

Appendix 1.1 – Emergency Medical Care Committee Membership

California HSC 1797.273(b) requires that the membership of the Emergency Medical Care Committee includes all of the following members to advise the local EMS agency. **The following checklist can be used to make sure the committee is compliant.**

Committee Members	Yes/No
1. One emergency medicine physician who is board certified or board eligible practicing at an emergency department within the jurisdiction of the local EMS agency.	
2. One registered nurse practicing within the jurisdiction of the local EMS agency.	
3. One licensed paramedic practicing within the jurisdiction of the local EMS agency. Whenever possible, the paramedic shall be employed by a public agency	
4. One acute care hospital representative with an emergency department that operates within the jurisdiction of the local EMS agency.	
5. Additional advisory members in the fields of public health, social work, hospice, substance use disorder detoxification and recovery, or mental health practicing within the jurisdiction of the local EMS agency with expertise commensurate with the program specialties described in §1815 and 1819.	

Appendix 2.1: Overview of Community Needs Assessment and Summary of Community Needs

A community needs assessment can identify trends and statistics. Below are some examples of information that could be useful in planning your community paramedicine program.

Local EMS System

- Total/average calls per year
- Total/average patients transports to emergency departments per year
- Identification of 'frequent users' of the EMS system
- Number of patients who are transported by EMS more than XX times in a year
- Number of patients who are transported by EMS more than XX times in a month

Emergency Departments

- Statistics on ambulance diversion
- Statistics on ambulance patient offload time and ambulance turnaround time
- Acuity level of patients (particularly those not admitted)
- ED visits by expected payer (e.g. private, Medicare, Medi-Cal) and subsequent estimate of savings through community paramedicine intervention.

Other

- