the trial study:**

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Priscilla Rivera, Manager
Personnel Standards Unit

SUBJECT: Community Paramedicine Pilot Project Report

RECOMMENDED ACTION:

Receive information regarding the Community Paramedicine Pilot.

FISCAL IMPACT:

The Community Paramedicine Project Manager and the Evaluator are funded by the California HealthCare Foundation. Local pilot site providers participate with in-kind contributions.

DISCUSSION:

Strong progress continues with all of the Community Paramedicine Projects. The data as well as the independent evaluators' public report, continues to show that most of these projects have improved patient care as well as having reduced Hospital Re-Admissions and visits to Emergency Departments.

Independent Evaluators Public Report:

The University of California, San Francisco's Healthforce Center has completed an evaluation, Evaluation of California's Community Paramedicine Pilot Project, covers the first 16 months of the pilot project and was funded by the California Health Care Foundation. The evaluation found that community paramedics can collaborate successfully with physicians, nurses, behavioral health professionals, and social workers to fill gaps in the health and social services safety net.

Under the pilot, community paramedics provide:

- Short-term follow-up care after hospital discharge for people with chronic conditions.
- Case management services to frequent users of the emergency medical services (EMS) system.

- Directly observed therapy for people with tuberculosis.
- Collaboration with hospice nurses to reduce unwanted transports of hospice patients to an ED.
- Transportation for people with behavioral health needs to mental health crisis centers.
- Transportation for patients with low-acuity medical conditions to urgent care centers.

The evaluation concluded that the post-discharge, frequent EMS user, tuberculosis, hospice, and behavioral health projects are safe, improve patients' well-being, and, in most cases, generate savings for health insurers and hospitals that exceed the cost of operating these projects. More research on a larger sample of patients is needed to draw conclusions about projects that transport patients to urgent care centers.

The link below will take you to the full UCSF Independent Evaluators Public Report:
http://healthforce.ucsf.edu/publications/evaluation-california-s-community-paramedicine-pilot-program

California HealthCare Foundation Legislative Briefing – Sacramento January 23, 2017:

The California HealthCare Foundation held a Community Paramedicine Pilot Project Legislative Briefing in Sacramento on January 23, 2017 where the UCSF Independent Evaluator, Dr. Janet Coffman presented her Findings and Conclusions to State Policy Makers, their Staff's and other interested Stakeholder Groups.

CP 014 San Francisco City and County Alternate Destination Sobering Center Status:

OSHPD's authorization to add CP 014 City and County of San Francisco's Alternate Destination Sober Center Pilot Project to HWPP #173 was contingent upon the City and County of San Francisco successfully meeting all the requirements for implementation inclusive of an approved Institutional Review Board (IRB), which they received on December 4, 2016,

An additional requirement was the completion of the Community Paramedicine CORE and Site Specific Training as outlined in their application to EMSA and OSHPD, which is currently underway.

Once the Community Paramedicine CORE and Site Specific Training as outlined in their application has been validated, CP 014 City and County of San Francisco's Alternate Destination Sober Center Pilot Project will be approved to implement.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Kim Lew, Program Analyst
Paramedic Licensure Unit

SUBJECT: Tactical First Aid/Tactical Emergency Medical Support (TEMS) First Responder Operations (FRO) Guidelines Approval

RECOMMENDED ACTION:

Approve the *Tactical First Aid/Tactical Emergency Medical Support (TEMS) First Responder Operational (FRO) Training Standards Guidelines* document.

FISCAL IMPACT:

Local fire departments, law enforcement agencies, EMS providers, and local EMS agencies will incur costs associated with curriculum develop, review and approval processes, and the delivery of training.

DISCUSSION:

In response to the passage of AB 1598 (Rodriguez, Statutes of 2014) the EMS Authority, along with the California Tactical EMS (CTEMS) advisory committee, are tasked with developing tactical casualty care and response training standards to assist training program approval authorities, program providers, first responder agencies, law enforcement, fire, and emergency medical services (EMS) on the development of curriculum related to a coordinated response to active shooter and other terrorism related multi-casualty events.

As reported at the June 15, 2016 Commission on EMS meeting, the original document, *Training Standards for Basic Tactical Casualty Care and Coordination with EMS during Terrorism Incidents*, has been separated into two distinct publications:

1. *Tactical First Aid/Tactical Emergency Medical Support (TEMS) First Responder Operational (FRO) Training Standards Guidelines,* and

2. *Tactical Life Saver/TEMS Technician Training Standards Guidelines*.

Once approved by the Commission, local EMS agencies may use these guidelines in their development of training program approval policies and training programs will have a model to develop their curriculum.

On January 31, 2017, the EMS Authority held a special CTEMS advisory committee meeting where the attached *Tactical First Aid/Tactical Emergency Medical Support (TEMS) First Responder Operational (FRO) Training Standards Guidelines* were approved. The CTEMS advisory committee deferred review of the *Tactical Life Saver/TEMS Technician Training Standards Guidelines* to the sub-committee for a later date.

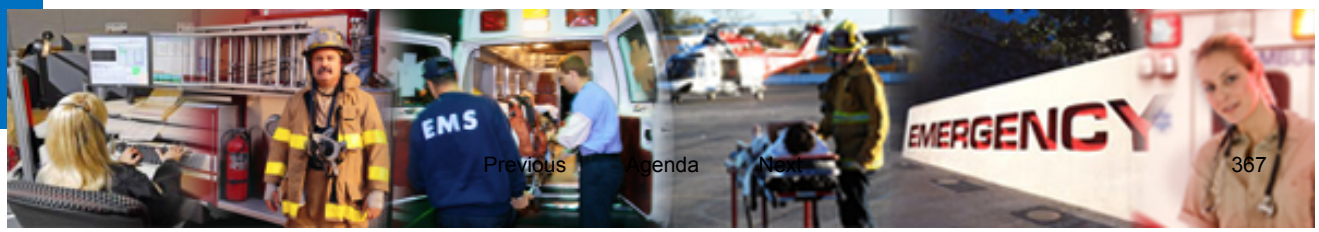
The EMS Authority anticipates submitting the second publication, *Tactical Life Saver/TEMS Technician Training Standards Guidelines* to the Commission on EMS at the June 21, 2017 meeting for approval.

Attachment: Tactical First Aid/Tactical Emergency Medical Support (TEMS) First Responder Operational (FRO) Training Standards Guidelines

Tactical First Aid/ Tactical Emergency Medical Support (TEMS) First Responder Operational (FRO) Training Standards Guidelines

Emergency Medical Services Authority
California Health and Human Services Agency

Guidelines
EMSA #370
March 2017



FOREWARD

The California Emergency Medical Services (EMS) Authority recognizes the importance of working with state and local law enforcement in the medical planning and response to active shooter and terrorism incidents. By working closely with EMS, Fire, and Law Enforcement educators and first responders, the EMS Authority has developed this document to assist local California EMS agencies (LEMSA's), EMS training program providers, fire service, and public safety agencies in the development of policies, operational guidelines, and training standards for tactical casualty care and coordination during active shooter and terrorism related incidents in California.

Over the past two decades, there has been significant progress in the development of national and state tactical emergency medical response strategies and training standards to improve casualty outcomes of active shooter and terrorism incidents. The EMS Authority, in collaboration with members from the California Commission on Peace Officer Standards and Training (POST), the Firefighting Resources of Southern California Organized for Potential Emergencies (FIRESCOPE) program, and various local California EMS agencies, training program providers, and EMS employers, have collaborated to develop standardized statewide approaches to the training and response of first responder personnel to these incidents. In 2009, POST, through a partnership with the EMS Authority, released the *Tactical Medicine Guidelines for Operational Programs and Standardized Training* for use by law enforcement officers, supervisors, and administrators assigned to perform, supervise, or manage their Special Weapons and Tactics (SWAT) teams. In 2015, members of the FIRESCOPE program released an *Incident Command System Emergency Response to Tactical Law Enforcement Incidents* publication #701, for use by fire service agency personnel.

Pursuant to Health and Safety Section 1797.116, the EMS Authority has developed this document to establish additional medical training standards and guidelines for use by emergency medical care first responders to include, but not be limited to, public safety, Emergency Medical Technician (EMT), Advanced EMT (AEMT), and Paramedic personnel. These guidelines are designed to provide complementary medical training competency standards to those provided by POST and FIRESCOPE.

Core competency and training questions related to this document may be directed to Kim Lew at (916) 431-3741 or by email to kim.lew@emsa.ca.gov. Questions related to local EMS and tactical operational planning and responses may be directed to the local EMS Agency and law enforcement agencies responsible for the development of specific policies and procedures within that State jurisdiction.

Howard Backer, MD, MPH, FACEP
Director, California EMS Authority

ACKNOWLEDGEMENTS

This guideline was developed with the steadfast and highly dedicated efforts of several emergency medical services (EMS), fire, and law enforcement service providers and educators across California. The California EMS Authority and POST extend its appreciation to all those who volunteered their time and expertise.

California Tactical EMS Advisory Committee

Through the cooperative efforts of EMS, Fire, and Law Enforcement service and training leaders, the EMS Authority led a California Tactical EMS Advisory Committee to oversee this project. The following is a list of organizations that sent representatives to participate as members of this committee:

- Alameda County Emergency Medical Services Agency
- Alameda County Sheriff's Office
- Berkeley Police Department
- California Ambulance Association (CAA)
- California Commission on Peace Officer Standards and Training (POST)
- California Fire Chiefs' Association (CFCA)
- California State Firefighters' Association (CFSA)
- California Highway Patrol (CHP)
- California Office of Emergency Services (CalOES)
- California Office of the State Fire Marshal State Fire Training (CAL-FIRE)
- California Police Chiefs Association (Cal Chiefs)
- California Peace Officers' Association (CPOA)
- California State Sheriffs' Association (CSSA)
- City of Ontario Fire Department
- Emergency Medical Services Administrators' Association of California (EMSAAC)
- EMS Medical Directors' Association of California (EMDAC)
- Firefighting Resources of Southern California Organized for Potential Emergencies (FIRESCOPE)
- Fremont Police Department
- International School of Tactical Medicine
- Los Angeles County Sheriff's Department
- Los Angeles Fire Department (LAFD)
- Rancho Cucamonga Fire Protection
- San Bernardino Sheriffs' Department
- San Luis Obispo County Public Health Department

California Tactical EMS Advisory Subcommittee Members

Additionally, the following individuals are recognized for their additional contributions as sub-committee members:

Brendalyn Val Bilotti BS RN
POST Master Instructor
Alameda County Sheriff's Office

Kimberly Petersen, Captain
Patrol Division Commander
Fremont Police Department

Thomas G. Ronay, M.D. FACEP
Medical Director
Emergency Medical Services Agency
San Luis Obispo County Public Health Department

Gerry Malais
Battalion Chief
Los Angeles Fire Dept. Homeland Security

Jim Morrissey
Terrorism Preparedness Director
ALCO EMS
Senior SF FBI Tactical Medic

Dan Toomey
Special Consultant
Homeland Security Training Program
Commission on POST

Patrick Lewis
Fire Captain/ Paramedic
Tactical Response Program Coordinator
Rancho Cucamonga Fire Protection District

Carlos Mejia
San Bernardino Sheriff's Department

Christopher D. Waite, Officer
Berkeley Police Department

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1
INTRODUCTION

Purpose

California statutes and regulations[1] require the Emergency Medical Services (EMS) Authority establish additional training standards for first responders to provide emergency medical services during active law enforcement incidents such as active shooter and terrorism events. By working closely with EMS, fire, and law enforcement educators and providers, tactical casualty care training program standards were developed. These guidelines are intended to be used as a reference for training program approval authorities, EMS training program providers, and continuing education EMS program providers, as specified in California Code of Regulations (CCR), Title 22, Division 9, to develop comprehensive tactical casualty care training program competency standards and course curriculum.

As the framework for tactical casualty care training program development, this document is designed to provide training competency standards for statewide public safety, fire, and EMS agency personnel that are complementary to those developed in collaboration with the California Commission on Peace Officer Standards and Training (POST) for the Tactical Medic and/or Tactical Medicine Specialist[2] and those identified by members of the organization, Firefighting Resources of Southern California Organized for Potential Emergencies (FIRESCOPE). Additionally, the EMS Authority is responsible for setting the statewide medical training standards utilized by POST; therefore, these guidelines are intended to serve as a template for the development of operational programs by any public safety agency in California, and to serve as the minimum competency training standards for initial emergency medical services.

California Tactical Casualty Care and Tactical Medicine

In the State of California, medically trained, certified and/or licensed first responders may respond to an active law enforcement incident as either part of an established EMS system or from within an established law enforcement special operations team. As a result, first responder resources and response protocols to active law enforcement incidents vary greatly and are established through the coordination and collaboration of local EMS, fire, and law enforcement agencies. The EMS Authority, working closely with fire and law enforcement agencies, recognized these differences and identified two distinct categories of specialized tactical field medical response and training needs of first

[1] California Code of Regulations, Title 22, Division 9, Chapter 1.5 and California Health and Safety Code 1797.116, 1797.134, California Government Code 8588.10, California Penal Code 13514.1 and 13519.12
[2] Commission on Peace Officer Standards and Training. (2009). *The Tactical Medicine Guidelines for Operational Programs and Standardized Training*. West Sacramento, CA.

responders during active law enforcement incidents: 1) tactical casualty care and 2) tactical medicine.

Tactical casualty care is the delivery of specialized adjunct tactical emergency medical services to casualties of active shooter and terrorism events by first responders from an established EMS system to include, but not be limited to, public safety personnel, EMT's, Advanced EMT's, and paramedics as described by CCR Title 22, Division 9, Chapters 1.5 and Chapters 2-4. Tactical casualty care EMS providers respond as a medical support service provider to law enforcement incidents and provide field tactical medical care to casualties usually in an area where there is minimal to no direct or immediate safety threat. Medical direction and oversight of the tactical casualty care first responder is provided by the local EMS medical director in coordination with local law enforcement.

In order to provide a range of specialized tactical medical field training to meet a diverse level of statewide public safety personnel, EMT, AEMT, and paramedic service provider needs, tactical casualty training standards were developed to incorporate not only EMS specific medical training, but also include fire and law enforcement response level training recommendations. As a result, two distinct levels of tactical casualty care training program courses were identified:

1) Tactical First Aid/ Tactical Emergency Medical Support (TEMS) First Responder Operational (FRO), 4 hours minimum
2) Tactical Life Saver Technician/TEMS Technician, 40 hours minimum

The Tactical First Aid/ TEMS FRO course provides instruction on specialized tactical medical care techniques and a brief overview of tactical response and operations methodologies. The Tactical Life Saver Technician/TEMS Technician course provides more advanced life support tactical medicine techniques and comprehensive instruction on the role of EMS in tactical response planning, response, and inter-department operations when providing adjunct medical support to law enforcement personnel during active shooter and terrorism incidents.

