STATE OF CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY

SECOND MODIFIED LANGUAGE

Because this modification is completely restructured from the previous proposals, it does not contain underline or ~~strikeout~~ in the text as it would make the proposal exceptionally difficult to read and would easily lead to confusion. The previous proposals are available on the EMSA website at https://emsa.ca.gov/public_comment/.

CHAPTER 5. COMMUNITY PARAMEDICINE AND TRIAGE TO ALTERNATE DESTINATION

§ 100181. Definitions

(a) "Alternate Destination Facility" means a treatment location that is an authorized mental health facility, as defined in Section 1812 or an authorized sobering center as defined in Section 1813.

(b) "Authorized mental health facility" means a facility that is licensed or certified as a mental health treatment facility or a hospital, as defined in subdivision (a) or (b) of Section 1250, by the State Department of Public Health, and may include, but is not limited to, a licensed psychiatric hospital, or licensed health facility, or certified crisis stabilization unit. An authorized mental health facility may also be a psychiatric health facility licensed by the State Department of Health Care Services. The facility shall be staffed at all times with at least one registered nurse.

(c) "Authorized Sobering Center" a non-correctional facility that is staffed at all times with at least one registered nurse, that provides a safe, supportive environment for intoxicated individuals to become sober, that is identified as an alternate destination in a plan developed pursuant to Section 1843, and that meets any of the following requirements:

(1) The facility is a federally qualified health center, including a clinic described in subdivision (b) of Section 1206.

(2) The facility is certified by the State Department of Health Care Services, Substance Use Disorder Compliance Division to provide outpatient, nonresidential detoxification services.

(3) The facility has been accredited as a sobering center under the standards developed by the National Sobering Collaborative. Facilities granted approval for operation by Office of Statewide Health Planning and Development (OSHPD) before November 28, 2017, under the Health Workforce Pilot Project No. 173, may continue operation until one year after the National Sobering Collaborative accreditation becomes available.

(d) "Community paramedic" means a paramedic licensed under Division 2.5 of the Health and Safety Code (H&S Code) who has completed the curriculum for community paramedic training, has received certification in one or more of the community paramedicine program specialties described in Section 1815 of the H&S Code, and is accredited to provide community paramedic services by a local EMS agency as part of an approved community paramedicine program.

(e) "Community paramedic or Triage paramedic training program" means a training program approved by the local EMS agency to provide certification of completion of didactic education and clinical experience in these areas.

(f) "Community paramedicine program" means a program developed by a local EMS agency and approved by the Emergency Medical Services Authority to provide community paramedicine services consisting of one or more of the program specialties described in Section 1815 of the H&S Code under medical protocols developed by the local EMS agency that are consistent with the minimum medical protocols established by the Emergency Medical Services Authority. Community paramedicine program specialties include:

(1) Providing directly observed therapy (DOT) to persons with tuberculosis in collaboration with a public health agency to ensure effective treatment of the tuberculosis and to prevent spread of the disease.

(2) Providing case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources.

(g) “Community paramedicine provider” means an advanced life support provider authorized by a local EMS agency to provide advanced life support who has entered into a contract to deliver community paramedicine services as described in Section 1815 of the H&S Code as part of an approved community paramedicine program developed by a local EMS agency and approved by the Emergency Medical Services Authority. 3 “Triage paramedic” means a paramedic licensed under Division 2.5 of the Health and Safety Code (H&S Code) who has completed the curriculum for triage paramedic services in a triage paramedic training program and has been accredited by a local EMS agency in one of more of the triage paramedic specialties as part of an approved triage to alternate destination program.

(h) “Public agency” means a city, county, city and county, special district, or other political subdivision of the state that proves first response services, including emergency medical care.

(i) “Triage paramedic training program” means a training program approved by the local EMS agency to provide certification of completion of didactic and clinical experience and that includes a final comprehensive competency-based exam to test the knowledge and skills specified in this Chapter to provide triage paramedic services.

(j) “Triage paramedic” means a paramedic licensed under this division who has completed the curriculum for triage paramedic services adopted pursuant to paragraph (2) of subdivision (d) of Section 1830 and has been accredited by a local EMS agency in one or more of the triage paramedic specialties described in Section 1819 as part of an approved triage to alternate destination program.

