

STATE OF CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY

PROPOSED LANGUAGE

All text is new and being proposed for adoption, therefore it does not contain underlining or strikeout.

CHAPTER 5. COMMUNITY PARAMEDICINE AND TRIAGE TO ALTERNATE DESTINATION

Article 1. General Provisions and Fees

§100181. Application of Chapter

(a) No person or organization shall offer a Community Paramedicine training program or hold themselves out as offering a Community Paramedicine training program or hold themselves out as providing ALS services utilizing Community Paramedic personnel for the delivery of Community Paramedicine care unless that person or organization is authorized by the Local Emergency Medical Service Agency (LEMSA).

(b) No person or organization shall offer a Triage to Alternate Destination training program or hold themselves out as offering a Triage to Alternate Destination training program or hold themselves out as providing ALS services utilizing Triage to alternate destination paramedic personnel for the delivery of transportation to alternate destination facilities unless that person or organization is authorized by the LEMSAs.

(c) A paramedic who is not licensed in California may temporarily perform their scope of practice in California as a Community or Triage to Alternate Destination paramedic for up to 180 days, when approved by the medical director of the LEMSAs, if the following conditions are met:

(1) The paramedic is licensed or certified, without restriction, in another state or under the jurisdiction of the federal government,

(2) The LEMSAs restricts the paramedic's scope of practice to that for which they are licensed or certified,

(3) The paramedic shows proof of active, unrestricted International Board of Specialty Certification (IBSC) for Community Paramedicine scope of service or proof of successfully completing a LEMSAs approved Triage to Alternative Destination training program.

(4) Medical control as specified in Section 1798 of the Health and Safety Code (HSC or Code) is maintained in accordance with policies and procedures established by the medical director of the LEMSA.

(d) Verification of Community and Triage to Alternate Destination Paramedic status shall be verified by the employing entity in the Emergency Medical Services Authority (EMSA or Authority) Personnel Registry public look up on the EMSA website.

(e) Pursuant to HSC 1799.112, all Community and Triage to Alternate Destination Paramedic employers shall report in writing to the Authority and the LEMSA any Community and Triage to Alternate Destination Paramedic termination, discipline, or investigation.

Note: Authority cited: Sections 1797.107, and 1830, Health and Safety Code.
Reference: Sections 1797.202, 1830, 1832, 1851, 1852, and 1853 Health and Safety Code

§100181.1. LEMSA Roles and Responsibilities

(a) Any LEMSA that authorizes a Community Paramedicine training program or an ALS service that provides services utilizing Community Paramedic personnel, shall be responsible for:

- (1) Approving Community Paramedicine training programs,
- (2) Approving Community Paramedic program service providers,
- (3) Developing and enforcing standards, regulations, policies, and procedures in accordance with this division:
 - (A) A Community Paramedicine quality improvement program,
 - (B) Appropriate medical control,
 - (C) Medical accountability of care rendered by the Community Paramedic, and
 - (D) Coordination of Community Paramedic personnel and training program(s).

(b) Any LEMSA that authorizes a Triage to Alternate Destination training program or an ALS service that provides services utilizing Triage to Alternate Destination Paramedic personnel, shall be responsible for:

(1) Approving Triage to Alternate Destination training programs,

(2) Approving Triage to Alternate Destination program service providers, and

(3) Developing and enforcing standards, regulations, policies and procedures in accordance with this division:

(A) A Triage to Alternate Destination quality improvement program,

(B) Appropriate medical control,

(C) Medical accountability of care rendered by the Triage to Alternate Destination paramedic, and

(D) Coordination of Triage to Alternate Destination Paramedic personnel and training program(s).

(c) Any LEMSA that authorizes Community Paramedicine or Triage to Alternate Community Paramedic or Triage to Alternate Destination Paramedic personnel, shall be responsible for submission of a summary data report to the Authority no later than the 30th calendar day of January, April, July, and October.

(d) The LEMSA shall develop, publish, and implement policies for medical control and accountability of care rendered by Community Paramedic and Triage to Alternate Destination Paramedics. This shall include, but not be limited to Community Paramedic and Triage to Alternate Destination Paramedic protocols, policies and procedures and documentation, and completing an Electronic Health Records (EHR) that is compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Institute Systems (NEMSIS) standards.

(e) The LEMSA may use the Community Paramedic Toolkit to evaluate and establish the community need for a program and prepare for the application process.

(f) The LEMSA must first receive approval from the Authority prior to starting any Community Paramedicine and/or Triage to Alternate Destination program or modifying an existing program(s).

(g) The LEMSA shall submit any reported complaints or unusual occurrences for the approved Community Paramedicine and/or Triage to Alternate Destination program, to the Authority within 72 hours of receiving them along with any supporting or explanatory documentation.

Note: Authority cited: Section, 1797.107, 1830, 1840, Health and Safety Code.
Reference: Sections 1797.107, 1797.20, 1797.206, 1797.208, 1830, 1831, and 1833 Health and Safety Code.

§100181.2. Fees

(a) A LEMSA may establish a schedule of fees for Community Paramedic initial, renewal and reinstatement accreditation in an amount sufficient to cover the reasonable cost of complying with the provisions of this Chapter.

(b) The LEMSA's shall, on behalf of the Authority, collect \$10 per Community and Triage to Alternate Destination Paramedic initial, renewing or reinstating an accreditation.

(c) All monies owed by the LEMSA to the Authority shall be paid to the Authority within thirty (30) days of the last day of the calendar month in which an accreditation was issued unless an agreement for some other payment plan has been made between the LEMSA and the Authority.