The EMS Authority and local EMS agencies are responsible for monitoring and approving tactical casualty care training programs. Training program or courses administered by statewide public safety agencies, such as the California Commission on Peace Officer Standards and Training, California Department of Parks and Recreation, California Department of Forestry and Fire Protection, and the Department of California Highway Patrol, are approved by the EMS Authority. Training programs or courses administered by any other entity are approved by the local EMS agency that has jurisdiction within the area in which the program or course is headquartered.

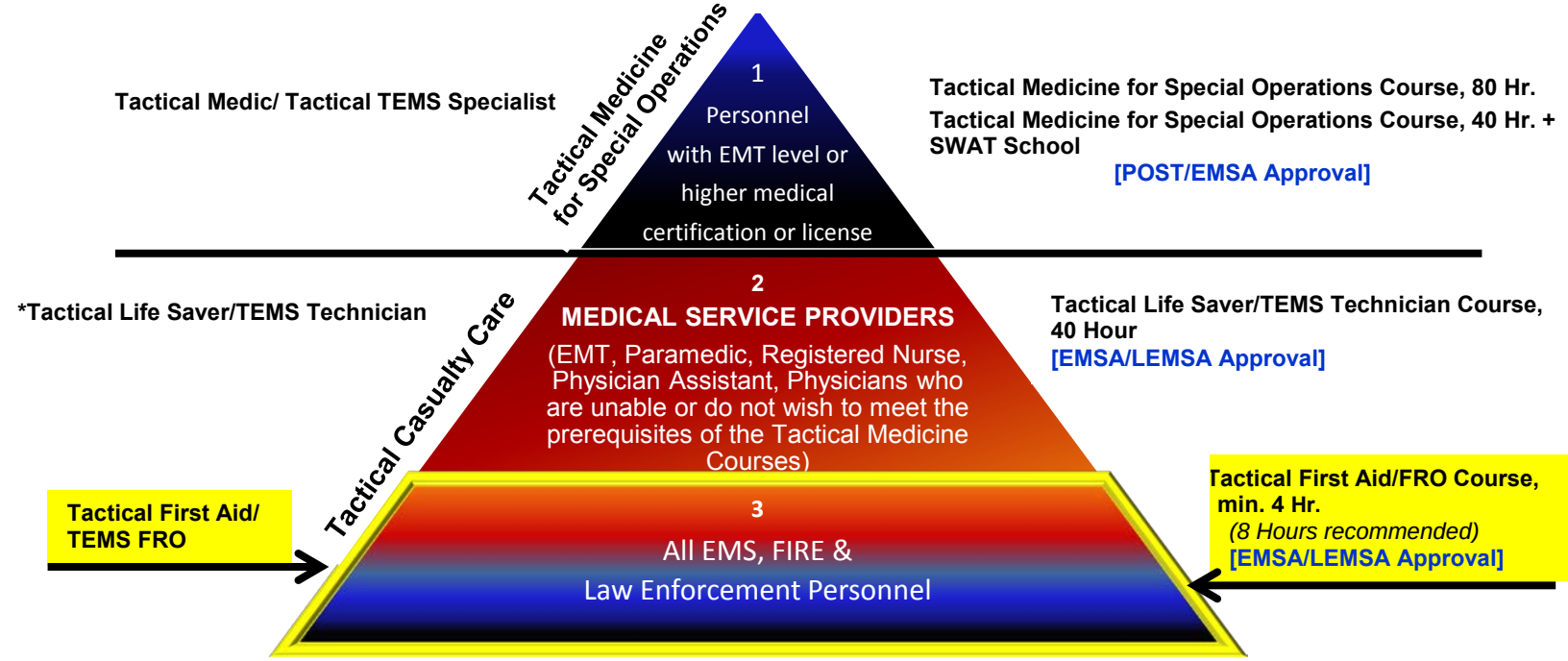
Alternatively, Tactical Medicine for Special Operations is the delivery of specialized tactical emergency medical services to casualties of any active law enforcement incident by law enforcement personnel assigned to a Special Weapons and Tactics (SWAT) operations team, as described by California Penal Code 13514.1. Tactical Medicine for Special Operations first responders respond as an integral part of a SWAT operation team and may provide field tactical medical care to casualties in an area where there is a direct and immediate safety threat. Medical direction and oversight of the Tactical

Medicine for Special Operations first responder are provided by a licensed physician in coordination with the local EMS agency as part of an established EMS system.

POST is responsible for monitoring and approving Tactical Medicine for Special Operations training programs and courses with input from the EMS Authority. Additional information on the POST Tactical Medicine for Special Operations training and operation program can be found on the POST website at https://www.post.ca.gov.

The following diagram describes the spectrum of California tactical field medical response and training courses:

California Tactical Casualty Care and Tactical Medicine for Special Operations Training Programs



*Although the Tactical Life Saver Technician/TEMS Technician course includes comparable curriculum as the Tactical Medicine for Special Operations alternative 40 hour course, it is not considered an equivalent course for attendance in lieu of the Tactical Medicine for Special Operations courses required to operate as a Tactical Medic or Tactical TEMS Specialist integrated into a SWAT operations team.

Tactical Casualty Care Policies by Local EMS Agencies

Local EMS agencies and first responder providers should establish policies on the protocols and coordinated response of first responders to active law enforcement incidents. Policies developed should include ongoing local training needs assessments and the collaboration of joint training and exercises with law enforcement, fire service, and EMS personnel using Incident Command System (ICS) principles and terminology.

2
APPLICATION OF TRAINING STANDARDS

Course Overview

The Tactical First Aid/TEMS FRO is a course designed to provide first responders basic life support tactical casualty care techniques and a broad overview of law enforcement tactical operations and first responder rescue operations methodologies. Course content shall include instructor demonstrations and student skills testing of the competency standards identified in Chapter 3 of this document. Although this course does not require pre-requisites to attend, it is recommended that students have prior first aid, CPR, and AED knowledge or experience consistent with public safety first aid training pursuant to CCR Title 22, Division 9, Chapter 1.5.

Completion of this course should provide first responders the basic knowledge and skills to administer tactical casualty care to casualties during an active law enforcement incident. The course may be provided as initial training or as a continuing education course. Although eight (8) hours of training is recommended, a minimum of four (4) hours training is required; and shall include the following topics:

- An overview of the California tactical casualty care initiative and its emergency medical and fire agency personnel response to active law enforcement incidents within state EMS systems,
- common tactical and rescue terminology and operations,
- casualty movement and evacuation techniques,
- threat assessment considerations,
- description and demonstration of basic life support tactical casualty care techniques, and
- comprehensive, competency-based student demonstration and, when applicable, student skills testing.

Instructors should emphasize the important role of local EMS and law enforcement jurisdiction protocols, policies, and resources, as well as individual student scope of practices within those jurisdictions when considering the response and application of tactical casualty care techniques during an active law enforcement incident.
Students that have successfully attended a minimum of four (4) hours of training and demonstrated a level of competency in the topics and skills described in the Curriculum content of this course through written tests and, when applicable, skills testing shall be issued a Tactical First Aid/TEMS FRO certificate of completion.

Target Audience

The Tactical First Aid/TEMS FRO course is an introductory course for public safety personnel, EMT's, AEMT's, paramedics, as defined by CCR Title 22, Division 9, Chapters 1.5 - Chapter 4 and other individuals (such as physicians or nurses) with minimal to no knowledge or experience in Tactical Casualty Care techniques that may either volunteer or be employed to perform as adjunct medical support first responders during an active law enforcement incident in California. Due to the broad range of potential attendees, program providers and/or instructors shall assess attendees' current medical knowledge and skills then adjust their course curriculum to meet student needs.

EMT's, AEMT's, and paramedics are trained to provide a higher level of medical care. However, as of April 1, 2017, the concepts of tactical casualty care are not presently part of the required curriculum found in California regulations. Consequently, it is highly recommended that all EMTs, Advanced EMTs, and paramedics are trained to the standards described in these guidelines.

3

Curriculum Content: Tactical First Aid/TEMS FRO

Minimum 4 Hour Course

Learning Domain 1: History and Background

Competency 1.1: Demonstrate knowledge of tactical casualty care historical developments

1.1.1 Demonstrate knowledge of tactical casualty care historical developments

- History of active shooter and domestic terrorism incidents
- Define roles and responsibilities of first responders including
  - Law Enforcement
  - Fire
  - EMS
- Review of local active shooter policies
- Scope of Practice and authorized skills and procedures by level of training, certification, and licensure zone[3] ***[Appendix B]***

Learning Domain 2: Terminology and definitions

Competency 2.1: Demonstrate knowledge of terminology ***[Appendix G]***

2.1.1 Demonstrate knowledge of terminology

- Hot zone, Warm zone, and Cold zone
- Casualty Collection Point
- Rescue Task Force
- Cover and Concealment

Learning Domain 3: Coordination, Command and Control

Competency 3.1: Demonstrate knowledge of incident command and agency integration into tactical operations

3.1.1 Demonstrate knowledge of team coordination, command, and control

- Incident Command System (ICS) and National Incident Management System (NIMS)
- Mutual Aid considerations
- Unified Command
- Communications, including radio interoperability
- Command post

[3] ~~NOTE: Always stay within scop~~e of practice for level of certification/licensure and follow the protocols approved by the local EMS agency

- Staging areas
- Ingress/egress
- Managing priorities—some priorities must be managed simultaneously

Learning Domain 4: Tactical and Rescue Operations

Competency 4.1: Demonstrate knowledge of tactical and rescue operations

4.1.1 Tactical Operations—Law Enforcement

- The priority is to mitigate the threat
- Contact Team
- Rescue Team

4.1.2 Rescue Operations—Law Enforcement/EMS/Fire

- The priority is to provide life-saving interventions to injured parties
- Formation of Rescue Task Force (RTF)
- Casualty Collection Points (CCP)

Learning Domain 5: Basic Tactical Casualty Care and Evacuation

Competency 5.1: Demonstrate appropriate casualty care at your scope of practice and certification

5.1.1 Demonstrate knowledge of the components of the Individual First Aid Kit (IFAK) and/or medical kit ***[Appendix D]***

5.1.2 Understand the priorities of Tactical Casualty Care as applied by zone

5.1.3 Demonstrate competency through practical testing of the following medical treatment skills:

- Bleeding control
  - Apply tourniquet
    - Self-Application
    - Application on others
  - Apply direct Pressure
  - Apply hemostatic Dressing with wound Packing, utilizing California EMSA-approved products
  - Apply pressure Dressing
- Basic airway management
  - Perform Chin Lift/Jaw Thrust Maneuver
  - Recovery position
  - Position of comfort
  - Airway adjuncts, such as Nasopharyngeal Airway (NPA) and Oropharyngeal Airway insertion, if approved by the Local EMS agency
- Chest/torso wounds

- Apply Chest Seals, vented preferred

5.1.4 Demonstrate competency in casualty movement and evacuation
- Drags and lifts
- Carries

5.1.5 Demonstrate knowledge of local multi-casualty/mass casualty incident protocols
- Triage procedures; such as START or SALT[4]
- CCP
- Casualty triage and treatment
- Casualty transport

Learning Domain 6: Threat Assessment

Competency 6.1: Demonstrate knowledge in threat assessment *[Appendix E]*

6.1.1 Understand and demonstrate knowledge of situational awareness
- Pre-assessment of community risks and threats
- Pre-incident planning and coordination
- Medical resources available

Learning Domain 7: Student Practical Assessment

Competency 7.1: Demonstrate knowledge and skills through documented cognitive and/or skills evaluation

7.1.1 Student demonstration and assessment of the medical skills specified in Learning Domain 5, *Basic Tactical Casualty Care* chapter.

7.1.2 Knowledge of coordinated law enforcement, fire, and EMS response, including the formation of RTF, adhering to ICS and unified command principles as applicable by local jurisdiction.

[4] ~~START- Simple Triage and Rap~~id Treatment
SALT- Sort, Assess, Lifesaving Interventions, Treatment/Transport

4
PROGRAM AND COURSE APPROVAL

The Tactical First Aid/Tactical Medicine FRO training course review and approval shall be the responsibility of either the local EMS Agency or the EMS Authority. Training program or courses administered by statewide public safety agencies, such as the California Commission on POST, California Department of Parks and Recreation, California Department of Forestry and Fire Protection, and the Department of California Highway Patrol, shall be approved by the EMS Authority. Training programs or courses administered by any other entity shall be approved by the local EMS agency (LEMSA) that has jurisdiction within the area in which the program or course is headquartered.

Training program approval is valid for four (4) years from the date of approval and shall be reviewed by the applicable approving authority for continued approval every four (4) years. The approving authority has discretion to initiate a review of the program for renewal as early as a year prior to program expiration.

Previously Completed Training

AB 1598 provides and allows for agencies or entities that have previously completed Tactical First Aid training to submit to the training program approval authority any relevant training for assessment of curriculum content to determine whether or not the prior training meets these training standards. In making this determination, the EMS Authority or the LEMSA should utilize the guidelines, publications, and recommended existing training programs for guidance.

As not all LEMSAs have developed training program approval authorities or assessment criterion pertinent to terrorism awareness training, previously completed programs may elect to submit their training curriculum to the EMS Authority for initial approval. State and local training program approval will be retroactive from the EMS Authority approval date and shall be valid for three (3) years from the approval date. The EMS Authority or LEMSA training program approval shall be in effect statewide.

Continuing Education Credits

Continuing education credits may be issued to students who have successfully completed this course from training program providers that meet the following:

- hold current approval from an approving authority as a continuing education training program provider, pursuant to CCR Title 22, Division 9, Chapter 11, EMS Continuing Education; and
- hold current approval as a tactical casualty care training program provider.

Course Approval Process

Program and Course Content Submission
Training program providers shall submit to the applicable approving authority the Program/Course Application form, #TCC-1A ***[Appendix H]*** and all support documents associated to include the following:
(1) Name of the sponsoring institution, organization, or agency;
(2) Detailed course outline that meets or exceeds the course content identified in Chapter 3 of this document.
(3) Final written examination with pre-established scoring standard for those programs with courses approved to provide CE credits;
(4) Skill competency testing criteria, with pre-established scoring standards;
(5) Name and qualifications of instructor(s); and
(6) Sample of course completion record.

The approving authority may request additional materials or documentation related to course curriculum or staff qualifications.

Training Instructor Eligibility
Training instructor eligibility requirements should include, but not be limited to, instructor knowledge and proficiency in the skills being taught and have either education or experience in teaching adult learners.

The training program provider shall be responsible for validating instructor qualifications.

Training Program Notification
The tactical casualty care training approving authority shall, within twenty-one (21) days of receiving a request for training program approval, notify the requesting training program that the request has been received, and shall specify what information, if any, is missing. Training program approval or disapproval shall be made in writing by the paramedic training program approving authority to the requesting training program after receipt of all required documentation. Notification of program approval or deficiencies resulting in disapproval shall be made in writing by the training program approval authority to the requesting training program within a time period not to exceed ninety (90) days.

A certificate of program approval shall be provided to the program provider upon approval of their program and shall contain the following training program information:

- Provider name
- Program or course location
- Type of tactical casualty care course(s)
- Approval effective date
- Approval expiration date

Upon approval, the EMS Authority and LEMSA's are responsible for the entry and updating of their respective tactical casualty care training program approval information in the training program database located on the EMS Authority website.

Withdrawal of Program Approval

Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of these guidelines may result in denial, probation, suspension, or revocation of the tactical casualty care training program or course. For those programs with continuing education approval, the approving authority has discretion to suspend or revoke the tactical casualty care courses specifically without affect to any other EMS courses being provided under the programs continuing education provider approval.

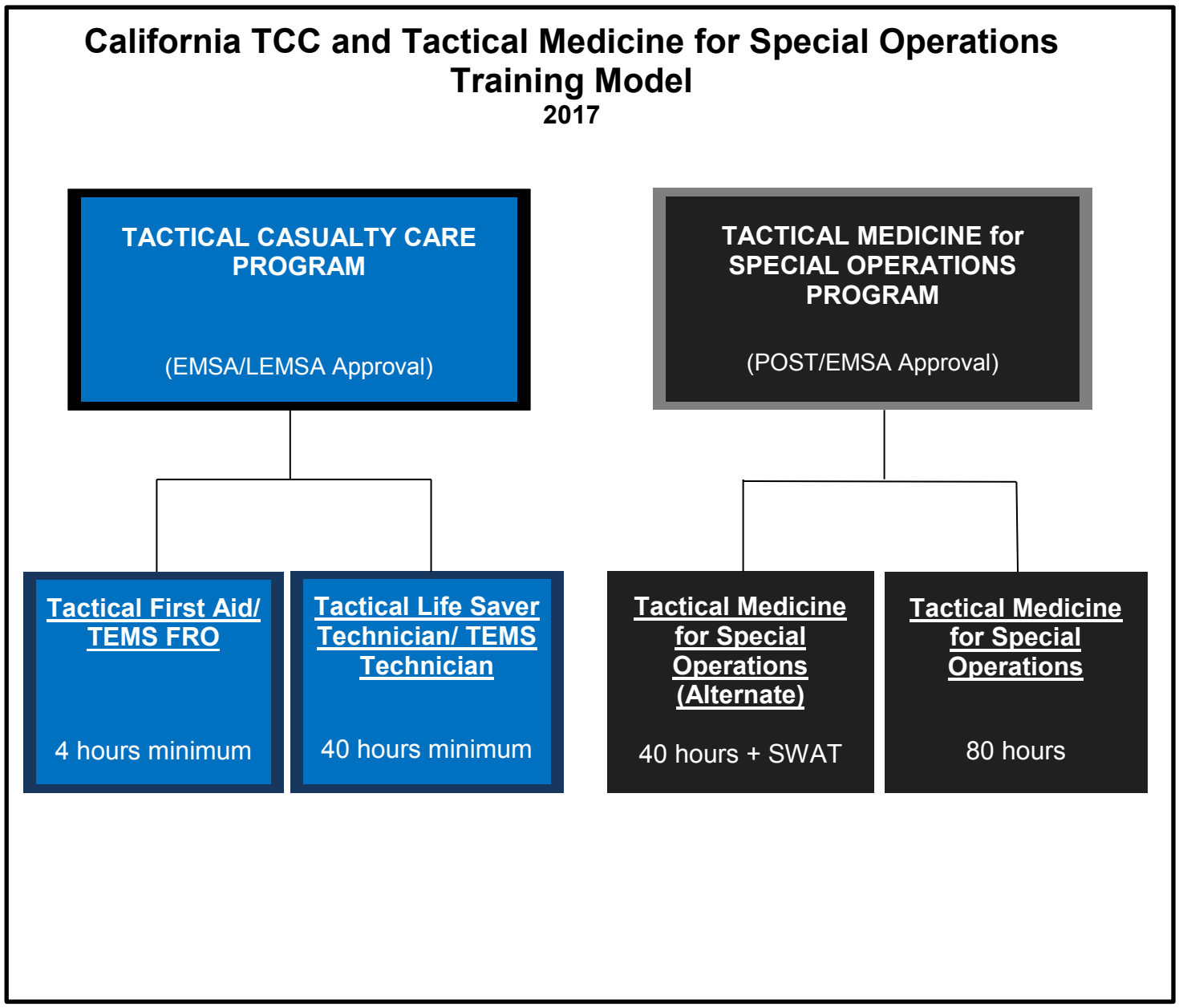
The training program approving authority shall notify the training program course director of the noncompliance in writing, by registered mail. Within fifteen (15) days of receipt of the notification of noncompliance, the training program shall submit in writing, by registered mail, to the training program approving authority one of the following: 1) evidence of compliance with the provisions of these guidelines, or 2) a plan for meeting compliance within thirty (30) days from the day of receipt of the notification of noncompliance.

Within fifteen (15) days of receipt of the response from the training program, or within thirty (30) days from the mailing date of the noncompliance notification if no response is received from the training program, the training program approving authority shall notify the Authority and the approved training program in writing, by registered mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the training program approval.

If the training program approving authority decides to suspend, revoke, or place a training program on probation, the notification of decision shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting the probation or suspension or the effective date of the revocation.

APPENDIX A

TCC and Tactical Medicine for Special Operations California Training Model 2017



California EMS Authority (2017)

APPENDIX B

EMS Personnel Scope of Practice Matrix 2017

Public Safety Personnel

Authorized Skills
(CCR §100018)

- Perform CPR & AED
- Perform Patient evaluation
- Treatment for shock
- Provide airway support including:
  Head-tilt/chin lift; jaw thrust; Manage manual airway obstructions; recovery position.
- Perform Spinal immobilization
- Perform Splinting
- Irrigate eye
- Assist with oral glucose administration
- Assist with physician-prescribed epinephrine auto-injector and naloxone
- Assist in emergency childbirth
- Control hemorrhaging by direct pressure, pressure bandages, tourniquets, wound packing, and hemostatic dressings
- Apply Chest seals and dressings
- Perform simple decontamination techniques

Optional Skills (LEMSA Approved)

- Administer Epinephrine Auto- injectors
- Administer Oxygen
- Administer Duodote kits for self/peer
- Administer Naloxone
- Institute Oropharyngeal & Nasopharyngeal airways

EMT

Basic Scope
(CCR §100063)

- ***All Public Safety Skills***
- Perform Patient Assessment
- Render basic life support, rescue and emergency medical care
- Administer advanced first aid and OTC medications with LEMSA approval
- Transport ill and injured persons
- Administer adjunctive breathing aids
- Administer of oxygen
- Extricate patients
- Conduct field Triage
- Use mechanical restraints
- Assist with administration of prescribed devices
- Use of pulse oximetry
- Administer continuous positive airway pressure

Optional Skills (LEMSA Approved)

- Institute Perilaryngeal airways
- Administer Epinephrine Auto-injectors
- Administer Duodote kits
- Administer Naloxone

Advanced EMT

Basic Scope
(CCR §100063)

- **All EMT skills**
- Use of Perilaryngeal airways
- Use of Tracheo-bronchial suctioning
- Institute intravenous (IV) catheters, saline locks, needles or other cannulae (IV lines)
- Administer IV Glucose, Isotonic balanced salt solutions, and Naloxone
- Establish pediatric intraosseous access
- Obtain venous and/or capillary blood samples
- Measure blood glucose
- Administer 7 drugs in a route other than intravenous:
  - Nitroglycerine
  - Aspirin
  - Glucagon
  - Inhaled beta 2 agonists
  - Activated charcoal
  - Naloxone
  - Epinephrine

Optional Skills

Previously certified EMT-IIs have additional medications approved by the local EMS agency

Paramedic

Basic Scope
(CCR §100146)

- **All Public Safety, EMT, & AEMT skills and medications**
- Use of Laryngoscope, remove foreign bodies with magills
- Use of lower airway multi-lumen adjuncts, esophageal airway, perilaryngeal airways, stomal intubation, Endotracheal (ET) intubation (adults, oral)
- Perform Valsalva's Maneuver
- Perform Needle thoracostomy & cricothyroidotomy
- Perform Naso/orogastric tube insertion/suction
- Monitor thoracostomy tubes
- Monitor/adjust potassium (≤ 40 mEq/L) IV lines
- Utilization & monitoring of electrocardiographic devices
- Defibrillation
- Perform cardiac pacing
- Perform synchronized cardioversion
- Administer 25 medications
- Bi-level positive airway pressure (BPAP) and positive end expiratory pressure (PEEP)
- Institute intraosseous (IO) needles or catheters
- Use of pre-hospital laboratory devices

Optional Skills

Local EMS Agencies may add additional skills and medications if approved by the EMS Authority

California EMS Authority (2017)

APPENDIX C

Tactical Casualty Care (TCC) California Quick Reference Guide

HOT ZONE / DIRECT THREAT (DTC) / CARE UNDER FIRE (CUF)

1. **MITIGATE** any threat and move to a safer position.
2. **DIRECT CASUALTY** to stay engaged in operation, if appropriate.
3. **DIRECT CASUALTY** to move to a safer positon and apply self-aid, if appropriate.
4. **CASUALTY EXTRACTION.** Move casualty from unsafe area to include using manual drags or carries, or use a soft litter or SKEDCO, as needed.
5. **STOP LIFE-THREATENING EXTERNAL HEMORRHAGE,** using appropriate personal protective equipment **(PPE)**, if tactically feasible:
6. **-Apply effective tourniquet** for hemorrhage that is anatomically amenable to tourniquet application.
7. Consider quickly placing casualty in **recovery position** to protect airway.

WARM ZONE / INDIRECT THREAT CARE (ITC) / TACTICAL FIELD CARE (TFC)

1. Law enforcement casualties should have weapons made safe once the threat is neutralized or if mental status altered.
2. **AIRWAY MANAGEMENT:**
   a. Unconscious patient without airway obstruction:
      -**Chin lift / jaw thrust maneuver**
      -**Nasopharyngeal airway**, if approved by LEMSA as an optional skill
      -Place casualty in **Recovery Position**
   b. Patient with airway obstruction or impending airway obstruction:
      -**Chin lift / jaw thrust maneuver**
      -**Nasopharyngeal airway**, if approved by LEMSA as an optional skill
      -Allow patient to assume position that best protects the airway, including **sitting up.**
      -Place casualty in **Recovery Position**
3. **BRATHING:**
   a. All open and/or sucking chest wounds should be treated by applying a **Vented Chest Seal or non-Vented Occlusive seal** to cover the defect and secure it in place.
   b. Monitor for development of a tension pneumothorax.
4. **BLEEDING:**
   a. Assess for unrecognized hemorrhage and control all sources of bleeding. If not already done, use a **tourniquet**, and appropriate **pressure dressing**.
   b. For compressible hemorrhage not amenable to tourniquet use, apply a **CA EMS Authority approved hemostatic dressing** with a **pressure bandage.**
   c. Reassess all previous tourniquets. Consider exposing the injury to determine whether a tourniquet is still necessary. If not necessary, use other techniques to control bleeding and remove the tourniquet.
   d. Apply **Emergency Bandage** or direct pressure to the wound, if appropriate.
   e. For hemorrhage that cannot be controlled with a tourniquet, apply CA EMSA-approved **Hemostatic Dressing.**

Tactical Casualty Care California Quick Reference Guide

5. **ASSESS FOR HEMORRHAGIC SHOCK:**
   a. Elevate Lower Extremities if casualty in shock.
6. **PREVENTION OF HYPOTHERMIA:**
   a. Minimize casualty exposure to the elements. Keep protective gear on if feasible.
   b. **Replace wet clothing** with dry, if possible. Place onto an insulated surface ASAP.
   c. Cover casualty with **self-heating** or **rescue blanket** to torso.
   d. Place **hypothermia prevention cap** on casualties head.
   e. Use dry blankets, poncho liners, etc. to assist in heat retention and protection from exposure to wet elements.
7. **PENETRATING EYE TRAUMA:**
   a. Perform a rapid field test of visual acuity
   b. **Cover eye with a rigid eye shield** (NOT a pressure patch).
8. **REASSESS CASUALTY AND TREAT OTHER CONDITIONS AS NECESSARY:**
   a. Complete **Secondary Survey** checking for additional injuries or conditions.
   b. Consider **splinting known/suspected fractures** or **Spinal Immobilization**, if indicated.
   c. Use **Nerve Agent Auto-Injector** (i.e. Duo-Dote) for Nerve Agent Intoxication, if approved by LEMSA as an optional scope skill.
   d. Use **Epi-Pen** for Anaphylactic Reaction, if approved by LEMSA as an optional scope skill.
9. **BURNS:**
   a. Aggressively monitor airway and respiratory casualty status with smoke inhalation or facial burns, including oxygen or cyanide antidote treatment when significant symptoms are present.
   b. Estimate TBSA and **cover burn area with dry, sterile dressings.**
10. **MONITORING:**
    a. Apply monitoring devices or diagnostic equipment, if available.
    b. Obtain vital signs.
11. **PREPARE CASUALTY FOR MOVEMENT:**
    a. Move casualty to site where evacuation is anticipated.
    b. Monitor airway, breathing, bleeding, and reevaluate casualty for shock.
12. **COMMUNICATE WITH CASUALTY, IF POSSIBLE:**
    a. Encourage, reassure, and explain care.
13. **CPR AND AED:**
    a. Resuscitation in the tactical environment for casualties of blast or penetrating trauma who have no pulse or respirations should only be treated when resources and conditions allow.
14. **DOCUMENTATION:**
    a. Document clinical assessments, treatments rendered, and changes in casualty status.
    b. Forward documentation to the next level of care provider.

California EMS Authority (2017)

APPENDIX D

Tactical Casualty Care (TCC) Individual First Aid Kit Recommendations

First responders and their employers shall adhere to LEMSA medical direction and approval of first responder medical equipment. The following is a list of recommended medical equipment individual responders on a team may carry in their first aid kit.