(k) “Triage to alternate destination program” means a program developed by a local EMS agency and approved by the Emergency Medical Services Authority to provide triage paramedic assessments under triage and assessment protocols developed by the local EMS agency that are consistent with the minimum triage and assessment protocols established by the Emergency Medical Services Authority in one or more specialties including:

(1) Providing care and comfort services to hospice patients in their homes in response to 911 calls by providing for the patient’s and the family’s immediate care needs, including grief support in collaboration

with the patient's hospice agency until the hospice nurse arrives to treat the patient.

(2) Providing patient with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility, as defined in HSC 1811.

(3) Providing transport services for patients who identify as veterans and desire to transport to a local veteran's administration emergency department for treatment, when appropriate.

(l) "Triage to alternate destination provider" means an advanced life support provider authorized by a local EMS agency to provide advanced life support triage paramedic assessments as part of an approved triage to alternate destination program specialty as described in Section 1819 of the H&S Code.

Note: Authority cited: Sections 1797.107 and 1830, Health and Safety Code. Reference: Sections 1811, 1812, 1813, 1814, 1815, 1816, 1817, 1818, 1819, and 1820, Health and Safety Code.

§100182. General Provisions

(a) The regulations described in this chapter are based upon and informed by, the Community Paramedicine Pilot Program under the Office of Statewide Health Planning and Development (OSHPD) Health Workforce Pilot Project No. 173 and the protocols and operation of the pilot project approved under the project.

(b) A local EMS agency that elects to implement a community paramedicine or triage to alternate destination program pursuant to HSC 1840 shall develop and, prior to implementation, submit a plan for that program to the EMS authority for review and approval.

(c) If a local EMS agency within the county elects to develop a community paramedicine or triage to alternate destination program pursuant to HSC 1840, the county board of supervisors, or in the case of a city and county, the mayor, shall establish an emergency medical care committee to advise the local EMS agency on the development of the program and other matters relating to emergency medical services. Where a committee is already

established for the purposes described in this article, the county board of supervisors or the mayor, shall ensure that the membership meets or exceeds the requirements of subdivision 1797.273(b).

(d) No person or organization shall offer a Community Paramedicine or Triage Paramedic training program or hold themselves out as offering a Community Paramedicine or Triage Paramedic training program or hold themselves out as providing Advanced Life Support (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) to provide those services as part of a community paramedicine or triage to alternate destination program approved by the Emergency Medical Services Authority in accordance with Section 1835.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1797.259, 1797.273, 1815, 1830, 1840, and 1851, Health and Safety Code.

§ 100183. Program Requirements and Minimum Standards

(a) A local EMS agency that elects to develop a community paramedicine or triage to alternate destination program shall do all the following:

(1) Integrate the proposed community paramedicine or triage to alternate destination program into the local EMS agency's emergency medical services plan described in Article 2 (commencing with Section 1797.250) of Chapter 4.

(2) Provide medical control and oversight for the program(s).

(3) Approve, annually review, and facilitate any necessary agreements with one or more community paramedicine or triage to alternate destination providers for the delivery of community paramedicine or triage to alternate destination services within the local EMS agency's jurisdiction.

(4) The local EMS agency shall prohibit triage and assessment protocols or a triage paramedic's decision to authorize transport to an alternate destination facility from being based on, or affected by, a

patient's ethnicity, citizenship, age, preexisting medical condition, insurance status, economic status, ability to pay for medical services, or any other characteristic listed or defined in subdivision (b) or (e) of Section 51 of the Civil Code, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

(5) Facilitate funding discussions between a community paramedicine provider, triage to alternate destination provider, or incumbent emergency medical transport provider and public or private health system participants to support the implementation of the local EMS agency's community paramedicine or triage to alternate destination program.

(6) Coordinate, review, and approve any agreements necessary for the provision of community paramedicine specialties as described in HSC 1815 consistent with all the following:

(A) Provide a first right of refusal to the public agency or agencies within the jurisdiction of the proposed program area to provide the proposed program specialties for community paramedicine. If the public agency or agencies agree to provide the proposed program specialties for community paramedicine, the local EMS agency shall review and approve any written agreements necessary to implement the program with those public agencies.