Note: Authority Cited: Section 1797.107 Health and Safety Code. Reference: Section 1797.112, and 1797.172

Article 2. Program System Requirements

§100182. Community Paramedicine Site Requirements, Oversight and Withdrawal

(a) LEMSAs that approve a Community Paramedicine program site shall annually do a site visit and review the site to ensure compliance with all requirements.

(b) A Community Paramedicine site's failure to comply with the provisions of this division may result in denial, probation, suspension, or revocation of site approval by the LEMSA.

(c) The procedure for notifying a Community Paramedicine site of noncompliance shall be as follows:

(1) Within ten (10) days of a LEMSA finding noncompliance by a Community Paramedicine site, the LEMSA shall provide a written notification of noncompliance to the Community Paramedicine site, including the specific requirements the site failed to meet. The notification shall be sent by certified mail to the site director.

(2) Within fifteen (15) days from receipt of the notification, the Community Paramedicine site shall submit, in writing and by certified mail, to the LEMSA one of the following:

(A) Evidence of compliance, or

(B) A plan to comply within sixty (60) days from the day of receipt of the notification of noncompliance.

(3) Within fifteen (15) days from receipt of the Community Paramedicine site's response, or within thirty-five (35) days from the mailing date of the notification of noncompliance if no response is received from the Community Paramedicine site, the LEMSA shall issue a decision letter by certified mail to the Authority and the Community Paramedicine site. The letter shall identify the LEMSA's decision to take one or more of the following actions:

(A) Accept the evidence of compliance provided.

(B) Accept the plan for meeting compliance provided.

(C) Place the Community Paramedicine site on probation.

(D) Suspend or revoke the Community Paramedicine site.

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

(A) Date of the LEMSA's decision,

(B) Specific requirements that the LEMSA found the site failed to meet,

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

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

(E) The revocation effective date, if applicable.

(5) The LEMSA that approves the site shall establish the probation, suspension, or revocation effective dates no sooner than five (5) days after the date of the site had been notified under subsection (c)(3) of this Section.

(6) EMSA retains authority to take any necessary action against a Community Paramedicine site for failure to meet the requirements of this chapter or the Community Paramedicine program requirements of the LEMSA. Such action may be taken in addition to any actions taken by the LEMSA.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1830, 1831, 1832, 1840, 1841, and 1842, Health and Safety Code.

§100182.1. Triage to Alternate Destination Program Site Requirements, Oversight and Withdrawal

(a) Alternate destinations shall be at either:

(1) An authorized mental health facility which shall be either:

(A) A designated facility that is approved pursuant to Section 5404 of the Welfare and Institutions Code by the State Department of Health Care Services, or

(B) A licensed 24-hour health care facility, hospital-based outpatient program, or provider site certified by a county Mental Health Plan or by the Department of Health Care Services to provide Medi-Cal crisis stabilization services consistent with and pursuant to sections, 1810.210, 1810.435, 1840.338, 1840.348 under Chapter 11, Title 9 of the California Code of Regulations.

(2) A sobering center that shall be either a:

(A) Federally qualified health center including a clinic described in subdivision (b) of Section 1206 of Health and Safety Code, or

(B) The facility is certified by the State Department of Health Care Services to provide outpatient, nonresidential detoxification services, or

(C) The facility has been accredited as a sobering center under the standards developed by the National Sobering Collaborative, or

(D) A facility granted approval for operations by OSHPD under the Health workforce Pilot Project No. 173, may continue operations until one year after the National Sobering Collaborative accreditation becomes available and then shall receive accreditation from the National Sobering Collaborative.

Note: Authority cited: Sections, 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1811, 1812, 1813, 1830, 1831, and 1832, Health and Safety Code

§100183. Community Paramedicine and Alternate Destination Program Approval Process

(a) The LEMSA shall submit a written request to the Authority for approval of a Community Paramedicine or Triage to Alternate Destination program, which shall include:

(1) Community Paramedicine program or Triage to Alternate Destination application,

(2) Contracts with specialty program sites,

(3) Program policy and protocols to include but not limited to, data collection, transport, patient safety, and quality assurance/improvement process,

(4) Curriculum for program focused training,

(5) Identification of the community need and recommended solution, and

(6) Policy, procedures, and processes for approving Community Paramedic or Triage to Alternate Destination sites and providers.

(b) The Authority shall make a determination in writing to approve or deny the Community Paramedic or Triage to Alternate Destination Program or request additional information.

(c) Any modification of a Community Paramedic or Triage to Alternate Destination program must be approved prior to implementation by submitting a request consistent with subsection (a).

(d) Approval of Community Paramedicine or Triage to Alternate Destination program expires twelve months from the date of approval. Renewal of the program shall be completed annually through submission of the Community Paramedicine Annex of the EMS plans process found in §100184.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1830, 1831, and 1835, Health and Safety Code.

§100183.1. Community Paramedicine and Triage to Alternate Destination Program Suspension and Revocation Process.

(a) The Authority may immediately investigate, suspend, or revoke approval of any Community Paramedicine and/or Triage to Alternate Destination program if it is found non-compliant with the requirements of this division or if the program puts patient safety at risk.

(1) The Authority shall notify the LEMSA in writing of any investigation, suspension, or revocation.

(2) The LEMSA may appeal a decision to suspend or revoke program approval by submitting a written appeal request.

(3) The Authority will have 30 days from receipt of the written appeal to request additional information.

(4) The Authority will make a decision on the appeal within 30 days of receiving all requested documentation.

Note: Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1830, 1831, and 1835, Health and Safety Code.

§100184. EMS Plan Annex for Community Paramedicine and Triage to Alternate Destination Paramedic Service Programs

(a) A LEMSA that has developed and received approval for a Community Paramedicine or Triage to Alternate Destination Program shall submit as part of its annual EMS plan the following to renew program approval:

(1) A narrative description of how the LEMSA meets the minimum standards and training curriculum for each service program specialty it has approved.