Quantity	Type of Equipment
1	Medical Pouch
6	Gloves (Trauma, latex-free, 3 pair)
1	Tourniquet, CoTCCC-Recommended
1	Pressure Bandage
1	Hemostatic Dressing, LEMSA/EMSA approved
1	Nasopharyngeal Airway (28f size with water-based lubricant), if approved by the local EMS agency Medical Director
1	Chest Seal, vented preferred
1	Pen, Permanent Marker
1	Rescue Blanket (disposable-consider thermal reflective material)
1	Shears, Trauma
1	Gauze, Roller Bandage or Elastic Bandage

California EMS Authority (2017)

APPENDIX E

Tactical Medical Planning and Threat Assessment Quick Reference Guide

Tactical Casualty Care California Quick Reference Guide

MEDICAL INTELLIGENCE (MISSION AND PATIENTS)
1. Mission type:
2. Number of potential patients:
3. Ages of potential patients:
4. Pre-Existing conditions:
5. Special populations (pediatric, elderly, disabled, language barrier, etc.):
6. Other:

MEDICAL THREAT ASSESSMENT (TEAM)
1. Environment (weather, temperature, precipitation, wind/Wind direction, health considerations):
2. Hazards (hazardous materials, explosive threats, chemical hazards, nuclear/radiological hazards, Improvise Explosive Devices):
3. Biological threats?
4. Animal threats?
5. Plant threats?
6. Regional specific threats?
7. Personal Protective Equipment needs (ballistic vest, helmet, mask – as locally determined)

MEDICAL PLANNING AND RESOURCES
1. Communication: Tactical Frequency:_____ Base Hospital:_____
2. Location of key areas: Staging Area:_____ Casualty Collection Point:_____ Triage Area/Treatment Area:_____
3. Hospital Closest hospital:_____ Trauma center:_____ Burn center: _____
4. EMS Transport: Ground ambulance:_____ - Staging area:_____ Air ambulance:_____ - Landing Zone Lat./Long.:_____
5. Support Services: Poison Control, 1-800-222-1222 Veterinary/Animal Control Services Mental Health/Chaplain Social Services/CPS/APS Public Works/General Services

TEAM HEALTH CONSIDERATIONS
1. Team medical records completed: Access to records:_____
2. Exposure protection:
3. Hydration:
4. Food/Nutrition:
5. Extended Operation Care (sleep, fatigue):
6. Rehabilitation/First Aid Station needs:
7. Other:

California EMS Authority (2017)

APPENDIX F

Active Shooter Quick Reference Guide

PREPARATORY PHASE
1. **ARRIVE AND REPORT** for Staging Area in Secure Area
1. **REPORT TO UNIFIED COMMAND** (UC) -Notify UC that an EMS Team/Rescue Group is ready, staged, and awaiting direction.
2. **Personal Protective Equipment (PPE)**: ballistic vest, helmet, etc.
3. Ensure Clear **IDENTIFICATION** of Rescue Personnel
4. Prepare **MEDICAL EQUIPMENT** (Tourniquet, trauma kit, etc.)
5. Perform Brief **MEDICAL INTEL AND THREAT ASSESSMENT** -Identify Hot, Warm and Cold Zone Areas
6. Establish **COMMUNICATION** with respective on-scene medical, fire, and law enforcement. -Determine and Broadcast Response Routes for Additional Responding Resources -Obtain Duress Code
RESCUE TASK FORCE FORMATION AND PRIORITY SETTING PHASE
1. **FORM RESCUE TASK FORCE (RTF)** -Two (2) Law Enforcement Officers -Two (2) EMS Personnel -Designate Team Leader
2. **FOLLOW** law enforcement RTF Leader Direction -Know Hot, Warm, and Cold Zones -Follow Protected Access Routes
3. **BRIEF objective and direction of movement** -Identify initial Emergency Egress Routes -Identify secure Extraction Lane -Identify initial Safe Refuge Area -Identify Rally Point -Identify "Mayday" operations emergency evacuation
4. **IDENTIFY CASUALTY COLLECTION POINTS (CCP)**, Dynamic and Static
5. **REINFORCE MISSION PRIORITIES (THREAT)** T- Threat suppression H-Hemorrhage Control RE-Rapid Extrication to safety A-Assessment by medical providers T-Transport to definitive care

Tactical Casualty Care Tactical First Aid / TEMS FRO Active Shooter Events Quick Reference Guide

INDIRECT THREAT: WARM/YELLOW ZONE OPERATIONS PHASE
2. **MAINTAIN COVER AND CONCEALMENT**
3. **UTILIZE TACTICAL CASUALTY CARE (TCC) PRINCIPALS** -Triage as required
4. **FINALIZE DIRECTION of MOVEMENT** -Identify Emergency Egress Routes -Identify Secure Extraction Lane -Identify Safe Refuge Area
5. **MAINTAIN SUTUATIONAL AWARENESS**
6. **IDENTIFY DYNAMIC CCP**
7. **MOVE CASUALTIES** -Warm Zone to Cold Zone Treatment Areas Preferred -Transfer Care to additional medical providers for treatment and transport
7. **PREPARE TO RE-ENTER WARM ZONE**

POST INCIDENT PHASE
1. **ENSURE RTF ACCOUNTABILITY**
2. **COLLECT INCIDENT MANAGEMETN RECORDS/UNIT LOGS**
3. **DETERMINE AND ANNOUNCE INCIDENT DEBRIEFING STRATEGY**
4. **ASSESS MENTAL AND PHYSICAL RESPONDER HEALTH**

California EMS Authority (2015)

APPENDIX G References

Further Suggested Reading on Best Practices

Active Shooter Awareness Guidance:
http://www.caloes.ca.gov/LawEnforcementSite/Documents/Cal%20OES%20-%20Active%20Shooter%20Awareness%20Guidance.pdf

American College of Surgeons for more information on management of prehospital trauma care: http://informahealthcare.com/doi/pdf/10.3109/10903127.2014.896962

Assembly Bill No. 1598
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB1598

Committee for Tactical Emergency Casualty Care (C-TECC) - IAFF position paper
http://www.jsomonline.org/TEMS/1401CTECC%20Update.pdf

C-TECC- http://www.c-tecc.org/

FBI Resources for Active Shooter/MCI Incidents -
https://www.fbi.gov/about/partnerships/office-of-partner-engagement/active-shooter-resources

FBI Study of Active Shooter Incidents - http://www.fbi.gov/news/stories/2014/september/fbi-releases-study-on-active-shooter-incidents/pdfs/a-study-of-active-shooter-incidents-in-the-u.s.-between-2000-and-2013

FEMA for guidance on the incident command system: https://www.fema.gov/incident-command-system-resources

Firescope-Emergency Response to Law Enforcement Incidents ICS 701
http://www.firescope.org/docs-operational-guidelines/ics%20701.pdf

Hartford Consensus II for national consensus strategies on improving survivability for mass casualty shooting events: http://www.naemt.org/Files/LEFRTCC/Hartford_Consensus_2.pdf

Integrated response:
http://www.cffjac.org/go/jac/media-center/video-gallery/tcm-active-shooter-scenario/

https://www.usfa.fema.gov/downloads/pdf/publications/active_shooter_guide.pdf

POST/EMSA Tactical Medicine Guidelines:
http://lib.post.ca.gov/Publications/TacticalMedicine.pdf

Texas State University Study of Active Shooter Events - http://alerrt.com/

APPENDIX H

California TCC Training Program/Course Approval Application Form

Please Type or Print Clearly.

TRAINING COURSE(S) INFORMATION	
☐ Tactical First Aid/Tactical Medicine FRO – minimum 4 hour course o Traditional (Stand Alone) Program Approval o CE Approval	☐ Tactical Life Saver/Tactical EMS Technician – minimum 40 hour course o Traditional (Stand Alone) Program Approval o CE Approval

APPLICANT INFORMATION			
Last Name:	First Name:		Middle Initial:
Address:	City:	State:	Zip Code:
Business Phone Number:	Email Address:		

TRAINING PROVIDER INSTITUTION INFORMATION			
Type of Provider: ☐ Statewide Public Safety (EMSA approval)	☐ All Others (LEMSA approval)		
Company/Institution/Agency Name:			
Address:	City:	State:	Zip Code:
Business Phone Number:	Email Address:		

ADDITIONAL SUPPORTIVE DOCUMENTS PROVIDED ***Submit with this application***	
☐ Course Schedule w/Hourly Distribution	☐ List of Tactical Medical Scenarios
☐ Course Outline	☐ Written / Skills Competency Examinations, if applicable
☐ Course Curriculum	☐ Written Course Safety Policy
☐ List of Psychomotor Skills	☐ Instructor Resume(s)

SIGNATURE

I hereby certify **under penalty of perjury** that all information on this application is true and correct. I understand that any falsification or omission of material facts may cause denial of this program or course approval and that all information on this application is subject to verification.

SIGNATURE OF APPLICANT _____ **DATE** _____

Local EMS Agency / EMS Authority Official Use

Approving Authority:		Date:
Approve/Deny:	☐ Approve, Expiration Date:_____ ☐ Deny, reason:_____	
Comments:		

EMSA Form TCC-1A, 2017

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Priscilla Rivera, Manager
Personnel Standards Unit

SUBJECT: Physician Orders for Life Sustaining Treatment (POLST) eRegistry Guidelines Approval

RECOMMENDED ACTION:

Receive information regarding POLST eRegistry Pilot Project and approve the guidelines for the pilot project.

Approve amended POLST form.

FISCAL IMPACT:

The California Health Care Foundation has granted up to $3 million to fund the different aspects of the POLST eRegistry Pilot Project that includes, but is not limited to, the local pilot sites, the technology vendor, independent evaluator, project director, project consultant.

DISCUSSION:

Decisions on end of life care for oneself and for that of loved ones are difficult for anyone to make. The Physician Orders for Life-Sustaining Treatment (POLST) is a process that encourages open and thoughtful discussion between physicians, and their patients regarding end of life care. To address some of the current limitations with the accessibility to the POLST information, SB 19 (Wolk Chapter 504, 22015) was signed by the California Governor authorizing a POLST electronic registry (eRegistry) pilot project under the aegis of EMSA.

Partners/Stakeholders

EMSA identified the California HealthCare Foundation (CHCF) and the California Coalition for Compassionate Care (the Coalition) as two partners with high level of involvement in the current POLST system. CHCF has worked to promote adoption of the POLST form in California since 2007, with the Coalition being a key grantee for efforts that have helped

California become one of only three states (with OR and WV) to meet national guidelines on POLST adoption.

Pilot sites

Two pilot sites were selected: City of San Diego California, led by the San Diego Health Connect (SDHC) and Contra Costa County, led by the Alameda Contra Costa Medical Association (ACCMA). The software vendor contract has been awarded to Vynca.

These sites are continuing to work with the Coalition, EMSA, CHCF and their local stakeholders groups to ensure that the provisions of SB 19 are appropriately implemented.

POLST eRegistry Guidelines

One of the requirements of SB 19 is that the Authority shall adopt guidelines necessary for the operation of a POLST eRegistry Pilot, and further that they shall be approved by Commission on Emergency Medical Services. (Attachment A)

In the fulfillment of this requirement, EMSA formed a Stakeholder workgroup and solicited input from all interested Stakeholders, to include the California Office of Health Information Integrity (CalOHI) and the California Health and Human Services Agency (CHHS), to assist in the development of the required guidelines.

The guidelines ensures that the POLST eRegistry pilot study is implemented in a way that ensures the protection of the general public through security requirements, identification of user roles and reporting requirements for all pilot study participants.

POLST Form Revision

In order to implement the requirements of SB 19 (Wolk), it is necessary to revise the current POLST Form that was approved by the EMS Commission on December 2, 2015.

The Coalition for Compassionate Care's POLST Documentation Committee and POLST Task Force convened a workgroup to amend the 2016 POLST Form to better allow for its use in the POLST eRegistry pilot study. (Attachment B)

Major revisions to the POLST form include:

1. Addition of language to inform the patient that his/her POLST form maybe included in the POLST eRegistry Pilot project.

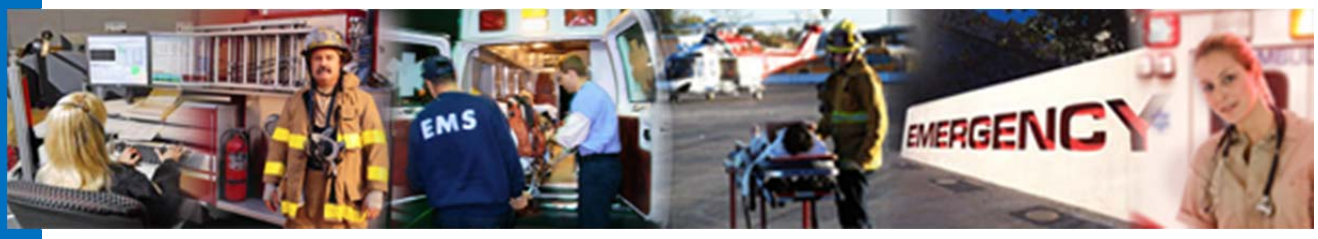
2. Update the version date.

POLST eRegistry Pilot Guidelines

Emergency Medical Services Authority
California Health and Human Services Agency

DRAFT

EMSA #312
Effective Date: March 15, 2017



HOWARD BACKER, MD, MPH, FACEP
Director

DANIEL R. SMILEY
Chief Deputy Director

SEAN TRASK
Division Chief

EMSA #312
Draft Version
Effective Date: March 15, 2017

Table of Contents

Overview

The Physician Orders for Life-Sustaining Treatment (POLST) is a process that encourages open and thoughtful discussion between physicians and their patients regarding end of life care. In California, the POLST form allows a patient to clearly state what level of medical treatment that the patient wants toward the end of life. SB 3000 (Wolk, Chapter 266, 2008) requires that a POLST be honored in all care settings and gives immunity to medical providers who adhere to the POLST in good faith. SB 3000 also gave the EMS Authority (EMSA) approval authority over this form, which is vetted through the Commission on EMS.

Today, most POLST information is stored in paper format using a standard form approved by EMSA. This form must be maintained by the patient, who has responsibility to make the form available to medical professionals. However, during emergencies, the paper form may not be readily available, hindering care and/or resulting in care that is not consistent with the wishes of the patient as set forth on the POLST. To address the limitations in accessibility to POLST information, in October 2015 California's Governor signed SB 19 (Wolk, Chapter 504, 2015) authorizing a POLST electronic registry (eRegistry) pilot project supported and regulated by EMSA.

The POLST eRegistry will provide an electronic database that will securely store the POLST information and allow it to be accessible through portals formatted for access over the internet, a Health Information Exchange (HIE) and an Electronic Health Record (EHR). This will allow emergency and other health care personnel to access this information in a timely, secure manner, improving compliance with patient wishes and reducing unnecessary medical treatments. The pilot project will select a limited number of geographical locations to test the POLST eRegistry and its accessibility to inform considerations of a statewide registry. EMSA will facilitate the POLST eRegistry pilot and certain chosen organizations are providing the day-to-day operations and final evaluation.

It is the goal of this pilot project to find a secure and efficient way to provide medical professionals with quick and reliable access to POLST form information to ensure that patient wishes are met. Independent evaluators will review the process, identify deficiencies and strengths, and provide an analysis of the overall success of the pilot project.