(B) Review and approve agreements with community paramedicine providers that partner with a private provider to deliver those program specialties.

(C) If a public agency declines to provide the proposed program specialties pursuant to paragraph (a) or (b), the local EMS agency shall develop a competitive process held at periodic intervals to select community paramedicine providers to deliver the program specialties.

(7) Establish a process to verify training and accreditation of community paramedics in each of the proposed community

paramedicine program specialties described in subdivisions (a) and (b) of HSC 1815, and a process to verify and training and accreditation of triage paramedics in each of the areas described in HSC 1819.

(8) A local EMS agency may exclude an existing ALS provider from the plan if it determines that the provider's participation will negatively impact patient care. If a local EMS agency elects to exclude an ALS provider, the EMS agency shall do both of the following:

(A) Report to the authority at the time the program is submitted for approval, the specific reasons for excluding an ALS provider.

(B) Inform the ALS provider of the reasons for exclusion.

(9) Facilitate any necessary agreements to ensure continuity of care and efficient transfer of care between the triage to alternate destination program provider and the existing emergency medical transport provider to ensure transport to the appropriate facility.

(10) At the discretion of the local EMS medical director, develop additional triage and assessment protocols commensurate with the need of the local programs authorized under this chapter.

(11) Secure an agreement with the alternate destination facility that requires the facility to notify the local EMS agency within 24 hours if there are changes in the status of the facility with respect to protocols and the facility's ability to care for patients.

(12) Secure an agreement with the alternate destination that requires the facility to operate in accordance with Section 1317. The agreement shall provide that failure to operate in accordance with Section 1317 shall result in the immediate termination of use of the facility as part of the triage to alternate destination facility.

(13) In implementing a triage to alternate destination program specialties described in Section 1819, continue to use, and coordinate with, any emergency medical transport providers operating within the jurisdiction of the local EMS agency pursuant to Section 1797.201 or

1797.224. The local EMS agency shall not in any manner eliminate or reduce the services of the emergency medical transport providers.

(14) Establish a process for training and accreditation of triage paramedics in each of the proposed triage to alternate destination program's specialties described in Section 1819.

(15) Approve and annually review Community Paramedicine and Triage to Alternate Destination training programs.

(16) Coordination of Community Paramedic personnel and training program(s).

(17) Notify EMSA of any reported complaints or unusual occurrences for any approved Community Paramedicine or Triage to Alternate Destination program, to the EMS Authority within seventy-two (72) hours of receiving them along with any supporting or explanatory documentation.

(b) The Local EMS Agency shall write into program policy and ensure through program oversight that any patient who meets the triage criteria for transport to an alternate destination facility, but who requests to be transported to an emergency department of a general acute care hospital, shall be transported to the emergency department of a general acute care hospital.

(c) The Local EMS Agency shall require in policy that a patient who is transported to an alternate destination facility and, upon assessment, is found to no longer meet the criteria for admission to an alternate destination facility, be immediately transported to the emergency department of a general acute care hospital.

(d) For any patient requiring secondary transfer from an alternate destination facility to an Emergency Department, the local EMS agency shall require alternate destination facilities to send with each patient at the time of transfer or, in the case of an emergency, as promptly as possible, copies of all medical records related to the patient's transfer. To the extent practicable and applicable to the patient's transfer, the medical records shall include current medical findings, diagnosis, laboratory results, medications provided prior to transfer, a brief summary of the course of treatment provided prior to transfer, ambulation status, nursing and dietary information, name and contact information for the treating provider at the alternate destination facility, and, as

appropriate, pertinent administrative and demographic information related to the patient, including name and date of birth. The requirements in this paragraph do not apply if the alternate destination facility has entered into a written transfer agreement with a local hospital that provides for the transfer of medical records.

(e) The local EMS agency shall ensure that facilities participating in the Triage to Alternate Destination program shall accommodate privately or commercially insured, Medi-Cal, Medicare, and uninsured patients.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1830, 1831, 1841, 1842, and 1843, Health and Safety Code.