(2) A narrative summary highlighting the major sections of the Community Paramedicine or Triage to Alternate Destination program.

(3) A narrative on the process to select Community Paramedicine providers or Triage to Alternate Destination providers.

(4) A list of excluded ALS providers and the specific reasons for exclusion.

(5) Submission of CP/TAD Annex form (8/2021), herein incorporated by reference, for each local EMS system.

(b) The Authority shall, within sixty (60) days, notify a LEMSA in writing of the Authority's decision to approve or disapprove the EMS Plan Annex for Community Paramedicine or Triage to Alternate Destination submission as part of its local EMS plan.

(1) If the annex for Community Paramedicine or Triage to Alternate Destination plan is disapproved, the response shall include the reason(s) for the disapproval and any required corrective action items.

(2) The LEMSA shall provide an amended plan to the Authority within 60 days of receipt of the disapproval letter.

(c) The LEMSA currently operating a Community Paramedicine or Triage to Alternate Destination program implemented before the effective date of these regulations, shall submit to the authority a Community Paramedicine or Triage to Alternate Destination plan as an addendum to its next annual EMS plan, or within 180 days of the effective date of these regulations, whichever comes first.

Note: Authority: Sections 1797.103, 1797.105, 1797.107, 1797.259, 1811, 1812, 1813, 1814, 1815, 1816, 1817, 1818, 1819, 1820, and 1840, 1841, 1842, 1843, Health and

Safety Code. Reference: Sections 1797.72, 1797.76, 1797.102, 1797.105, 1797.206, 1797.250, 1797.252, 1797.254, 1800, 1831, 1832, 1833, 1834, 1835, 1836, 1850, 1851, 1852, 1853, 1854, 1855, 1856, and 1857, Health and Safety Code.

§100185. Quality Improvement and Evaluation Process

(a) Each Community Paramedicine and Triage to Alternate Destination program shall have a quality improvement process in collaboration with their LEMSA that shall include, at a minimum:

(1) Evaluation of Community Paramedicine and Triage to Alternate Destination program structure, process, and outcome.

(2) Systems for capturing and reporting quality data and appropriate quality metrics defined in collaboration with partners, and mechanisms for capturing and reporting all deaths, and significant complications.

(3) Review of deaths, significant complications, and transfers that occur within the Community Paramedicine and Triage to Alternate Destination programs.

(4) Quality assurance reviews for patients transported to alternate destinations (e.g., sobering center, mental health crisis center).

(5) A multidisciplinary Community Paramedicine and Triage to Alternate Destination Quality Improvement Committee, including partners such as prehospital providers, hospital members, and local public health officials to collaborate and participate with the county, city or local emergency medical care committee as described in section 1797.273 of the Code.

(6) Participation in the quality improvement process by all Community Paramedicine prehospital providers and Triage to Alternate Destination facilities involved in the program(s).

(7) Mechanisms within the system performance improvement processes to identify and correct deficiencies within the Community Paramedicine and Triage to Alternate Destination program(s).

(8) A procedure to ensure confidentiality, and a disclosure-protected review of selected Community Paramedicine and Triage to

Alternate Destination cases consistent with California Evidence Code, Section 1157.7.

(b) The LEMSA shall be responsible for on-going performance evaluation and quality improvement of the Community Paramedicine and Triage to Alternate Destination program(s) to include the process described in section 100183.1(a) of this Chapter.

Note: Authority cited: Sections 1797.107, and 1830 Health and Safety Code.
Reference: Section 1830, Health and Safety Code.

Article 3. Record Keeping, Data and Information Collection and Submission

§100186. General Provisions

(a) The LEMSA shall implement policies and procedures, to include as part of their EMS plan submission, for data and information collection and reporting processes for Community Paramedicine and Triage to Alternate Destination providers, programs and facilities; including the storage and transmission of interoperable health records between system participants, the LEMSA and the Authority.

(b) The data and information collection process shall include prehospital and facility data and information as determined by the Authority and LEMSA.

(c) The prehospital components of data and information shall be compliant with the most current versions of the CEMSIS and NEMSIS.

(d) All providers and facilities that receive Community Paramedicine and Transport to Alternate Destination patients shall participate in the Authority and LEMSA data and information collection process in accordance with the Authority and LEMSA policies and procedures.

(e) The LEMSA shall establish policies and procedures for the storage and transmission of interoperable health records between system participants and the LEMSA and the Authority and include these policies and procedures as part of their EMS plan submission.

(f) All data and information records under this article shall be maintained by the LEMSA for a period of five (5) years.

Note: Authority cited: Sections 1797.107, and 1830 Health and Safety Code.
Reference: Sections 1797.227, and 1830, Health and Safety Code.

§100187. Community Paramedicine Program Specific Criteria

(a) Community Paramedicine program providers and facilities shall exchange patient health information with an Electronic Health Record (EHR). If an EHR is not available, paper health records shall be used to exchange patient health information.

(b) All Community Paramedicine program providers shall submit EHR data into CEMSIS.

(c) Approved Community Paramedicine programs shall collect, maintain, and submit, at a minimum, the required facilities data to the LEMSA and EMSA on a monthly basis.

(d) EMS Providers shall submit field EHR data to the LEMSA and to the CEMSIS repository within 24 hours of completion of patient care.

Note: Authority cited: Sections 1797.107, and 1830 Health and Safety Code.
Reference: Section 1830, Health and Safety Code.

§100188. Triage to Alternate Destination Program and Facility Program Specific Criteria

(a) All Triage to Alternate Destination program providers shall submit EHR data into the CEMSIS and to the data repository designated by EMSA.