These guidelines are adopted to provide structure for the operations of the POLST eRegistry pilot project and in conformity with Probate code §4788(b)(4)

Definitions

APPROVED FACILITIES:

An approved facility is a smaller part or component of a Pilot Site that has been identified by the pilot site as providing healthcare services with a legitimate need to access the POLST eRegistry and has been granted access by the pilot site administrator for the duration of the pilot project. These approved facilities will provide data on the use, success, and deficiencies of the eRegistry pilot for assessment by the independent evaluator. Approved facilities must comply with all requirements identified in this document. Access to the POLST eRegistry is further broken down by the user type.

AUTHORIZED USERS:

Authorized Users are personnel with access to the POLST eRegistry. These guidelines identify and define the roles and responsibilities and permission levels of each user in the pilot project.

FUNDING ENTITY:

The California Health Care Foundation has granted up to $3 million to fund the different aspects of the POLST eRegistry Pilot Project.

PILOT SITES:

Two geographic locations will be selected as pilot sites: One that will test the concept of using a HIE environment, and the other that will test a Non-HIE environment. Both locations will be selected by the EMS Authority and the California Health Care Foundation (CHCF) to work with the Coalition for Compassionate Care of California (the Coalition), the EMS Authority, and the pilot project software vendor to implement and test the viability of a POLST eRegistry within the State of California.

INDEPENDENT EVALUATOR:

The Independent Evaluator will implement a distributed, wrap-around evaluation plan throughout the development and implementation of the California POLST eRegistry pilot.

POLST:

POLST stands for “Physician Orders for Life Sustaining Treatment form” and means a request regarding resuscitative measures that directs a health care provider regarding resuscitative and life-sustaining measures.

POLST eREGISTRY:

The California POLST eRegistry Pilot Act established this pilot to make electronic, in addition to other modes of submission and transmission, POLST information available to authorized users.

PROJECT ADVISORY COMMITTEE:

Project Advisory Committee consists of stakeholders who guide the development and implementation of the POLST eRegistry pilot project.

PROJECT MANAGEMENT:

The project manager will provide project management and other support for the project that will create, test, and provide a cloud-based platform with a secure web portal for electronic submission, storage, and retrieval of POLST data, with the goal of increasing the alignment of patient preferences with care at the end of life.

TECHNOLOGY VENDOR:

The technology vendor will implement the POLST eRegistry and provide access to authorized facilities or authorized providers identified by the pilot site administrator to include hospitals, health systems, medical groups, hospices, nursing homes, primary care physicians and emergency medical services and first responders.

24-HOUR CALL CENTER:

The 24-hour Call Center shall considered an approved facility that has been reviewed and given access to the POLST eRegistry by the Pilot Program Director.

Application of Guidelines

The EMS Authority through the authority given in Probate Code §4788(a)(4) has established the POLST eRegistry Pilot Guidelines. All users of the POLST eRegistry and members of the pilot project shall adhere to the requirements found within these guidelines for the duration of the pilot project or until such time the guidelines are updated, altered or repealed by the Commission on EMS.

Roles for POLST eRegistry

PILOT REGULATORY ROLE

EMS Authority

Pursuant to Probate Code §4788 the EMS Authority is establishing the POLST eRegistry pilot project. The EMS Authority has the following roles in the POLST eRegistry Pilot Project:

- The EMS Authority shall establish a pilot project, in consultation with stakeholders, to operate an electronic registry on a pilot basis.
- The EMS Authority shall implement this registry only if non-state funds are available to allow for the development of the POLST eRegistry Pilot, any related startup costs, and an evaluation of the pilot.
- The EMS Authority shall coordinate the POLST eRegistry Pilot which shall be operated by, and as a part of, the health information exchange networks, or by an independent contractor or by a combination thereof.
- The EMS Authority shall adopt guidelines necessary for the operation of the POLST eRegistry Pilot. The guidelines shall include, but not be limited to:
    - The means by which initial or subsequent POLST information may be submitted to, or withdrawn from, the POLST eRegistry, which shall include a method for electronic delivery of this information and the use of legally sufficient electronic signatures.
    - Appropriate and timely methods by which the information in the POLST eRegistry may be disseminated to authorized users.
    - Procedures for authenticating the identity of authorized users.
    - Procedures to ensure the accuracy of, and to appropriately protect, the confidentiality of POLST information submitted to the POLST eRegistry Pilot.
    - The requirement that a patient, or, when appropriate, his or her legally recognized healthcare decision maker, receive a confirmation or receipt that a patient's POLST information has been received by the POLST eRegistry Pilot.
    - The ability of the patient, or, when appropriate, his or her legally recognized healthcare decision maker, with his or her health care provider, to modify or withdraw POLST information on the POLST eRegistry Pilot.

- Review unusual occurrences reports.
- At its discretion, the EMS Authority shall have the authority to recommend to CHCF to investigate and terminate the pilot project, in whole or in part, in the event of any unauthorized access, use, or disclosure of health information.

PILOT POLST eREGISTRY OPERATOR ROLES

Pilot Program Director

The Pilot Program Director (the Coalition) is responsible for articulating the vision and conducting overall project and operational management of the POLST eRegistry pilot project.

Project Operations Management

The Coalition is responsible for overall coordination of pilot sites, technology vendors, core operations, and the call center. Activities Include:

- Coordinate the project advisory committee (CHCF, Coalition, Pilot Sites, technology vendor, EMSA, project consultants and the project evaluator).
- Establish and coordinate eRegistry subcommittee of the statewide POLST Task Force to solicit, as needed, from appropriate stakeholders on the eRegistry project.
- Establish and track responsibilities, goals, objectives and timelines of key players.
- Oversight of Business/Operations Center.
- Oversight of the 24-hour Call Center.
- Facilitate/support local site operations.
- Organize/manage media relations.
- Work with California Health and Human Services Agency, EMSA, CHCF, and policymakers to lay foundation for statewide spread.
- Work with the POLST eRegistry software vendor to resolve issues, ensure compliance with these guidelines and facilitate continued access to the database for all pilot sites.
- Enroll Pilot Site Administrator's access to the POLST eRegistry.
- Act as a liaison between the pilot sites and the software vendor (when needed).
- Act as subject matter expert regarding POLST requirements and POLST eRegistry guidelines.
- Approving and ensuring that pilot site level policies and procedures are consistent with these guidelines.

Pilot Program Director(s) will have access to:

- Administrative sections of the POLST eRegistry that do not include patient identifying health information but do include de-identified, aggregate health information for all pilot sites and their associated approved facilities.
- Analytic dashboards for the technology vendor and all pilot sites and their associated facilities.
- POLST eRegistry audit logs for the vendor and all pilot sites and their associated approved facilities.

Technology Vendor:

The technology vendor will develop and implement the software application that will provide mechanisms for the input, storage, and retrieval of POLST information within facilities to include hospitals, health systems, medical groups, hospices, nursing homes, primary care physicians, the call center, and EMS/first responders within the geographical locations of the pilot sites.

Independent Evaluator:

The Independent Evaluator and will work closely with the pilot project team (CHCF, Coalition, EMSA, pilot sites and vendors) to: develop monthly utilization and continuous quality improvement summaries and report any identified issues to the project team to determine

strategies to address issues during implementation. The independent evaluator will produce a series of reports, briefs and summaries analyzing the eRegistry functionality, eRegistry operations including form submission and error rates, utilization, CQI as well as user experience, best practices and business case, and pilot project summary and recommendations. Reports, briefs and summaries would include narrative, charts, quantitative metrics and statistical analysis, qualitative analysis and theme review.

Pilot Site Administrator:

A Pilot Site Administrator will be located at each pilot site identified by CHCF and the EMS Authority as the official pilot site for the POLST eRegistry. The Pilot Site Administrator(s) is responsible for working with the software vendor to ensure that the POLST eRegistry is properly configured, secure, and accessible for all the end users. The Pilot Site Administrator will identify and approve all facilities within a pilot site that will be allowed to enroll users to use and access the POLST eRegistry.

Pilot Site Administrator(s) is responsible for:

- Enrolling and disenrolling Approved Facility Administrator(s) for access to the POLST eRegistry.
- Acting as a liaison between the approved facilities and the Pilot Program Director.
- Reaching out to the approved facilities to promote participation in the pilot project and ensure compliance with these guidelines.
- Developing and implementing pilot site level policies and procedures.
- Ensuring pilot site level compliance with these guidelines, pilot site policies and procedures, and state and federal law.
- Keeping a master list of all users enrolled in the system.
- Reporting breaches of security and unusual occurrences to EMSA, CHCF, and the Coalition and shall be done within 48 hours of the identifying a breach.

Pilot Site Administrator(s) have access to:

- Administrative sections of the POLST eRegistry that do not have patient identifying health information but may include de-identified, aggregate health information for all approved facilities within the associated pilot site.
- Analytical capabilities for the POLST eRegistry software for all approved facilities within the pilot site.
- POLST eRegistry audit logs for all approved facilities within the pilot site.

FACILITY AND EMS END USER ROLES

Every POLST eRegistry user working at pilot site facilities or within the EMS system operating within the geographic pilot site area must be assigned one of the following roles by the Approved Facilities Administrator:

Approved Facility Administrator:

The Approved Facility's administration shall assign an Administrator(s) to the POLST eRegistry Pilot and the administrator will be employed by the approved facility within a pilot site. Approved Facility Administrators are responsible for facility-wide compliance with the requirements of the pilot project, these guidelines, and state and federal law.

Approved Facility Administrators are responsible for:

- Enrolling, disenrolling, and approving users within the facility.
- Developing and implementing facility-wide policies and procedures as necessary to

operationalize these guidelines or pilot site level policies and procedures.
- Ensuring compliance with and enforcing facility-wide and pilot site wide policies and procedures, these guidelines, and state and federal law.
- Interfacing with the Pilot Site Administrator to implement and run this pilot project.
- Providing instructions, advice, and addressing issues and questions from approved facility POLST eRegistry users.
- Submitting accurate and timely data to the pilot site independent evaluator for analysis.
- Providing and tracking initial and annual refresher privacy and security training of the POLST eRegistry users.
- Disenrolling or terminating access, as appropriate, for users who fail to take the privacy and security refresher training or have failed to comply with any policies and procedures.
- Submit a list of users, authorized to access the POLST eRegistry, to the pilot site administrator.

Approved Facility Administrators have access to:
- Administrative sections of the POLST eRegistry application limited to the assigned facility.
- Analytics capabilities within the POLST eRegistry software limited to the assigned facility.
- Audit logs within the POLST eRegistry, provided by the auditor(s) limited to the assigned facility.

IT Support Personnel:

This person will be responsible for troubleshooting issues or configuring interfaces in a production system which may have access to patient identifying health information. Their role is to provide information technology support to the end users.

POLST View Access Users:

This role is for medical personnel who have a need to view, but not submit or modify POLST information within the POLST eRegistry. These positions may include, but are not limited to: EMS professionals, floor and ICU nurses, skilled nursing facility staff, hospice staff, and Emergency Department staff.

Records Editor:

This role is for health information management system staff. This role is responsible for submitting, updating, or removing, but not executing or approving, POLST information into the registry software.

Doctor/Physician/Nurse Practitioner or Physician Assistant:

This role is for a licensed Physician, Nurse Practitioner, or Physician Assistant who, by California State law, has the legal ability to prepare, execute, approve, and submit POLST documents.

Auditor(s):

Each facility and EMS provider shall have an auditor(s) who will perform two types of audits of the facility or EMS provider's use of the POLST eRegistry: Quality Improvement (QI) and Security. These audits may be assigned to a single staff member or multiple members, depending on the facility. Auditors are responsible for performing these audits.

QI Auditor(s) is responsible for:
- Reviewing user access and use of the POLST eRegistry and analyzing de-identified information compliance.
- Reviewing and report unusual occurrence reports.

QI Auditor(s) have access to:

- Analytics capabilities of the POLST eRegistry for their entity.

Security Auditors are responsible for:

- Assessing access and use to ensure levels of access are appropriate.
- Assessing access and use for non-compliance.
- Analyzing information related to performance measures.
- Analyzing system use for improving efficiency, accuracy.
- Analyzing information for improving quality, efficiency, accuracy.
- Analyzing access, use, and information for ensuring policies and procedures (P&Ps) are complete and appropriate or whether business processes have changed necessitating an update in P&Ps.
- Identifying any HIPAA related issues or concerns.
- Notifying Pilot Site Administrator of any HIPAA or other state and federal regulatory compliance concerns and issues.

Security Auditors have access to:

- POLST eRegistry software user activities and audit logs for the assigned approved facility.
- Ability to review access privileges.

Approval of Pilot Sites

The approving authority for all geographical pilot sites shall be CHCF and the EMS Authority.

Approval of Pilot Site Facilities and Participants:

All facilities and EMS providers that will have users with access to the POLST eRegistry must be approved and given access privileges by the Pilot Site Administrator. Approval will be limited to the following entities:

- Hospitals
- Skilled Nursing Facilities (SNF)
- EMS providers
- Hospices
- Clinics that prepare and submit POLST forms.

Approved sites must meet the following criteria:

- Demonstrate compliance with State and Federal laws governing privacy and security
- Identify a facility administrator to ensure compliance with these guidelines.

Technology Vendor Security

The intent of the POLST eRegistry pilot project is to provide a secure means to efficiently access POLST information, some of which is confidential, patient identifying health information. The POLST eRegistry technology vendor will implement the following requirements for security of its system:

CONFIDENTIALITY

- Access to POLST information contained in the eRegistry will be limited to medical personnel working with approved facilities and approved emergency medical services providers with a clinical need for the information.
- All medical personnel, facilities, or emergency medical service providers who are given

access to the registry will have their identification verified with the governing board or the local emergency medical services agency that has approved their license/certification/ operating area.
- Medical personnel, facility or emergency medical service provider shall only access and use POLST information in a manner that complies with these guidelines, the pilot site level policies and procedures, the facility level policies and procedures, and state and federal law.

BASIC REQUIREMENTS:

- Role based access. Access to the POLST eRegistry and types of information contained within shall be limited to approved facilities and users that have a clinical need for the information. Access levels are assigned based on the roles defined within these guidelines.
- The POLST eRegistry shall implement security provisions and standards that are identified in the State Administrative Manual (SAM) in Chapter 5300 and the National Institute for Standards and Technology (NIST).
- The POLST eRegistry operations shall meet the standards and specifications contained with the Health Insurance Portability and Accountability Act (HIPAA) regulations, and other state and federal law.
- The technology vendor of the POLST eRegistry shall report all security incidents to the Pilot Program Director, Program Site Administrator, and the EMS Authority within 48 hours of detection.
- POLST eRegistry software shall include a secure functionality for EMS providers to search the registry from mobile devices, including laptop computers, and tablet devices at the time of need and from any location with WIFI or 4G services.
- POLST eRegistry software shall, as a backup, allow access by a 24/7 call center to obtain information from the registry.
- POLST eRegistry software shall prevent the same user login from accessing the database from more than one IP address at a time.

Facility and Provider Security Requirements

ENROLLMENT REQUIREMENTS:

For providers accessing the eRegistry through a single sign on mechanism from an EMR, ePCR, or HIE:

- No Facility will be allowed to provide single sign on access to the POLST eRegistry without first being approved as an approved facility by the Pilot Site Administrator.
- For pilot sites that have no HIE, the Technology Vendor shall have a data sharing agreement and/or business associate agreement with any Facility that will be sharing POLST forms with and/or retrieving POLST forms from the POLST eRegistry directly.
- For pilot sites incorporating an HIE, the Technology Vendor shall have a data sharing agreement, which may incorporate the terms for a business associate as required by law, with the HIE.
- The Technology Vendor shall have data sharing agreement and/or business associate with the 24 Hour Call Center in order for the Call Center to retrieve POLST forms from the POLST eRegistry.
- No end user shall be allowed access to the POLST eRegistry without first being approved by the Facility to access their Facility EMR, ePCR, or HIE system.
- The Approved Facility shall be responsible for providing appropriate access level in the Single Sign On mechanism for each user consistent with these guidelines.
- All users shall receive adequate privacy and security training consistent with HIPAA and

other federal and state law prior to accessing the system.

- Facility level access roles in the POLST eRegistry shall be limited to medical facilities and emergency medical service provider organizations after operating permissions have been verified by the pilot site administrator.
- All doctor, physician, nurse practitioner, physician assistant, or EMS personnel must have an active license or certification issued by their respective licensing or certifying boards.

For providers accessing the eRegistry to submit forms through the web Portal:

- All POLST form signing providers (doctor, physician, nurse practitioner, physician assistant) who submit information to the eRegistry shall have their identity verified electronically prior to submission to the eRegistry.
- All doctor, physician, nurse practitioner, physician assistant, or EMS personnel must have an active license or certification issued by their respective licensing or certifying boards.
- Each individual user ID will require a unique user name and password consisting of a minimum of 6 characters, to include at minimum 1 capital letter, 1 number and 1 symbol.
- All web users shall attest to the Facility Administrator designee that they have received adequate privacy and security training consistent with HIPAA and other federal and state law prior to accessing the system.

For Administrative Users accessing the reporting dashboards through the web:

- All Facility Administrative Users must be approved by the Pilot Site Administrators prior to gaining access to the reporting dashboards. The Pilot Program Director, Technology Vendor, Pilot Site Administrators, and Independent Evaluators are expected to have access to the reporting dashboards.
- No personal health information will be available to Administrative Users accessing the reporting dashboards through the web.
- Each administrative user ID will require a unique user name and password consisting of a minimum of 6 characters, to include at minimum 1 capital letter, 1 number and 1 symbol.

DISENROLLMENT REQUIREMENTS:

Users must be fully disenrolled within 24 hours once there is no clinical need for access. Examples for disenrollment include, but are not limited to termination, job reassignment, or change in duties.

Termination of Participation

- Noncompliance with any applicable provision of these guidelines by any pilot project participant may result in termination of participation in the POLST eRegistry pilot project by the CHCF in consultation with the EMS Authority.
- Notification of noncompliance and action to terminate participation shall be done as follows:
- The CHCF shall notify the participant in writing, by registered mail of the provisions of these guidelines with which the participant is not in compliance.
- Within fifteen (15) business days of receipt of the notification of noncompliance, the participant shall submit in writing, by registered mail, to the CHCF one of the following:
    - Evidence of compliance with the provisions of these guidelines, or
    - A corrective action plan for meeting compliance with the provisions of these guidelines within sixty (60) calendar days from the day of receipt of the notification of noncompliance.
- Within fifteen (15) working days of receipt of the response from the participant, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the facility, the CHCF shall notify the participant in writing, by

registered mail, of the decision to accept the evidence of compliance, approve the corrective action plan, or terminate the participant's participation in the POLST eRegistry Pilot.

POLST Form Accuracy

Approved users of the POLST eRegistry that submit POLST information, shall ensure the accuracy of the information being submitted.

The POLST eRegistry will review the POLST form submissions for completion and will notify submitting users of any incomplete or conflicting information.

The registry review will include, but not be limited to, identification of the following issues:

- Unreadable information
- Missing information, such as date or provider signature
- Incomplete personal identifying information

POLST forms that fail this review will be returned to the healthcare provider who submitted the form with an explanation. POLST forms failing this review cannot be entered into the POLST eRegistry.

All completed POLST information entered into the POLST eRegistry will be available for access within 24 hours of being entered and saved into the registry.

Confirmation

The healthcare provider who has the legal authority to submit, modify, or withdraw a POLST Form shall verbally notify the patient or patient's legal representative, of all submissions, modifications, and withdrawals within 24 hours of the change or submission.

Submission, withdrawal, and update of the POLST form

- POLST forms shall be completed in a manner consistent with the instructions on the POLST form.
- The licensed doctor, physician, nurse practitioner, or physician assistant who signs, including electronic signatures, the POLST form will be responsible for ensuring the accuracy of the information on the form, approving the form for submission prior to being uploaded into the registry.
- The POLST eRegistry may accept both electronic and original signatures.
- Completed POLST forms submitted POLST eRegistry will void previously submitted POLST forms so that the most recent POLST form submitted is the current POLST form.
- Only a patient's current healthcare provider(s) will have privileges within the registry to upload new POLST forms, modify existing POLST forms, or to withdraw POLST forms from the eRegistry.
- POLST information may be submitted into the registry through secure Web portal, or electronic medical records.
- The patient or patient's legally recognized decision maker may request, at any time, for the physician to have the POLST form withdrawn from the POLST eRegistry.
- All submissions will include but not be limited to, the following patient identifying information

to ensure accurate patient matching:

- Patient's first, middle (if applicable), and last name(s)
- Birthdate
- Gender
- Phone number

Record Keeping

PILOT SITES:

Each pilot site will keep records of the approved facilities, and EMS providers for the duration of the pilot project.

Each approved pilot site shall provide timely and accurate data to the independent evaluator for the duration of the pilot project. Data elements shall be established by the evaluator and the project director in collaboration with the technology vendor.

Each approved pilot site shall report any unusual occurrences to the pilot program director and the EMS Authority within 48 hours of the occurrence.

FACILITY/EMS PROVIDERS:

Each facility/EMS provider who participates in the POLST eRegistry pilot project shall keep records of its approved users, and its use of the POLST eRegistry. They will make these documents available to the Pilot Program Director, CHCF and/or the EMS Authority upon request.

Each approved Facility/EMS provider shall provider timely and accurate data to the independent evaluator for the duration of the pilot project. Data elements shall be established by the evaluator and the project director in collaboration with the technology vendor.

Each approved facility/EMS Providers shall report any unusual occurrences to the pilot program director and the EMS Authority within 48 hours of the occurrence.

POLST Organization Chart

Pilot Program Director: Reviews sites for compliance and gives them permissions/access to the ePOLST registry.
Pilot Site Administrator: This is the person that is responsible for setting up each site to be in compliance with ePOLST registry requirements.
Approved Facility Administrator: Staff at each authorized site who oversees access/login to the registry and ensures compliance with HIPPA.
Auditor(s): QI- Runs de-identified reports from the Registry to review and analyze Registry use and where training is needed. QA-Runs reports to ensure safety and security of patient data.
IT Support/Administrator does not access registry data, this is an IT support position.
POLST View Access views form for information but does not edit.
DR/Physician/RN/NP/PA: is the professional who signs the POLST form.
Records Editor: may enter POLST information into the registry but may not "sign off" or finalize information.

Appendix A

SENATE BILL NO. 19

CHAPTER 504

An act to add and repeal Section 4788 of the Probate Code, relating to resuscitative measures.

[Approved by Governor October 5, 2015. Filed with Secretary of State October 5, 2015.]

Legislative Counsel's Digest

SB 19, Wolk. Physician Orders for Life Sustaining Treatment form: electronic registry pilot.

Existing law defines a request regarding resuscitative measures as a written document, signed by an individual with capacity, or a legally recognized health care decision maker, and the individual's physician, directing a health care provider regarding resuscitative measures. Existing law defines a Physician Orders for Life Sustaining Treatment form, which is commonly referred to as a POLST form, and provides that a request regarding resuscitative measures includes a POLST form. Existing law requires that a POLST form and the medical intervention and procedures offered by the form be explained by a health care provider. Existing law distinguishes a request regarding resuscitative measures from an advance health care directive.

This bill would enact the California POLST eRegistry Pilot Act. The bill would require the Emergency Medical Services Authority to establish a pilot project, in consultation with stakeholders, to operate an electronic registry system on a pilot basis, to be known as the California POLST eRegistry Pilot, for the purpose of collecting POLST information received from a physician or physician's designee. The bill would require the authority to coordinate the POLST eRegistry Pilot, which would be operated by health information exchange networks, by an independent contractor, or by a combination thereof. The bill would require the authority to implement these provisions only after it determines that sufficient nonstate funds are available for development of the POLST eRegistry Pilot, any related startup costs, and an evaluation of the POLST eRegistry Pilot. When the POLST eRegistry Pilot is operable in the geographic area in which he or she operates or practices, a physician or physician's designee who completes POLST information would be required to include the POLST information in the patient's official medical record and would be required to submit a copy of the form to, or to enter the information into, the POLST eRegistry Pilot, unless a patient or his or her health care decision maker chooses not to participate in the POLST eRegistry Pilot. The bill would require the authority to adopt guidelines for, among other things, the operation of the POLST eRegistry Pilot, including the means by which POLST information would be submitted electronically, modified, or withdrawn, the appropriate and timely methods for dissemination of POLST form information, the procedures for verifying the identity of an authorized user, and rules for maintaining the confidentiality of POLST information received by the POLST eRegistry Pilot. The bill would require that any disclosure of POLST information in the POLST eRegistry Pilot be made in accordance with applicable state and federal privacy and security laws and regulations. The bill would provide immunity from criminal prosecution, civil liability, discipline for unprofessional conduct, and any other sanction for a health care provider who honors a patient's request regarding resuscitative measures obtained from the POLST eRegistry Pilot, as specified. The bill would require an independent contractor approved by the authority to conduct an evaluation of the POLST eRegistry Pilot. The provisions of the bill would be operative until January 1, 2020.

The people of the State of California do enact as follows:

SECTION 1. This act shall be known, and may be cited, as the California POLST eRegistry Pilot Act.

SEC. 2. Section 4788 is added to the Probate Code, to read:

4788. (a) For purposes of this section:

(1) "Authority" means the Emergency Medical Services Authority.

(2) "Authorized user" means a person authorized by the authority to submit information to, or to

receive information from, the POLST eRegistry Pilot, including health care providers, as defined in Section 4781, and their designees.
(3) “POLST” means a Physician Orders for Life Sustaining Treatment that fulfills the requirements, in any format, of Section 4780.
(4) “POLST eRegistry Pilot” means the California POLST eRegistry Pilot Act established pursuant to this section to make electronic, in addition to other modes of submission and transmission, POLST information available to authorized users.
(b) (1) The authority shall establish a pilot project, in consultation with stakeholders, to operate an electronic registry system on a pilot basis, to be known as the California POLST eRegistry Pilot, for the purpose of collecting a patient’s POLST information received from a physician or physician’s designee and disseminating the information to an authorized user.
(2) The authority shall implement this section only after determining that sufficient nonstate funds are available to allow for the development of the POLST eRegistry Pilot, any related startup costs, and an evaluation of the POLST eRegistry Pilot.
(3) The authority shall coordinate the POLST eRegistry Pilot, which shall be operated by, and as a part of, the health information exchange networks, or by an independent contractor, or by a combination thereof. The POLST eRegistry Pilot may operate in a single geographic area or multiple geographic areas and may test various methods of making POLST information available electronically. The design of the POLST eRegistry Pilot shall be sufficiently robust, based on the success of the pilot, to inform the permanent, statewide operation of a POLST eRegistry.
(4) The authority shall adopt guidelines necessary for the operation of the POLST eRegistry Pilot. In developing these guidelines, the authority shall seek input from interested parties and hold at least one public meeting. The adoption, amendment, or repeal of the guidelines authorized by this paragraph is hereby exempted from the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The guidelines shall include, but not be limited to, the following:
(A) The means by which initial or subsequent POLST information may be submitted to, or withdrawn from, the POLST eRegistry Pilot, which shall include a method for electronic delivery of this information and the use of legally sufficient electronic signatures.
(B) Appropriate and timely methods by which the information in the POLST eRegistry Pilot may be disseminated to an authorized user.
(C) Procedures for verifying the identity of an authorized user.
(D) Procedures to ensure the accuracy of, and to appropriately protect the confidentiality of, POLST information submitted to the POLST eRegistry Pilot.
(E) The requirement that a patient, or, when appropriate, his or her legally recognized health care decision maker, receive a confirmation or a receipt that the patient’s POLST information has been received by the POLST eRegistry Pilot.
(F) The ability of a patient, or, when appropriate, his or her legally recognized health care decision maker, with his or her health care provider, as defined in Section 4621, to modify or withdraw POLST information on the POLST eRegistry Pilot.
(6) (A) Prior to implementation of the POLST eRegistry Pilot, the authority shall submit a detailed plan to the Legislature that explains how the POLST eRegistry Pilot will operate.
(B) The plan to be submitted pursuant to subparagraph (A) shall be submitted in compliance with Section 9795 of the Government Code.
(c) The operation of the POLST eRegistry Pilot, for all users, shall comply with state and federal privacy and security laws and regulations, including, but not limited to, compliance with the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code) and the regulations promulgated pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), found at Parts 160 and 164 of Title 45 of the Code of Federal Regulations.
(d) When the POLST eRegistry Pilot is operable in the geographic area in which he or she

practices or operates, a physician or physician's designee who completes POLST information with a patient or his or her legally recognized health care decision maker shall include the POLST information in the patient's official medical record and shall submit a copy of the POLST form to, or enter the POLST information into, the POLST eRegistry Pilot, unless the patient or the legally recognized health care decision maker chooses not to participate in the POLST eRegistry Pilot.
(e) When the POLST eRegistry Pilot is operable in the geographic area in which they practice or operate, physicians, hospitals, and health information exchange networks shall make electronic POLST information available, for use during emergencies, through the POLST eRegistry Pilot to health care providers, as defined in Section 4781, that also practice or operate in a geographic area where the POLST eRegistry Pilot is operable, but that are outside of their health information exchange networks.
(f) In accordance with Section 4782, a health care provider, as defined in Section 4781, who honors a patient's request regarding resuscitative measures obtained from the POLST eRegistry Pilot shall not be subject to criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction, or any other sanction, if the health care provider (1) believes in good faith that the action or decision is consistent with this part, and (2) has no knowledge that the action or decision would be inconsistent with a health care decision that the individual signing the request would have made on his or her own behalf under like circumstances.
(g) An independent contractor approved by the authority shall perform an evaluation of the POLST eRegistry Pilot.
(h) This section shall remain in effect only until January 1, 2020, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2020, deletes or extends that date.

Appendix B
POLST FORM

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

EMSA #111 B
(Effective 4/1/2017)*

First follow these orders, then contact Physician/NP/PA. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. **POLST complements an Advance Directive and is not intended to replace that document.**

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: *(optional)*

DRAFT

A — CARDIOPULMONARY RESUSCITATION (CPR): *If patient has no pulse and is not breathing.*

If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.

Check One

☐ **Attempt Resuscitation/CPR** (Selecting CPR in Section A requires selecting Full Treatment in Section B)

☐ **Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

B — MEDICAL INTERVENTIONS: *If patient is found with a pulse and/or is breathing.*

Check One

☐ **Full Treatment – primary goal of prolonging life by all medically effective means.**
In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.

☐ *Trial Period of Full Treatment.*

☐ **Selective Treatment – goal of treating medical conditions while avoiding burdensome measures.**
In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

☐ *Request transfer to hospital only if comfort needs cannot be met in current location.*

☐ **Comfort-Focused Treatment – primary goal of maximizing comfort.**
Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. *Request transfer to hospital only if comfort needs cannot be met in current location.*

Additional Orders: _____

_____

C — ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired.*

Check One

☐ Long-term artificial nutrition, including feeding tubes. Additional Orders: _____

☐ Trial period of artificial nutrition, including feeding tubes. _____

☐ No artificial means of nutrition, including feeding tubes. _____

D — INFORMATION AND SIGNATURES:

Discussed with: ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker

☐ Advance Directive dated _____, available and reviewed →
☐ Advance Directive not available
☐ No Advance Directive

Health Care Agent if named in Advance Directive:
Name: _____
Phone: _____

Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA)

My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.

Print Physician/NP/PA Name:	Physician/NP/PA Phone #:	Physician/PA License #, NP Cert. #:
Physician/NP/PA Signature: *(required)*		Date:

Signature of Patient or Legally Recognized Decisionmaker

I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Print Name:		Relationship: *(write self if patient)*
Signature: *(required)*	Date:	Your POLST may be added to a secure electronic registry to be accessible by health providers, as permitted by HIPAA.
Mailing Address (street/city/state/zip):	Phone Number:	

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

*Form versions with effective dates of 1/1/2009, 4/1/2011, 10/1/2014 or 01/01/2016 are also valid

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information

Name (last, first, middle):	Date of Birth:	Gender: M F

NP/PA's Supervising Physician	Preparer Name (if other than signing Physician/NP/PA)	
Name:	Name/Title:	Phone #:

Additional Contact ☐ None

Name:	Relationship to Patient:	Phone #:

Directions for Health Care Provider

Completing POLST

- **Completing a POLST form is voluntary.** California law requires that a POLST form be followed by healthcare providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician, or a nurse practitioner (NP) or a physician assistant (PA) acting under the supervision of the physician, who will issue appropriate orders that are consistent with the patient's preferences.
- **POLST does not replace the Advance Directive.** When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a health care provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician/NP/PA believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- A legally recognized decisionmaker may execute the POLST form only if the patient lacks capacity or has designated that the decisionmaker's authority is effective immediately.
- To be valid a POLST form must be signed by (1) a physician, or by a nurse practitioner or a physician assistant acting under the supervision of a physician and within the scope of practice authorized by law and (2) the patient or decisionmaker. Verbal orders are acceptable with follow-up signature by physician/NP/PA in accordance with facility/community policy.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.

Section A:

- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a patient who has chosen "Do Not Attempt Resuscitation."

Section B:

- When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort-Focused Treatment," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not "Comfort-Focused Treatment."
- Treatment of dehydration prolongs life. If a patient desires IV fluids, indicate "Selective Treatment" or "Full Treatment."
- Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

Reviewing POLST

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The patient is transferred from one care setting or care level to another, or
- There is a substantial change in the patient's health status, or
- The patient's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician/NP/PA, based on the known desires of the patient or, if unknown, the patient's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.
For more information or a copy of the form, visit **www.caPOLST.org**.

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Tom McGinnis, EMT-P
Chief, EMS Systems Division

SUBJECT: EMS Plan Appeals Update

RECOMMENDED ACTION:

Receive information on the status of the EMS Plan Appeal Regulations.

FISCAL IMPACT:

Unknown specific costs to the EMS Authority and local EMS agencies who request the ability to exercise their right to appeal an EMS plan determination made by the EMS Authority.

DISCUSSION:

There are currently two local EMS agencies (LEMSA) that have filed appeals to EMS Plan determinations.

The first EMS Plan Appeal hearing is in the process of being scheduled by the Office of Administrative Hearings for determinations made related to Kern County's EMS Plan.

Scheduling for an appeal hearing for El Dorado County is pending proposal of available dates provided by El Dorado County.

The Commission will be updated on the status of appeal hearings at future Commission meetings.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
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(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Farid Nasr, MD
Specialty care Systems Specialist

SUBJECT: Stroke Regulations Update

RECOMMENDED ACTION:

Receive information on the Stroke Regulations process.

FISCAL IMPACT:

Unknown fiscal impact to local EMS agencies and stakeholders upon implementation of these regulations.

DISCUSSION:

The EMS Authority submitted draft Stroke regulations in a rule-making package to the Office of Administrative Law (OAL) in December 2016. A 45-day public comment period was completed January23, 2017. Upon closure of the comment period, the EMS Authority is reviewing all comments received and will consider revisions to the draft regulations. If necessary, an additional public comment period will take place. The one year rule clock for the draft Stroke regulations package will conclude in December 2017. The EMS Authority will bring the draft Stroke regulations to the Commission for approval at some point in 2017.

The EMS Authority received significant comment during the 45 day comment period. A majority of comments are related to criteria for Stroke Centers' levels of care and the Stroke Plan submission to the EMS Authority. We will be reconvening the original Stroke regulations writing group to assist us in considerations of revision to the draft Stroke regulations.

The Commission will be kept informed on our progress with the draft Stroke regulations rule making process.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Farid Nasr, MD
Specialty Care Systems Specialist

SUBJECT: STEMI Regulations Update

RECOMMENDED ACTION:

Receive information on the STEMI Regulations process.

FISCAL IMPACT:

Unknown fiscal impact to local EMS agencies and stakeholders upon implementation of these regulations.

DISCUSSION:

The EMS Authority submitted draft STEMI regulations in a rule-making package to the Office of Administrative Law (OAL) in December 2016. A 45-day public comment period was completed January 30, 2017. Upon closure of the comment period, the EMS Authority is reviewing all comments received and will consider revisions to the draft regulations. If necessary, an additional public comment period will take place. The one year clock for the draft STEMI regulations package will conclude in December 2017. The EMS Authority will bring the draft STEMI regulations to the Commission for approval at some point in 2017.

The EMS Authority received significant comment during the 45 day comment period. A majority of comments are related to criteria for STEMI Centers' levels of care and the STEMI Plan submission to the EMS Authority. We will be reconvening the original STEMI regulations writing group to assist us in considerations of revision to the draft STEMI regulations.

The Commission will be kept informed on our progress with the draft STEMI regulations rule making process.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Heidi Wilkening
EMS for Children Coordinator

SUBJECT: EMS for Children Regulations Update

RECOMMENDED ACTION:

Receive information on the EMS for Children Regulations process.

FISCAL IMPACT:

Unknown fiscal impact to local EMS agencies and stakeholders upon implementation of these regulations.

DISCUSSION:

The EMS Authority is completing revisions to the draft EMS for Children regulations after completion of our internal review process. It is anticipated that the requested changes and updates to the Initial Statement of Reasons (ISOR) will be submitted to the Office of Administrative Law (OAL) in March 2017 to open the rule-making process for these draft regulations. Once OAL has approved the package, the draft EMS for Children regulations will go out for an initial 45 day public comment period.

The Commission will be kept informed on our progress with the draft EMS for Children regulations rule making process.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Craig Johnson
Chief, Disaster Medical Services Division

SUBJECT: Patient Movement Exercise

RECOMMENDED ACTION:

Receive updated information regarding the Statewide Patient Movement Plan and Tabletop Exercise.

FISCAL IMPACT:

None

DISCUSSION:

Statewide Patient Movement Plan and Tabletop Exercise:

The EMS Authority, working with local, regional, state, and federal partners, has developed the Draft Statewide Patient Movement Plan. The plan was established to address the need for a statewide framework for coordination of patient movement during large scale Health and Medical Incidents. The plan defines and standardizes medical transportation and patient distribution operational procedures when a disaster or emergency exceeds the capabilities of the EMS system(s) serving the affected area. The plan addresses evacuation and relocation of medical patients from an impacted Operational Area to predetermined locations outside of the impacted area. The Statewide Patient Movement Plan integrates best practices and recommendations identified by a statewide multidisciplinary workgroup of subject-matter experts including representatives from public health and emergency medical services along with physicians, emergency managers, and ambulance providers.

A Statewide Patient Movement Plan tabletop exercise was conducted on January 25, 2017. The purpose of the exercise was to test key components of the plan and validate the plan's effectiveness. Although the plan was received very well and thought to provide a good framework for California, several critical gaps (outside the scope of this plan) were identified. It was determined that subsequent work would be required to adequately address the gaps. The critical gaps that require subsequent work are listed below.

Critical Gaps:

- Allocation of scarce resources - How decisions will be made regarding the allocation of incoming resources if patient transportation/destination resources are insufficient to meet the demand.

- Crisis Care – Standards/Guidelines needed to address the treatment and transport of patients during large scale emergencies when resources are limited.

- Statewide Patient Tracking – There is no statewide system in place to track patients when patients require transportation across County and Region boarders.

- Regional Patient Movement Coordination Group – Capability is needed to coordinate large scale patient movement within and beyond the impacted region.

- Control of EMS resources - Healthcare system contracts with ambulance providers versus LEMSA control over ambulance providers during a disaster.

- Authorization for out-of-state EMS personnel to practice in the impacted counties - Letter of Reciprocity required. This authority normally exists with the LEMSA's Medical Director.

Next Steps:

The Draft Statewide Patient Movement Plan will be distributed to tabletop exercise participants for review and comment in March 2017. The EMS Authority will also be releasing the Draft plan to stakeholders for public comment. After the plan has been finalized, training will be developed and the EMS Authority will pursue funding for a full-scale exercise to test the plan. In addition, funding is needed to continue work toward addressing the critical gaps identified during this planning process.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Craig Johnson
Chief, Disaster Medical Services Division

SUBJECT: EMS Authority Activities in support of the Winter Storms

RECOMMENDED ACTION:

Receive information regarding the EMS Authority's activities in support of the recent Winter Storms.

FISCAL IMPACT:

None

DISCUSSION:

EMS Authority Activities in support of the Winter Storms:

The EMS Authority was actively involved in the response activities for the recent winter storms that led to widespread flooding, mudslides, levee system breaches, power outages, and the Oroville Dam Auxiliary Spillway Failure Incident.

In response to the Oroville Dam Auxiliary Spillway Failure Incident the State Operations Center (SOC) was activated on February 12, 2017. The Medical and Health Coordination Center (MHCC) was also activated on February 13, 2017. The EMS Authority and the California Department of Public Health worked with Emergency Function 8 (EF 8) partners and stakeholders in coordination with the Governor's Office of Emergency Services (Cal OES) to support local evacuations and resource needs. Governor Brown issued a Proclamation of a State of Emergency on 02/12/17 due to the Oroville Dam Auxiliary Spillway Failure.

Lake Oroville's auxiliary spillway was used for the first time in almost 50 years on February 11, 2017 after the main spillway was damaged during the recent heavy rain. On Sunday, February 12, 2017, a wide-range mandatory evacuation order was issued by the Butte County Sheriff's Office after a hole developed on the concrete lip of the auxiliary spillway. The reported evacuations included 1 hospital, 5 Skilled Nursing Facilities, 4 Intermediate Care

Facilities, and 4 Assisted Living Facilities from three different counties, totaling 510 patients. Transportation resources used for the patient evacuations included 7 Ambulance Strike Teams (5 units of like type plus a leader vehicle), 3 Disaster Medical Support Units, 1 EMS Task Force (4 ambulance units), and 4 buses. The Region also utilized 8 single resource ambulances ranging from Basic Life Support to Critical Care Transport units. Patients were sent to medical shelters and like medical receiving facilities spanning three Regions. The furthest location was 175 miles from the sending facility.

The mandatory evacuation order was lifted on February 16, 2017 and replaced by an evacuation warning. The repopulation of the medical facilities began on February 22, 2017. There have been a number of issues raised concerning costs and reimbursements for patient transportation back to the sending medical facilities. The EMS Authority continues to work with the California Office of Emergency Services (Cal OES) and the impacted Region and Counties for resolution.

<u>EMS Authority Winter Storms Activities:</u>

- Supported the SOC and MHCC activations
- Worked with CDPH and the Region to coordinate transportation and placement of patients from evacuated medical facilities
- Worked with the Region to assist with repatriation of the patients
- Currently assisting the Region and Counties with resolving cost and reimbursement issues for patient transports

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DATE: March 15, 2017

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: Election of Officers

RECOMMENDED ACTION:

1. Close the nominations for Chair, Vice Chair, and Administrative Committee.
2. Hold the election.

FISCAL IMPACT:

There is no fiscal impact.

DISCUSSION:

Per the Commission on EMS By-Laws, all Commission Officers are eligible for re-election except the immediate past chair who is automatically a member of the Administrative Committee.

The following individuals were nominated for Commission Officers at the December 14, 2016 Commission meeting:

Chair:	Dan Burch
Vice Chair:	Steve Drewniany
Administrative Committee:	Jaison Chand
	Daniel Margulies, MD
	Lewis Stone (Past Chair)

STATE OF CALIFORNIA
COMMISSION ON EMS
WEDNESDAY, DECEMBER 14, 2016
MARINES' MEMORIAL CLUB AND HOTEL
CRYSTAL BALLROOM - 11TH FLOOR
609 SUTTER STREET
SAN FRANCISCO, CA 94109
800-662-8899 OR 619-224-3621 – Reservation line

MINUTES

COMMISSIONERS PRESENT:
Steve Barrow, Dan Burch, Jaison Chand, Steve Drewniany, James Dunford, MD, Aaron F. Hamilton, Mark Hartwig, James Hinsdale, MD, Richard O. Johnson, MD, Daniel Margulies, MD, Jane Smith, Carole Snyder, RN, Lewis Stone, and Dave Teter

COMMISSIONERS ABSENT:
David Rose, Eric Rudnick, MD, Atilla Uner, MD, Susan Webb, RN

EMS AUTHORITY STAFF PRESENT:
Howard Backer, MD, Tom McGinnis, Craig Johnson, Lou Meyer, Priscilla Rivera, Daniel R. Smiley, and Sean Trask

ALSO PRESENT:
Angelo Salvucci, MD, FACEP, Ventura County Public Health
Reza Vaezazizi, MD, Inland Counties EMS Agency/Riverside EMS Agency
B.J. Bartleson, RN, MS, NEA-BC, California Hospital Association
Jan Remm, Hospital Association of Southern California
Scott Masten, PhD, Hospital Quality Institute
Bruce Barton, Riverside County EMS Agency
Ross Elliott, California Ambulance Association

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chairman Dan Burch called the meeting to order at 9:02 a.m. Fourteen Commissioners were present. He asked Commissioner Teter to lead the Pledge of Allegiance and it was recited.

