

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** April 15, 2020

**TO:** EMS Community

**FROM:** Dave Duncan MD  
Director

**SUBJECT:** REVISED POLICY TO IMPLEMENT THE EXECUTIVE ORDER OF THE GOVERNOR REGARDING EMS LICENSURE, CERTIFICATION, AND TRAINING

On April 5, 2020, the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) amended their March 20, 2020 Updated Statement regarding COVID-19 to clarify paramedic educational programs ability to employ broader approaches to determine student competencies.

On March 30, 2020, Governor Gavin Newsom issued Executive Order N-39-20, which states in part:

*“6. To ensure the continued operation of the Emergency Medical Services (EMS) system without unduly endangering the people of California during the COVID-19 outbreak, the Director of the California Emergency Medical Services Authority may as necessary and only for the duration of the declared emergency, suspend any licensing, certification, or training requirements for EMS personnel as contained in the EMS Act Chapters 2, 3, and 4, and accompanying regulations, including the authority to permit EMS personnel to provide services in any setting as authorized by the Director for the performance of the current scope of practice. The Authority shall provide guidance to local emergency medical services authorities directing the appropriate qualifications and scope of practice for each classification operating under a waiver based on sound clinical guidelines and the individual’s training, education, and work experience. Any waivers granted pursuant to this paragraph shall be posted on the Authority’s website.”*

In order to implement the \*CoAEMSP recommended guidelines in conjunction with the Governor’s order waiving statutory and regulatory requirements for EMS personnel to ensure the continued operation of emergency medical services, the EMS Authority is directing the California EMS System consisting of local EMS agencies, certifying entities, EMS providers and employers, paramedics, AEMTS and EMTs to implement the following actions:

1. All EMS personnel (EMT, AEMT and paramedic) with licenses or certifications (or local accreditation) expiring in March, April, May, or June of 2020 shall have their license or certification expiration dates extended until July 31, 2020.
2. EMTs, AEMTs, and paramedics shall be allowed to perform their current scope of practice in hospitals, medical facilities, alternate care sites, shelter care sites, in-home settings, or any additional setting approved by the director of the Authority for purposes of responding to the COVID-19 pandemic.
3. Any EMT, AEMT or paramedic whose license or certification has expired in the six (6) month period prior to March 30, 2020, will be allowed to function under their previous scope of practice for the duration of the COVID-19 declared State of Emergency, provided that they do not have a history of license or certification discipline.
4. The requirement for a completed skills competency verification by EMTs for renewal or reinstatement is waived for the duration of the COVID-19 declared State of Emergency.
5. For the duration of the COVID-19 declared State of Emergency, \*EMT training programs may:
  - a. Allow for the use of high-fidelity simulation in place of the ten clinical contacts for training and graduating EMT students.
  - b. Suspend EMT skills exams for certification.
- \*6. For the duration of the COVID-19 declared State of Emergency, paramedic training programs with current paramedic students shall:
  - a. Inform students in writing of the need to extend clinical and/or field internship placement and an estimated timeline of the extension.
  - b. Allow for student participation in the use of high fidelity simulation, scenarios, and other innovative educational environments as substitutes for the clinical and field internship training if approved in writing by the program medical director, program advisory committee and the paramedic training program provider approving authority in conjunction with CoAEMSP training and student terminal competency guidance.
  - c. Allow for students to use high fidelity simulation to substitute 20 of the 40 required field internship patient contacts, and 10 of the 20 required documented experiences performing the role of the team lead.
  - d. Allow for students employed or volunteering in a healthcare setting under the supervision of an approved paramedic preceptor to substitute their required clinical and field internship hours; including 40 documented ALS patient contacts and 20 documented team leads if approved in writing by

the program medical director, program advisory committee and the paramedic program provider approving authority in conjunction with CoAEMSP training and student terminal competency guidance.

7. The National Registry of EMTs (NREMT) provisional registrations or successful completion of the NREMT written (knowledge) Assessment exam shall be accepted for purposes of certification, licensure or reinstatement. EMS personnel with a provisional NREMT registration shall be required to receive a full NREMT registration within six (6) months of the NREMT allowing testing. EMS personnel who have successfully completed the NREMT written Assessment exam shall be required to complete the NREMT psychomotor exam within six (6) months of the NREMT allowing testing.