(b) Triage to Alternate Destination program providers and facilities shall bidirectionally exchange patient health information electronically with an EHR. If an EHR has not been implemented by the alternate destination facility, the Triage to Alternate Destination Program may request a waiver from the EMSA Director. The EMSA Director may issue a waiver to the requirement not to exceed five (5) years. The waiver request must include an EHR implementation plan. In the interim, prior to EHR implementation, the Triage to Alternate Destination facility may exchange paper health records with the Triage to Alternate Destination provider to include but not be limited to:

(1) Time of patient transfer of care,

(2) Name and certification/licensing level of accepting facility personnel,

(3) Patient assessment, including level of consciousness, at time of arrival,

(4) Medical findings,

(5) Diagnosis,

(6) Laboratory and/or test results,

(7) Medications administered prior to releasing patients to Alternate Destinations,

(8) A narrative summary including the current complaint, course of treatment, and ambulation status,

(9) Name and contact information for the treating provider at the alternate destination facility,

(10) Administrative and demographic information related to the patient, including name and date of birth, and

(11) Unique Patient Care Record Identifier.

(c) Approved Triage to Alternate Destination facilities shall provide the required data to the LEMSA and EMSA no later than 30 days after the discharge of each patient.

(d) Triage to Alternative Destination Program providers shall submit EHR data to the LEMSA and EMSA within 24 hours of completion of patient care.

Note: Authority cited: Sections 1797.107, and 1830 Health and Safety Code.
Reference: Section 1830, Health and Safety Code.

§100189. Community Paramedicine and Triage to Alternate Destination Data and Information Collection

(a) The Community Paramedic is responsible for accurately completing, in a timely manner, the EHR as described in Section 100170 that is compliant with the current versions of CEMIS and NEMIS. which shall contain, but not be limited to, the information that is required under section 100171(e) and the Unique Patient Care Record Identifier, when such information is available to the Community Paramedic.

(b) Community Paramedicine CEMIS/NEMIS compliant state specific elements and values shall be completed on each response designated as a Community Paramedicine Response.

(c) The Triage to Alternate Destination Paramedic and providers of Triage to Alternate Destination programs (facilities) shall be responsible for submitting data required under subsection (a), as well as the following data, to the approving LEMSA:

(1) Ambulance patient offload times (APOT), and

(2) Number of patients and the reasons for turning away or diverting or transferring to an emergency department.

Note: Authority cited: Sections 1797.107, and 1830 Health and Safety Code.
Reference: Sections 1797.227, and 1830, Health and Safety Code.

Article 4. Approval, Oversight, and Requirements for Community Paramedic and Triage to Alternate Destination Training Programs

§100190. Approval and Oversight of Training Programs

(a) The LEMSA is responsible for approval of training programs within its geographic area. As the approver, the LEMSA has oversight authority to inspect, investigate, and discipline the training program for any violations of this division or for failure to fulfill any additional requirements established by the LEMSA through denial, probation, suspension, or revocation of the approval.

(b) The LEMSA shall develop policies and procedures for the submission of program applications and requirements based on patient population and EMS system needs.

(c) Eligible training programs shall submit a written request for training program approval to the LEMSA.

(d) The LEMSA shall receive and review the following documentation prior to program approval:

(1) A statement verifying that the course content meets the requirements contained in the U.S. DOT National Education Standards DOT HS 811 077 E January 2009.

(2) An outline of course objectives.

(3) Performance objectives for each skill.

(4) The names and qualifications of the training program director, program medical director, and instructors.

(5) Provisions for supervised clinical training including student evaluation criteria and standardized forms for evaluating Community Paramedic students; and monitoring of preceptors by the training program.

(6) Provisions for supervised field internship including Community Paramedic student evaluation criteria and standardized forms for evaluating students; and monitoring of preceptors by the training program.

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

(8) Written agreements between the training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training.

(9) Written contracts or agreements between the training program and a provider agency(ies) for student placement for field internship training.

(10) Samples of written and skills examinations administered by the training program.

(11) Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.

(e) The LEMSA shall approve and establish the effective date of program approval in writing upon the program satisfactory meeting and documenting compliance with all program requirements.

(f) Notification of program approval or deficiencies with the application shall be made in writing by the LEMSA to the requesting training program within ninety (90) days of receiving the training program's request for approval.

(h) Training program 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.

(h) The LEMSA shall notify the Authority in writing of the training program approval, including the name and contact information of the program director, medical director, and effective date of the program.

(i) The requirements of a training program noncompliance notification and actions are as follows:

(1) A LEMSA shall provide written notification of noncompliance with this division and/or local standards and requirements to the training program provider. The notification shall be in writing and sent by certified mail to the training program director.

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

(A) Evidence of compliance with the provisions of this Chapter and/or the local standards and requirements, as applicable, or

(B) A plan to comply with the provisions of this Chapter and/or the local standards and requirements, as applicable, within sixty (60) days from the day of receipt of the notification of noncompliance.

(3) Within fifteen (15) days from receipt of the training program's response, or within thirty (30) days from the mailing date of the noncompliance notification, if no response is received from the training program, the LEMSA shall issue a decision letter by certified mail to the Authority and the training program. The letter shall identify the LEMSA's decision to take one or more of the following actions:

(A) Accept the evidence of compliance provided.

(B) Accept the plan for meeting compliance provided.

(C) Place the training program on probation.

(D) Suspend or revoke the training program approval.

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

(A) Date of the LEMSA's decision,

(B) Specific provisions found noncompliant by the LEMSA, 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, and

(E) The revocation effective date, if applicable.

(5) The LEMSA shall establish the probation, suspension, or revocation effective dates as described in subsection (i)(3) of this Section.