§ 100184. Community Paramedicine, Triage to Alternate Destination, and Alternate Destination Facility Providers Program Requirements, Oversight and Withdrawal

(a) LEMSAs that approve a Community Paramedicine, Triage to Alternate Destination, or Alternate Destination Facility Provider. shall annually conduct a review of Community Paramedicine, Triage to Alternate Destination, Alternate Destination Facility Providers Program to ensure compliance with all requirements.

(b) A Community Paramedicine, Triage to Alternate Destination, Alternate Destination Facility Providers Programs failure to comply with the provisions of this division may result in denial, probation, suspension, or revocation of approval by the LEMSA.

(c) The procedure for notifying a Community Paramedicine, Triage to Alternate Destination, Alternate Destination Facility Providers Program of noncompliance shall be as follows:

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

(2) Within fifteen (15) days from receipt of the notification, the Community Paramedicine, Triage to Alternate Destination, or Alternate

Destination Facility Provider 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, Triage to Alternate Destination, or Alternate Destination Facility Providers 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 Provider, the LEMSA shall issue a decision letter by certified mail to the Authority and the Community Paramedicine. 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, Triage to Alternate Destination, or Alternate Destination Facility Provider on probation.

(D) Immediately Suspend or revoke the Community Paramedicine, Triage to Alternate Destination, or Alternate Destination Facility Provider.

(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 LEMSA found the Community Paramedicine, Triage to Alternate Destination, or Alternate Destination Facility Provider failed to meet,

(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 that approves a Community Paramedicine, Triage to Alternate Destination, or Alternate Destination Facility Provider shall establish the probation, suspension, or revocation effective dates no sooner than five (5) days after the date of the Community Paramedicine Provide Community Paramedicine, Triage to Alternate Destination, or Alternate Destination Facility Provider had been notified under subsection (c)(3) of this Section.

(6) EMSA retains authority to take any necessary action against a Community Paramedicine, Triage to Alternate Destination, or Alternate Destination Facility Provider for failure to meet the requirements of this chapter or the Community Paramedicine or Triage to Alternate Destination program requirements of the LEMSA. Such action may be taken in addition to any actions taken by the LEMSA and may include immediate suspension or revocation.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1811, 1812, 1813, 1830, 1831, 1832, 1840, 1841, and 1842, Health and Safety Code.

§ 100185. Documentation and Data Submission

(a) Community Paramedics and Triage Paramedics shall complete and submit electronic patient care records in accordance with Title 22 Chapter 4 Section 100.171.

(b) Community Paramedics and Triage Paramedics Providers shall document destination facility with standardized facility codes per CEMSIS.

(c) Community Paramedicine or Alternate Destination Programs shall exchange electronic patient health information (HIE) between community paramedicine or triage to alternate destination providers and health providers and facilities. The EMS Authority may grant a one-time temporary waiver, not to exceed five years of this requirement for alternate destination facilities that are unable to immediately comply with the electronic patient health information requirement. A plan to establish HIE shall accompany any request for a waiver.

(d) Community Paramedicine Programs shall submit to the local EMS agency at minimum a quarterly summary of patient outcomes in an EMSA provided template with the following data:

(1) For programs which provide directly observed therapy (DOT) to persons with Tuberculosis:

(A) Total patients enrolled who completed therapy successfully.

(B) Total patients enrolled who are still in the treatment program.

(C) Total number of patients enrolled who did not complete treatment successfully (lost to follow up).

(2) For programs which provide case management services to EMS high utilizers:

(A) A summary of the reduction in EMS utilization, and any other impacts of the program.

(e) Alternate Destination Facilities shall submit to the local EMS agency at minimum a quarterly summary of patient outcomes with an EMSA provided template, the following data:

(1) Total number of patients evaluated who were transported by EMS.

(2) Total number of these patients who were treated and released

(3) Total number of these patients who were transferred to an acute care Emergency Department.

(4) Total number of these patients admitted to another care facility.

(5) Total number of these patients who experienced an adverse event resulting from services provided under this program.

(f) Local EMS Agencies shall submit quarterly data reports to the Authority to include:

(1) Quarterly Ambulance Patient Offload Times for every alternate destination facility.

(2) Quarterly total EMS transports to every alternate destination facility.

(3) Quarterly total number of patients turned away or diverted from every alternate destination facility.

(4) Quarterly total number of patients who require subsequent transfer to an Emergency Department from an alternate care facility.

(5) A summary of the primary reasons for turning away, diverting, or transferring patients to Emergency Departments from alternate care facilities.

(6) A summary of feedback about the program from the Emergency Medical Care Committee.

(7) A once annual summary of all alternate destination facilities that certifies each facility maintains adequate licensed medical and professional staff, facilities, and equipment pursuant to the authority's regulations and the provisions of this chapter, which shall include all the following:

(A) Identification of qualified staff to care for the degree of a patient's injuries and needs.

(B) Certification of standardized medical and nursing procedures for nursing staff.

(C) Certification that the necessary equipment and services are available at the alternate destination facility to care for patients, including, but not limited to, an automatic external defibrillator and at least one bed or mat per individual patient.

(8) Community Paramedicine Program summary of outcomes (noted in subsection (c) above).

(9) Alternate Destination Facility summary of patient outcomes (noted in subsection (d) above).

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1797.227, 1830, 1831, and 1833, Health and Safety Code.

§ 100186. Quality Improvement

The Local EMS agency and EMS Service Providers shall include any Community Paramedicine or Triage to Alternate Destinations Program in their existing Quality Improvement Programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations.

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

§ 100187. Approval of Community Paramedic and Triage to Alternate Destination 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 conduct onsite visits, 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 current version of the United States Department of Transportation (U.S. DOT) National Education Standards

(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) If the training program includes supervised clinical training, then 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 shall be included.

(6) If the training program includes supervised field internship, then 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 shall be included.

(7) The proposed location(s) and date(s) for courses.

(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.

(g) 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.

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

§ 100188. Oversight of Training Programs

(a) The LEMSA has oversight authority to conduct onsite visits, inspect, investigate, and discipline approved training programs 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 requirements of 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 division 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.

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

§100189. Community Paramedic Training Program Administration and Faculty Requirements

(a) Each training program shall have a program medical director who is a Board Certified or Board eligible emergency medical physician currently licensed in the State of California, who has experience in emergency medicine and has education or experience in methods of instruction. 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).

(5) The Program Medical Director will certify that guest educators invited by primary instructors to provide instruction or facilitation have the appropriate expertise to deliver the proposed educational content.

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

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

(2) Is a Board Certified or Board Eligible California licensed emergency medicine physician, registered nurse, paramedic, 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, who is currently certified or licensed in the State of California,

(2) Have six (6) years' experience in an allied health field or community paramedicine, or four (4) 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, and

(3) Be knowledgeable in the course content of the U.S. DOT National Emergency Medical Services Education Standards, and

(4) Be able to demonstrate expertise and a minimum of two (2) years of experience within the past five (5) years in the subject matter being taught by that individual, and

(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.

(e) Required course content:

(1) The Community Paramedicine training program Medical Director and Training Program Director will be required to certify that all delineated Education Standards are met. In addition, the authority and the authorizing LEMSA shall assure that each training program curriculum meets the minimum educational standards set forth in this division and is

focused on the knowledge and skills needed to successfully complete the IBSC Certification Examination.

(2) The Triage to Alternate Destination training program Medical Director shall certify that all delineated Triage to Alternate Destination education standards are met. In addition, the authority and the authorizing LEMSA shall assure that each training program has a curriculum that meets the minimum educational standards set forth in this division.

(f) Minimum training and curriculum requirements, Triage Paramedic training:

(1) Triage Paramedic training curriculum shall include at a minimum the following: [HSC 1831.c-d]

(A) Screening and responding to mental health and substance use crisis intervention, including co-occurring mental health and substance use disorders to be provided by a licensed physician, surgeon, or licensed addiction medicine specialist with experience in the emergency department of a general acute care hospital. [HSC 1831.c.1.A]

(B) Mental health conditions.

(C) Assessment and treatment of intoxicated patients.

(D) The prevalence and causes of substance use disorders and associated public health impacts.

(E) Suicide risk factors.

(F) Alcohol and substance use disorders.

(G) Triage and transport parameters.

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

(I) Common medical conditions and infections with presentations similar to psychosis and intoxication which require medical testing and treatment.

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

(K) Local EMS agency policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility.

(L) EMTALA law as it pertains to psychiatric, and substance use disorder-related emergencies.

(2) Local EMS Agencies shall verify that the participating triage paramedic has completed training in all the following topics:

(A) Psychiatric disorders.

(B) Neuropharmacology.

(C) Alcohol and substance abuse.

(D) Patient consent.

(E) Patient documentation.

(F) Medical quality improvement.

(g) Minimum training and curriculum requirements, Community Paramedic training:

(1) Foundations of Community Paramedicine.

(A) Subjects and theories to be learned:

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

(ii) Overview of Public Health.

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

(iv) Roles of the Community Paramedic.

(v) Community Paramedic Scope of Practice.

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

(vii) Chronic disease management.

(viii) Subacute disease management.

(ix) Personal Safety and Wellness.

(x) International Board of Specialty Certification (IBSC).

(xi) Research in evidence-based practice.

(B) Knowledge and abilities acquired should include:

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

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

(iii) Maintaining a healthy workplace stressor balance.

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

(A) Subjects and theories to be learned:

(i) Social determinants of health.

(ii) Biomedical ethics.

(iii) Equity versus equality.

(iv) Implicit bias in healthcare.

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

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

(vii) Roles of the culturally effective Community Paramedic.

(viii) Trauma-informed care.

(B) Knowledge and abilities acquired should include:

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

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

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

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

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

(3) Interdisciplinary Collaboration and Systems of Care Navigation.

(A) Subjects and theories to be learned:

(i) Healthcare coordination.

(ii) Systems of care navigation.

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

(iv) Client referral.

(v) Documentation across disciplines.

(vi) Overview of the subject areas of nutrition, palliative care, hospice care, end of life care, home health vs. home care, mental health care, and substance use care.

(B) Knowledge and abilities acquired should include:

(i) Collegial communications with interdisciplinary team members.

(ii) Appreciative inquiry with care team members.

(iii) Interdependent relationships with team members.

(iv) Appropriate referrals and system navigation.

(4) Client-centered Care.

(A) Subjects and theories to be learned:

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

(ii) Motivational interviewing.

(iii) Interventional Techniques.

(iv) Crisis Intervention.

(v) Client assessment, referral, and education.

(vi) Creating a care plan.

(vii) Implementing a care plan.

(viii) Resources for client case management.

(ix) Service coordination and client counseling.

(x) Documentation and follow up.

(B) Knowledge and abilities acquired should include:

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

(ii) Create resource map and examine webs of resources.

(iii) Create outreach strategies to connect client/community to resources.

(5) Community and Public Health.

(A) Subjects and theories to be learned:

(i) Population based care.

(ii) Health equity across populations.

(iii) Epidemiology.

(iv) Public Health mission.

(v) Community health/needs assessment.

(vi) Public Health disaster response.

(vii) Prevention.

(viii) Isolation and quarantine.

(ix) Public education.

(x) Interagency Communications.

(B) Knowledge and abilities acquired should include:

(i) Engages in public health planning and implementation.

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

(iii) Coordinates and manages mass events.

(e) Community Paramedicine and Triage Paramedic Required Testing:

(1) International Board of Specialty Certification, Community Paramedic Exam approved paramedic 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.

(2) Triage Paramedic approved programs shall include a minimum of one (1) final comprehensive competency-based examination to test the knowledge and skills specified in this chapter.

(3) Documentation of successful student clinical and field internship performance, if applicable.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1801, 1830, 1831, 1842, and 1843, Health and Safety Code.

§ 100190. Community Paramedicine or Triage to Alternate Destinations Program Approval Process

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

(1) Identification of the community need and recommended solutions.

(2) All program medical protocols and policies to include but not limited to, data collection, transport, patient safety, and quality assurance/improvement process.

(3) All program service provider approval documentation, including written agreements, if any.

(4) All relevant Alternate Destination Facility approval documentation, including agreements, if any.

(5) All relevant documentation outlining policy for collaboration with public health or community resource entities for DOT and EMS high utilizer programs.

(6) Curriculum for program focused training.

(b) The Emergency Medical Services Authority shall review a local EMS agency's proposed community paramedicine or triage to alternate destination program using procedures consistent with Section 1797.105 and review the local EMS agency's program protocols to ensure compliance with the statewide minimum protocols developed under HSC 1832.

(c) The EMS Authority may impose conditions as part of the approval of a community paramedicine or triage to alternate destination program that the local EMS agency is required to incorporate into its program to achieve consistency with the authority's regulations and the provisions of this chapter.

(d) The EMS Authority shall approve or deny in writing the proposed community paramedicine or triage to alternate destination program no later than 30 days after it is submitted by the local EMS agency.

(e) Approval of Community Paramedicine or Triage to Alternate Destination program shall be for twelve (12) 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 §Section 100184.

(f) A community paramedicine pilot program approved under the OSHPD Health Workforce Pilot Project No. 173 before January 1, 2020, is authorized to operate until one year after the regulations described in Section 1830 become effective.

Note: Authority cited: Section 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1830, 1831, 1832, 1835, and 1836, Health and Safety Code.

§ 100191. Review, Withdrawal, and Revocation of a Community Paramedicine or Triage to Alternate Destination Program

A Local EMS Agency shall Immediately terminate from participation in the program any alternate destination facility, community paramedicine, or triage to alternate destination provider if it fails to operate in accordance with subdivision (b) of Section 1317.

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

§ 100192. Paramedic Scope of Practice, Accreditation, and Discipline

(a) Scope of Practice: A Community Paramedic or Triage 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.

(b)Community Paramedic Accreditation to Practice.

(1) 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).

(2) 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.

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

(4) 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.

(5) 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.

(c) Initial Community Paramedic Accreditation Application Requirements and process.

(1) 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:

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

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

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

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

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

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

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

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

(d) Renewal Community Paramedic Accreditation Requirements and Process.

(1) 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:

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

(i) Show proof of completion of eight (8) hours approved community paramedicine related continuing education (CE) every two (2) years, or

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

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

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

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

(e) Reinstatement Community Paramedic Accreditation Requirements and Process.

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

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

(i) Proof of completion of eight (8) hours of approved local community paramedicine continuing education (CE), or

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

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

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

(B) 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, and

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

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

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

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

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

(f) Triage Paramedic Accreditation to Practice

(1) A Triage Paramedic shall only utilize Triage to Alternate Destination skills when accredited by the LEMSA as a Triage Paramedic within that LEMSA's jurisdiction and when associated with that LEMSA's approved triage to alternate destination service program(s).

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

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

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

(5) Triage 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 Paramedic is associated.

(g) Initial Triage Paramedic Accreditation Application Requirements and Process.

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

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

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

(C) LEMSA approved Triage Paramedicine course completion certificate.

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

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

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

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

(h) Renewal Triage Paramedic Accreditation Requirements and Process.

(1) To be eligible for renewal, the applicant shall submit to the triage Paramedicine program(s) LEMSA the following eligibility criteria for review:

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

(B) Proof of completion of four (4) hours of approved local Triage Paramedicine CE.

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

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

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

(i) Reinstatement Triage Paramedic Accreditation Requirements and Process.

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

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

(B) Proof of completion of four (4) hours of approved local Triage Paramedic CE.

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

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

(B) Proof of successful completion of a LEMSA approved Triage to Alternate Destination training course within the last year from the submission date of the reinstatement application.

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

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

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

(j) A local EMS agency that authorizes Community Paramedicine or Triage Paramedic personnel, shall be responsible for submission of a summary data report of authorized personnel to the Authority no later than the 30th calendar day of January, April, July, and October.

(k) The disciplinary procedures for a community paramedic or triage paramedic shall be consistent with subdivision (d) of Section 1797.194.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1797.117, 1797.194, 1830, 1831, 1843, 1852, 1853, and 1854, Health and Safety Code.

§ 100193. Fees

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

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