2. REVIEW AND APPROVAL OF SEPTEMBER 21, 2016, MINUTES

Action: Commissioner Hinsdale moved approval of the September 21, 2016, Commission on Emergency Medical Services Meeting Minutes as presented. Commissioner Margulies seconded. Motion carried unanimously.

3. DIRECTOR'S REPORT

Howard Backer, M.D., the EMSA Medical Director, presented his report:

A. EMSA Program Updates

EMS Compass

A summary of the EMS Compass performance improvement measures, funded and co-sponsored by the National Association of State EMS Officials (NASEMSO) and the National Highway Traffic and Safety Administration (NHTSA), was included in the meeting packet. The intent of the EMS Compass is for states to select measures to initiate as part of their core measures. He suggested implementing the use of lights and sirens response to the scene rate and lights and sirens rate for transport measures in California's Compass.

Community Paramedicine

After one year of data collection, the independent evaluator, University of California, San Francisco, is developing a report.

Legislation

The EMSA proposed sponsoring legislation but administration felt that there were advantages to EMS stakeholders sponsoring and finding authors for legislation and that the role of EMSA is to provide technical assistance to the sponsors and authors.

Ambulance Patient Offload Time

Ambulance Patient Offload Time specifications and guidelines will be addressed later in today's agenda.

9-1-1 Call Routing

Bill Anderson, at the Governor's Office of Emergency Services (Cal OES), has retired. 9-1-1 Branch Manager Budge Currier will present at the June meeting.

Specialty System Regulations

Rulemaking for the Stroke, Stroke Systems, and STEMI Regulations have been filed and are out for public comment.

REPLICA

The Recognition of EMS Personnel Licensure Interstate CompAct (REPLICA), a national initiative to develop a system of interstate mutual aid for EMS, is model legislation for states' consideration and enactment. Fire system support will be required to bring this initiative to California.

Disaster Preparedness

One of the gaps in disaster preparedness is behavioral health. EMSA is working with the California Department of Public Health (CDPH) and the Department of Health Care Services (DHCS) on a disaster preparedness project.

Questions and Discussion

Commissioner Barrow asked if the Paramedicine Pilot Project will take individuals where they would best be cared for rather than only to the emergency room. Dr. Backer stated community paramedicine as behavioral health acute resources and alternative destination principles will be important during EMS surge events.

4. CONSENT CALENDAR

A. Legislative Report
B. Administrative and Personnel Report
C. Enforcement Report
D. Trauma System Update
E. Preventive Health Training Program Update
F. EMS Plan Review Process
G. EMS Systems Regulations Workgroup Update
H. Office of Administrative Law Rulemaking Calendar

Action: Commissioner Johnson moved approval of the consent calendar. Commissioner Smith seconded. Motion carried unanimously. The item was noted and filed.

REGULAR CALENDAR

5. EMS PERSONNEL

A. Physician Order for Life Sustaining Treatment (POLST) Registry Guidelines

Lou Meyer, Project Coordinator for the POLST eRegistry Pilot Project, stated operation guidelines will be presented to the Commission for review and approval at the March meeting.

B. Trial Study Reports:

a) Ventura County EMS Agency Air-Q Trial Study Report

Angelo Salvucci, former Medical Director of Ventura County EMS and head of this project, presented his 18-month report, which was included in the meeting packet. He stated the goal of continuing the trial would be to revise the training and add laryngeal masks to the local optional scope of practice as an alternative option.

Questions and Discussion

Commissioner Barrow asked about the lower numbers and if Dr. Salvucci felt comfortable with the information gathered from the data. Dr. Salvucci stated there are 360 uses out of a target 500, which is a good sample.

Commissioner Hamilton asked if Dr. Salvucci is looking at data measurements for end-tidal CO2. Dr. Salvucci stated end-tidal CO2 is a useful measure.

Commissioner Chand asked if an incidence of aspiration was accurately identified with this device. Dr. Salvucci stated the manufacturer is in the final stages of designing a large bore aspiration port that will address much of the concerns of regurgitation and potential for aspiration.

Action: Commissioner Stone moved to receive and extend the Ventura County EMS Agency's Air-Q Airway Device trial study for an additional 18-month period. Commissioner Teter seconded. Motion carried unanimously.

b) Riverside County and Inland Counties EMS Agencies Tranexamic Acid Trial Study Report

Reza Vaezazizi, Medical Director at Inland Counties EMS Agency and Interim Medical Director at Riverside EMS Agency, stated the study has enrolled 200-250 patients. Initial data analysis indicates a trend towards improvement and outcomes consistent with previous, larger studies published on this topic.

Questions and Discussion

Commissioner Barrow asked about contraindications, enzyme reaction times, and military usage. Dr. Vaezazizi stated paramedics are educated to be aware of the contraindications. When able to, they assess and determine that, but generally they must weigh the value of a treatment against its potential side effects. Tranexamic Acid (TXA) is a safe medication in a general setting. The medication must be administered early, as it depends on normally functioning coagulation to prevent hemorrhaging in a state of shock, and its effects are fairly quick. The military is using and training on it to some extent.

Commissioners Barrow and Margulies asked how to determine which patients receive the medication. Dr. Vaezazizi stated there is a set of criteria regarding vital signs and early shock. Patients may be reassessed in the hospital. The control patients were historically retrospectively cross-matched from the trauma registry.

Commissioner Margulies recommended including transport times in the report.

Commissioner Barrow asked about delay times in providing the infusion. Dr. Vaezazizi stated the initial bolus administration is rapid, easy to administer; and does not interfere with the time of transport.

Commissioner Dunford asked about statistical significance. Dr. Vaezazizi stated the report was submitted in August or September. Since then, the trial study has been extended to multiple jurisdictions. There should be enough patients within 18 months to make statistically significant conclusions.

Commissioner Hinsdale spoke in support of TXA research. Commissioner Margulies agreed with Dr. Hinsdale that this study is important and encouraged continuing it.

Commissioner Barrow suggested that the motion extend the project until there is significant statistical data. Dr. Backer stated regulation requires a reapproval process at 18-month intervals. Dr. Backer suggested waiting for another 18 months.

Chairman Burch stated EMSA gives considerable deference on medical decisions to the Scope of Practice Committee of EMDAC, which is overseeing the trial study. At this time, the recommendation is to extend the trial study by 18 months.

Commissioner Dunford asked if the process used to get approval was under waiver of informed consent. Dr. Vaezazizi stated, since TXA has FDA approval, the participating trauma centers have added TXA to their transfusion protocol as a matter of practice; EMS protocols in the region that participate in the trial also have TXA as part of their protocol. Because every patient that meets the criteria is treated equally, it becomes routine practice.

Action: Commissioner Teter moved to extend the Inland Counties and Riverside County tranexamic acid trial study for an additional 18-month period. Commissioner Johnson seconded. Motion carried unanimously.

C. Community Paramedicine Pilot Project

Lou Meyer, the EMS Project Manager, stated a stakeholder meeting was held in San Diego and was attended by over 200 participants. Also, the Health Workforce Pilot Project extension was approved through November of 2017.

D. EMT Regulation Revisions

Priscilla Rivera, the Manager of the EMSA Personnel Standards Unit, stated the revisions are currently in the second period of the 45-day public comment. The reinstatement process has been revised so that people with higher EMS professional certifications or licenses do not have to take the exam when reinstating a lapsed EMT license over 12 months.

With the passing of AB 1129, the EMS Authority is proposing adding the requirement for APCR to the EMT regulations based on the LEMSA policy. The EMT regulations are open for public comment December 2nd through January 15th of 2017.

6. EMS SYSTEMS

Tom McGinnis, Chief of the EMS Systems Division, presented his report:

A. EMS Plan Appeal Update

There are two local EMS agencies (LEMSAs) who have appealed denials of their EMS plans. One appeal proceeding is scheduled for March 22nd through 24th of 2017. Staff is in the process of trying to engage the second LEMSA to hold a hearing.

B. Ambulance Patient Offload Time (APOT)

Dr. Backer stated, since the last meeting where the Commission approved of the two specification documents, minor changes have been made.

The main request is for the guidance document, which has been through several rounds of review. It gives further direction and guidance to the LEMSAs on how to implement the measurement. Dr. Backer suggested making minor changes to the specification document as needed, despite approval of the current version.

Public Comment

B.J. Bartleson, Vice President of Nursing and Clinical Services at the California Hospital Association (CHA), stated the CHA cautions LEMSAs and local providers against being pressured into 20 minutes. It is important that LEMSAs and local providers do meaningful assessment, measurement, and process improvement and develop their own benchmarks and best practices.

Jan Remm, Regional Vice President at the Hospital Association of Southern California, stated measuring ambulance patient offload delay is important, but it will yield nothing if the EMS system does not educate the public regarding the appropriate use of 9-1-1 and ambulance services. She asked that the Commission instruct LEMSAs to work with hospitals and perform data validation prior to submitting data publicly; that 20 minutes be removed from all the documents, as it places an anchor by which LEMSAs may likely base their targets; and that any guidance on standards be statistically valid and supportive of the continuous quality improvement methodologies that have been utilized by health care for decades.

Scott Masten, Senior Biostatistician at the Hospital Quality Institute, stated he prepared a white paper for the Commission regarding actual APOTs. The statewide average offload time is approximately 27 minutes; the 90th percentile is 42 minutes. He emphasized the importance of using meaningful measurement when setting standards.

Bruce Barton, EMS Director at the County of Riverside, emphasized the importance of collaboration, as stated in Section 5 of the methodology, to reduce the strain on pre-hospital providers. He stated the 20-minute standard comes from a metric for task times with the intent of improving response times. The document is a work in progress that creates standardized methodology to use moving forward. On behalf of EMSAAC, he urged the Commission to approve as presented today.

Ross Elliott, Executive Director of the California Ambulance Association, stated offload delays and overcrowding are complex issues but the measurements that the consensus group has developed are solid, and encouraged the Commission to adopt them.

Questions and Discussion

Commissioner Barrow asked where hospitals are on developing better triage and rerouting when ambulances arrive. Dr. Backer stated most hospitals have addressed the initial triage process in the emergency department. This is outside of the scope of this project, which measures the impact of the overcrowding on EMS services.

Commissioner Dunford stated Scotland has a 20-minute suggested turnover time, as well. This is an international issue about the way people access health care.

Action: Commissioner Stone moved to approve APOT methodology and reporting guidance and APOT 1 and APOT 2 specifications. Commissioner Barrow seconded. Motion carried (one opposition).

C. Local Governmental Quality Assurance Communities

There was a request at the September meeting that the EMS Authority consider local quality improvement activities. Counsel confirmed that Evidence Code Section 1155.7

does adequately cover quality improvement activities by providers, hospitals, and local EMS agencies.

D. State Support of EMS Systems for Data

The transition to the NEMSIS Version 3 data standard will be effective January 1st. Provider agencies and LEMSAs are anticipated to come online through the first two quarters of the year.

With the assistance of the National Highway Traffic Safety Administration, the EMS Authority has a grant opportunity to equip LEMSAs to report electronic patient health care data.

E. Wireless 9-1-1 Call Routing

The Next Generation 9-1-1 process will not resolve all issues and has funding hurdles to be addressed.

Commissioner Barrow asked about breakdown data requested in the last Commission meeting. Mr. McGinnis stated it crosses all areas. Mr. Currier will speak on this in greater detail at the June Commission meeting.

7. DISASTER MEDICAL SERVICES DIVISION

Craig Johnson, Chief of the Disaster Medical Services Division, presented his report:

A. Mobile Medical Shelter Regional Modules

The EMS Authority has redesigned the Mobile Field Hospital Program into the Mobile Medical Shelter Program and has been working with the Regional Disaster Medical Health Coordination Program and LEMSAs to determine interested partners to break up one of the former mobile field hospitals into six mobile medical shelter modules for distribution, one per Cal OES mutual aid region.

The break-up has been completed and requires 1,000 square feet of storage space, including space to navigate for loading and unloading containers. Eight local partner throughout California has expressed interest. The EMS Authority continues to reach out to Regions 3 and 5 to ensure best strategic placement of these modules.

Next steps will be to determine where to place the modules, to discuss and collaborate over a memorandum of understanding (MOU), and to strategize and coordinate the movement of the modules.

B. Hospital Incident Command Systems (HICS)

The EMS Authority is looking for funding sources to move the program forward. Next steps include developing training courses and Train-the-Trainer courses; developing a data collection method to determine HICS usage, successes, and challenges; and looking at needed changes, which will help to determine the appropriate time to begin the next revision. EMSA will also be looking to reconvene the Disaster Interest Group and potentially a national stakeholders work group.

8. NOMINATION OF OFFICERS FOR MARCH 2017 - MARCH 2018

Chairman Burch entertained nominations for the position of EMSA Chair.

Action: Commissioner Stone nominated Dan Burch as Chair of EMSA for March of 2017 to March of 2018. Commissioner Teter seconded.

Chairman Burch entertained nominations for the position of EMSA Vice Chair.

Action: Commissioner Stone nominated Steve Drewniany as Vice Chair of EMSA for March of 2017 to March of 2018. Commissioner Hinsdale seconded.

Chairman Burch entertained nominations for two Commissioners to serve on the Administrative Committee.

Action: Vice Chairman Drewniany nominated Jaison Chand and Daniel Margulies to serve on the Administrative Committee from March of 2017 to March of 2018. Commissioner Johnson seconded.

9. APPROVAL OF 2018 MEETING DATES

Vice Chairman Drewniany suggested moving the September 3, 2018, meeting date to the fourth Wednesday in September.

Action: Vice Chair Drewniany moved to accept staff's recommendations for the 2018 meeting dates, as amended. Commissioner Barrow seconded. Motion carried unanimously.

10. ITEMS FOR NEXT AGENDA

No next agenda items were offered.

11. PUBLIC COMMENT

There were no questions or comments from the public.

12. ADJOURNMENT

Action: Commissioner Teter moved to adjourn the meeting. Commissioner Smith seconded. Motion carried unanimously.

Chairman Burch adjourned the meeting at 10:54 a.m.