Note: Authority cited: Sections 1797.107, and 1830 Health and Safety Code.

Reference: Section 1830, Health and Safety Code

§100191. Community Paramedic Training Program Administration and Faculty Requirements

(a) Each training program shall have a program medical director who is a physician currently licensed in the State of California, who has experience in emergency medicine and has education or experience in methods of instruction and LEMSA protocols and policies. Duties of the program medical director shall include, but not be limited to the following:

(1) Review and approve educational content, standards and curriculum; including training objectives and local protocols and policies for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.

(2) Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.

(3) Approval of hospital clinical and field internship experience provisions.

(4) Approval of instructor(s).

(b) Each training program shall have a program director who shall meet the following requirements:

(1) Has knowledge or experience in local protocol and policy,

(2) Is either a California licensed physician, a registered nurse who has a baccalaureate degree, or a paramedic who has a baccalaureate degree or an individual who holds a baccalaureate degree in a related health field or in education, and

(3) Has education and experience in methods, materials, and evaluation of instruction including:

(A) A minimum of one (1) year experience in an administrative or management level position, and

(B) A minimum of three (3) years academic or clinical experience in prehospital care education.

(c) Duties of the program director shall include, but not be limited to the following:

(1) Administration, organization, and supervision of the educational program.

(2) In coordination with the program medical director, approve the instructor(s), teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and all methods of evaluation.

(3) Ensure training program compliance with this chapter and other related laws.

(4) Ensure that all course completion records include a signature verification.

(5) Ensure the preceptor(s) are trained according to the subject matter being taught

(d) Each training program shall have instructor(s), who are responsible for areas including, but not limited to, curriculum development, course coordination, and instruction and shall:

(1) Be a physician, registered nurse, physician assistant, nurse practitioner, paramedic with Community Paramedicine experience, who is currently certified or licensed in the State of California.

(2) Be knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077 E.

(3) Able to demonstrate expertise and a minimum of 2 years of experience within the past 5 years in the subject matter being taught by that individual.

(4) Have six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree.

(5) 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.

(6) An instructor may also be the program medical director or program director.

Note: Authority cited: Sections 1797.107, and 1830 Health and Safety Code.
Reference: Sections 1801, and 1830 Health and Safety Code.

§100191.1. Community Paramedic Training Program Educational Standards

Community Paramedicine training programs shall be developed based on Community Paramedicine educational standards to provide a core framework of knowledge and abilities that each Community Paramedic should acquire before practicing in the new environment. The specific educational standards are:

(a) Foundations of Community Paramedicine.

(1) Subjects and theories to be learned:

(A) Overview of the US and California healthcare systems and reimbursement.

(B) Overview of Public Health.

(C) Effect of the Affordable Care Act on development of Community Paramedicine nationally and in California.

(D) Roles of the Community Paramedic.

(E) Community Paramedic Scope of Practice.

(F) Legal and ethical issues in client- and community-centered care.

(G) Chronic disease management.

(H) Subacute disease management.

(I) Personal Safety and Wellness.

(J) IBSC Certification.

(K) Research in evidence-based practice.

(2) Knowledge and abilities acquired should include:

(A) Understanding the relationship of the system of care as a Community Paramedic within public health.

(B) Advocating for the client and the health care team through an equity lens.

(C) Maintaining a healthy workplace stressor balance.

(3) Potential instructors and the methodology of the delivery of the knowledge:

(A) Public Health educator(s), epidemiologist(s), subject matter expert(s), experienced Community Paramedic(s).

(B) Instructional support material, evidence-based references.

(b) Cultural Humility, Equity and Access within Community Paramedicine and Healthcare.

(1) Subjects and theories to be learned:

(A) Social determinants of health.

(B) Biomedical ethics.

(C) Equity versus equality.

(D) Implicit bias in healthcare.

(E) Disparities in healthcare access and health outcomes by age, race, gender, ethnicity, language, ability status, socioeconomic status, mental health, and community.

(F) Cultural humility as a framework for public health and Community Paramedic practice.

(G) Roles of the culturally effective Community Paramedic.

(H) Trauma-informed care.

(2) Knowledge and abilities acquired should include:

(A) Examination of potential biases toward clients and/or communities.

(B) Application of evidence-based tools and models for practicing cultural humility in client-centered care.

(C) Connect with culturally diverse/aware community partners.

(D) Application of culturally effective Community Paramedic as community advocate.

(E) Access qualified interpreter services for language access and communication with clients and community.

(3) Potential instructors and the methodology of the delivery of the knowledge:

(A) Public Health educator with training and/or experience on equity, diversity, and inclusion; EMS Community Paramedic educator, experienced Community Paramedic.

(B) Learning activities that promote self-reflection practices and mindset.

(c) Interdisciplinary Collaboration and Systems of Care Navigation.

(1) Subjects and theories to be learned:

(A) Healthcare coordination.

(B) Systems of care navigation.

(C) Outreach and advocacy for target and at-risk populations.

(D) Client referral.

(E) Documentation across disciplines.

(F) Overview of the following subject areas:

(i) Nutrition,

(ii) Palliative care,

(iii) Hospice care,

(iv) End of life care,

(v) Home health vs. Home care, and

(vi) Mental health care.

(2) Knowledge and abilities acquired should include:

(A) Collegial communications with interdisciplinary team members.

(B) Appreciative inquiry with care team members.

(C) Interdependent relationships with team members.

(D) Appropriate referrals and system navigation.

(3) Potential instructors and the methodology of the delivery of the knowledge:

(A) Appropriate interdisciplinary instructors, for example, care coordinator, discharge team coordinator, hospitalist, pulmonologist,

endocrinologist, nurse practitioner, Community Paramedic, hospice coordinator, emergency department care manager/social worker, or outreach coordinator.

(B) Teaching methods include presentations by appropriate representatives, field trips, review of client care records, assigned readings.

(d) Client-centered Care.

(1) Subjects and theories to be learned:

(A) Client approach and the biopsychosocial assessment, including embedding cultural humility practices in client case management.

(B) Motivational interviewing.

(C) Interventional Techniques.

(D) Crisis Intervention.

(E) Client assessment, referral, and education.

(F) Creating a care plan.

(G) Implementing a care plan.

(H) Resources for client case management.

(I) Service coordination and client counseling.

(J) Documentation and follow up.

(2) Knowledge and abilities acquired should include:

(A) Core proficiency in health assessment, referral, health education, service coordination, and client-centered counseling.

(B) Create resource map and examine webs of resources
Create outreach strategies to connect client/community to resources.

(3) Potential instructors and the methodology of the delivery of the knowledge:

(A) Community Paramedic educator, program medical director or related physician resource.

(B) Resources specific to program mission, such as social services, behavioral health experts, case managers.

(e) Community and Public Health.

(1) Subjects and theories to be learned:

(A) Population based care.

(B) Health equity across populations.

(C) Epidemiology.

(D) Public Health mission.

(E) Community health/needs assessment.

(F) Public Health disaster response.

(G) Prevention.

(H) Isolation and quarantine.

(I) Public education.

(J) Interagency Communications.

(2) Knowledge and abilities acquired should include:

(A) Engages in public health planning and implementation.

(B) Develops resources that aid in public health responses.

(C) Coordinates and manages mass events.

(3) Potential instructors and the methodology of the delivery of the knowledge:

(A) Appropriate interdisciplinary instructors, such as, representatives of appropriate public health agencies, public health educators, minority-serving clinics, epidemiologists.

(B) Teaching methods include presentations, desktop exercises, ride-alongs, task training.

(f) A Community Paramedic training program must be a minimum of 150 total hours. These hours may be a combination of classroom hours, out of classroom assignments, standardized patient experiences, clinical experiences, and internship.

Note: Authority cited: Sections, 1797.107, and 1830, Health and Safety Code.
Reference: Sections 1830, and 1842, Health and Safety Code.

§100191.2. Community Paramedicine Required Testing

(a) International Board of Specialty Certification, Community Paramedic Exam Approved paramedic and CCP training programs shall include a minimum of two (2) formative examinations and one (1) final comprehensive competency-based examinations to test the knowledge and skills specified in this Chapter.

(b) Documentation of successful student clinical and field internship performance shall be required prior to course completion.

Note: Authority cited: Sections, 1797.107, and 1830, Health and Safety Code.
Reference: Sections 1830, and 1842, Health and Safety Code.

§100192. Triage to Alternate Destination Paramedic Training Program Administration and Faculty Requirements

(a) Each training program shall have a program medical director who meets the following requirements:

(1) Is a physician currently licensed in the State of California,

(2) Has experience in emergency medicine, and

(3) Has education or experience in methods of instruction and LEMSA protocols and policies.

(b) Duties of the program medical director shall include, but not be limited to the following:

(1) Review and approve educational content, standards and curriculum; including training objectives and local protocols and policies for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.

(2) Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.

(3) Approval of hospital clinical and field internship experience provisions.

(4) Approval of instructor(s).

(c) Each training program shall have a program director who meets the following requirements:

(1) Has knowledge or experience in local protocol and policy,

(2) Is either a California licensed physician, a registered nurse who has a baccalaureate degree, or a paramedic who has a baccalaureate degree or an individual who holds a baccalaureate degree in a related health field or in education, and

(3) Has education and experience in methods, materials, and evaluation of instruction including:

(A) A minimum of one (1) year experience in an administrative or management level position, and

(B) A minimum of three (3) years academic or clinical experience in prehospital care education.

(d) Duties of the program director shall include, but not be limited to the following:

(1) Administration, organization, and supervision of the educational program.

(2) In coordination with the program medical director, approve the instructor(s), teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of

curriculum, including instructional objectives, and approve all methods of evaluation.

(3) Ensure training program compliance with this chapter and other related laws.

(4) Course completion records require a signature verification for completion.

(5) Ensure the preceptor(s) are trained according to the subject matter being taught.

(e) Each training program shall have instructor(s), who are responsible for areas including, but not limited to, curriculum development, course coordination, and instruction and shall meet the following criteria:

(1) Be a physician, registered nurse, physician assistant, nurse practitioner, paramedic with Triage to Alternate Destination experience, who is currently certified or licensed in the State of California.

(2) Be knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077 E.

(3) Able to demonstrate expertise and a minimum of 2 years of experience within the past 5 years in the subject matter being taught by that individual; including current license and/or certification in specialized subject matter when applicable.

(4) Have six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree.

(5) 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.

(6) An instructor may also be the program medical director or program director.

(7) An instructor of mental health crisis intervention shall be a licensed physician or surgeon with experience in patient mental health services and in the emergency department of a general acute care hospital.

Note: Authority cited: Section, 1797.107, and 1831, Health and Safety Code.
Reference: Sections 1831, and 1843, Health and Safety Code.

§100192.1. Triage to Alternate Destination Training Program Educational Topics

(a) Triage to Alternate Destination Paramedic training shall include topics relevant to the needs of the patient population, including, but not limited to:

(1) Mental health crisis intervention.

(2) Assessment and treatment of intoxicated patients.

(3) LEMSA policies for the triage, treatment, transport and transfer of care of patients to alternate destination facilities based on local programs and scope of practice.

(4) For authorizing transport to a sobering center, a training component that requires a participating Triage to Alternate Destination Paramedic to complete instruction on all of the following:

(A) The impact of alcohol intoxication on the local public health and emergency medical services system.

(B) Alcohol and substance use disorders.

(C) Triage and transport parameters.

(D) Health risks and interventions in stabilizing acutely intoxicated patients.

(E) Common conditions with presentations similar to intoxication.

(F) Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use disorders.

(b) A Triage to Alternate Destination training program must be a minimum of 40 total hours. These hours may be a combination of classroom hours, out of classroom assignments, standardized patient experiences, clinical experiences, and up to 8 hours of the 40 hours may include internships at approved alternate destination sites.

Note: Authority cited: Sections, 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1801, 1830, 1831, and 1843, Health and Safety Code.

§100192.2. Triage to Alternate Destination Program Required Testing

(a) Approved programs shall include a minimum of two (2) formative examinations and one (1) final comprehensive competency-based examinations to test the knowledge and skills specified in this section.

(b) Documentation of successful student clinical and field internship performance shall be required prior to course completion.

Note: Authority cited: Sections, 1797.107, and 1830, Health and Safety Code. Reference: Sections 1801, 1830, and 1843, Health and Safety Code.

Article 5. Scope of Practice, Accreditation, and Discipline

§100193. Scope of Practice

A Community Paramedic or Triage to Alternate Destination Paramedic shall utilize the paramedic scope of practice, and approved LEMSA local optional scope as identified in section 100146 of this division, and trial study scope identified in section 100147 of this division. This includes utilizing their general paramedic scope and other approved scopes while transporting to alternate destinations, providing care to discharged patients, providing vaccinations, and through other conditions as identified in approved Community Paramedicine and Triage to Alternate Destination Programs.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: 1830, 1831, and 1843, Health and Safety Code.

§100194. Community Paramedic Accreditation to Practice

(a) A Community Paramedic shall only utilize community paramedicine skills when accredited by the LEMSA as a Community Paramedic within that LEMSA jurisdiction and when associated with that LEMSA's overseen EMSA approved Community Paramedicine Service Program(s).

(b) The LEMSA shall register the Community Paramedic accreditation in the Central Registry public look-up database within five (5) business days of the Community Paramedic accreditation application being approved.

(c) An initial Community Paramedic accreditation is deemed effective when recorded in the Central Registry public look-up database.

(d) An initial Community Paramedic accreditation shall expire on the last day of the month, two (2) years from the effective date of the initial accreditation.

(e) Community Paramedic accreditation shall require renewal every two (2) years by the LEMSA that oversees EMSA approved Community Paramedic service program(s) in the jurisdiction in which the Community Paramedic is associated.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: 1797.117, 1830, and 1852, Health and Safety Code.

§100194.1. Initial Community Paramedic Accreditation Application Requirements and process.

(a) To be Community Paramedic accredited, the applicant shall submit to the Community Paramedic program(s) LEMSA an application with the following eligibility criteria for review:

(1) Proof of an active, unrestricted California issued paramedic license,

(2) Social Security Number or Individual Tax Identification Number,

(3) LEMSA approved community paramedicine course completion certificate, and

(4) Proof of passing the ISBC Community Paramedic-C examination for Community Paramedics within the last two (2) years of the date of application submission.

(b) The LEMSA shall review the Community Paramedic accreditation application and notify the applicant in writing within 30 business days from the date of submission that the application is:

(1) Incomplete or illegible and requires corrective action, or

(2) The accreditation application has been approved and the accreditation data has been entered into the Central Registry Public Look-Up database, or

(3) The accreditation application has been denied; including the reason and notification of the applicant's right to appeal.

Note: Authority cited: Sections 1797.107, and 1830, Health and Safety Code. Sections 1797.117, 1830 and 1852, Health and Safety Code.

§100194.2. Renewal Community Paramedic Accreditation Requirements and Process.

(a) To be eligible for renewal, the applicant shall submit to the Community Paramedic program(s) LEMSA an application with the following eligibility criteria for review:

(1) Proof of a current, unrestricted California issued paramedic license,

(2) Show proof of completion of 12 hours approved local community paramedicine related continuing education (CE) every two (2) years, and

(3) Show proof of continued active, unrestricted IBSC certification.

(b) The LEMSA shall review the community accreditation renewal application and notify the applicant in writing within 30 business days from the date of submission that the application is:

(1) Incomplete or illegible and required corrective action, or

(2) The accreditation application has been approved and renewal data is updated in the Central Registry Public Look-Up database.

Note: Authority cited: Sections 1797.107, and 1830, Health and Safety Code. Reference: Sections 1830, and 1852, Health and Safety Code.

§100194.3. Reinstatement Community Paramedic Accreditation Requirements and Process.

(a) To be eligible for reinstatement of a Community Paramedic accreditation that has expired for a period of 12 months or less, the applicant shall submit to the Community Paramedic program(s) LEMSA an application with the following eligibility criteria for review:

(1) Proof of a current, unrestricted California issued paramedic license,

(2) Proof of completion of 12 hours of approved local community paramedicine continuing education (CE), and

(3) Show proof of continued active, unrestricted IBSC certification.

(b) To be eligible for reinstatement of a Community Paramedic certification that has expired more than 12 months, the applicant shall submit to the Community Paramedic program(s) LEMSA the following eligibility criteria for review:

(1) Proof of an active, unrestricted California issued paramedic license,

(2) Proof of successful completion of a LEMSA approved community paramedicine course within the last two (2) years from the submission date of the reinstatement application or continued IBSC certification, and

(3) Proof of passing the ISBC Community Paramedic examination within the last two (2) years from the submission date of the reinstatement application.

