

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: November 12, 2021

TO: EMS Education Community, Local EMS Agencies, and Certifying Entities

FROM: Dave Duncan MD
Director

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

AUTHORITY: Executive Orders [N-39-20](#) (PDF), [N-08-21](#) (PDF), [N-12-21](#) (PDF), [N-17-21](#) (PDF) and [N-21-21](#) (PDF)

On the 10th day of November 2021, Governor Gavin Newsom, issued Executive Order (EO) [N-21-21](#), which states in part:

- 1. The timeframes set forth in Executive Order N-12-21, Paragraphs 1 through 6, are hereby extended through March 31, 2022.*
- 2. The timeframe set forth in Executive Order N-17-21, Paragraph 1, is hereby extended through March 31, 2022.*

To implement the Governor's order, the California Emergency Medical Services (EMS) Authority is continuing to waive various licensing, certification, training and scope of practice statutory and regulatory requirements for emergency medical service (EMS) personnel, medical personnel, and EMS training program providers. Local EMS agencies (LEMSAs), certifying entities, EMS providers, employers, Paramedics, Advanced Emergency Medical Technicians (AEMTs), EMTs and EMS training program providers are directed to extend and/or implement the following actions through March 31, 2022:

1. 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.
2. The EMT completed skills competency verification renewal and reinstatement certification requirement may be waived.

3. EMT training programs may allow for the use of high-fidelity simulation, scenarios, or other innovative educational environments, during the 24 hours of clinical training which includes ten clinical contacts when approved by the EMT training program's approving authority.
4. Paramedic training programs shall:
 - a. Inform students in writing of the need to extend clinical and/or field internship placement, including an estimated timeline for placement and completion.
 - 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 Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (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 team lead.
 - d. Allow for students to substitute their required field internship to expand beyond a prehospital emergency setting, within an organized EMS system, to include healthcare settings appropriate to the skills experience needed; including a minimum of 40 documented Advanced Life Support patient contacts and 20 documented team leads when provided under an approved paramedic preceptor and 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.
 - e. LEMSA's may elect to waive section 100150(h)(2) of Chapter 4 requiring that a paramedic have at least 2-years' experience before being qualified to serve as a paramedic preceptor, allowing for a minimum of 1-year experience; when the candidate paramedic preceptor is accredited with the LEMSA.

If you have any additional questions, please contact Nicole Mixon, Personnel Standards Manager, by phone at (916) 431-3690 or by email at Nicole.Mixon@emsa.ca.gov.