(c) The LEMSA shall review the community accreditation application and notify the applicant in writing within 30 business days from the date of submission that the application is:

(1) Incomplete or illegible and requires corrective action, or

(2) The accreditation application has been approved and the accreditation data entered in the Central Registry Public Look-Up database, or

(3) The accreditation application has been denied; including the reason for the denial and notification of the applicant's right to appeal.

Note: Authority cited: Sections 1797.107, and 1830, Health and Safety Code.
Reference: Sections 1830, and 1852, Health and Safety Code.

§100195. Triage to Alternate Destination Paramedic Accreditation to Practice

(a) A Triage to Alternate Destination Paramedic shall only utilize Triage to Alternate Destination skills when accredited by the LEMSA as a Triage to Alternate Destination Paramedic within that LEMSA's jurisdiction and when

associated with that LEMSA's overseen EMSA approved triage to alternate destination service program(s).

(b) The LEMSA shall register the Triage to Alternate Destination Paramedic accreditation in the Central Registry public look-up database within 5 business days of the Triage to Alternate Destination Paramedic accreditation application being approved.

(c) An initial Triage to Alternate Destination Paramedic accreditation is deemed effective when recorded in the Central Registry public look-up database.

(d) An initial Triage to Alternate Destination Paramedic accreditation shall expire on the last day of the month, two (2) years from the effective date of the initial accreditation.

(e) Triage to Alternate Destination Paramedic accreditation shall require renewal every two years by the LEMSA that oversees EMSA approved triage to alternate destination service program(s) in the jurisdiction in which the Triage to Alternate Destination Paramedic is associated.

Note: Authority cited: Sections 1797.107, and 1830, Health and Safety Code.
Reference: Sections 1797.117, 1830, and 1853, Health and Safety Code.

§100195.1. Initial Triage to Alternate Destination Paramedic Accreditation Application Requirements and Process.

(a) To be Triage to Alternate Destination Paramedic accredited, the applicant shall submit to the triage to alternate destination paramedicine program(s) LEMSA an application with the following eligibility criteria for review:

(1) Proof of an active, unrestricted California issued paramedic license,

(2) Social Security Number or Individual Tax Identification Number, and

(3) LEMSA approved Triage to Alternate Destination Paramedicine course completion certificate.

(b)The LEMSA shall review the Triage to Alternate Destination Paramedic accreditation application and notify the applicant in writing within 30 business days from the date of submission that the application is:

(1) Incomplete or illegible and requires corrective action, or

(2) The accreditation application has been approved and the accreditation data entered in the Central Registry Public Look-Up database, or

(3) The accreditation application has been denied; including the reason for the denial and notification of the applicant's right to appeal.

Note: Authority cited: Sections 1797.107, and 1830, Health and Safety Code. Sections 1797.117, 1830, and 1853, Health and Safety Code.

§100195.2. Renewal Triage to Alternate Destination Paramedic Accreditation Requirements and Process.

(a) To be eligible for renewal, the applicant shall submit to the triage to alternate destination paramedicine program(s) LEMSA the following eligibility criteria for review:

(1) Proof of a current, unrestricted California issued paramedic license, and

(2) Proof of completion of 12 hours of approved local Triage to Alternate Destination Paramedicine CE.

(b) The LEMSA shall review the Triage to Alternate Destination Paramedic accreditation application and notify the applicant in writing within 30 business days from the date of submission that the application is:

(1) Incomplete or illegible and required corrective action, or

(2) The accreditation application has been approved and the accreditation data entered in the Central Registry Public Look-Up database.

Note: Authority cited: Sections 1797.107, and 1830, Health and Safety Code. Reference: Sections 1830, and 1853, Health and Safety Code.

§100195.3. Reinstatement Triage to Alternate Destination Paramedic Accreditation Requirements and Process.

(a) To be eligible for reinstatement of a Triage to Alternate Destination Paramedic accreditation that has expired 12 months or less, the applicant shall

submit to the Triage to Alternate Destination Paramedic program(s) LEMSA the following eligibility criteria for review:

(1) Proof of a current, unrestricted California issued paramedic license, and

(2) Proof of completion of 12 hours of approved local Triage to Alternate Destination Paramedic CE.

(b) To be eligible for reinstatement of a Triage to Alternate Destination Paramedic certification that has been expired more than 12 months, the applicant shall submit to the triage to alternate destination paramedicine program(s) LEMSA the following eligibility criteria for review:

(1) Proof of a current, unrestricted California issued paramedic license, and

(2) Proof of successful completion of a LEMSA approved Triage to Alternate Destination training course within the last two (2) years from the submission date of the reinstatement application or continued IBSC certification.

(c) The LEMSA shall review the Triage to Alternate Destination Paramedic accreditation application and notify the applicant in writing within 30 business days from the date of submission that the application is:

(1) Incomplete or illegible and required corrective action, or

(2) The accreditation application has been approved and the accreditation data entered in the Central Registry Public Look-Up database.

Note: Authority cited: Sections 1797.107, and 1830, Health and Safety Code.
Reference: Sections 1830, and 1853, Health and Safety Code.

§100196. Community and Triage to Alternate Destination Paramedic Discipline

(a) Community and Triage to Alternate Destination Paramedics are accredited pursuant to maintaining an active, unrestricted California issued paramedic license and in accordance with the requirements and responsibilities of Sections 100135 through 100144.1 of this division.

(b) Community and Triage to Alternate Destination Paramedics are subject to the discipline proceedings and standards described in Sections 100173 through 100176 of this division.

Note: Authority cited: Sections 1797.107, and 1830, Health and Safety Code.
Reference: Sections 1797.194, and 1854, Health and Safety Code.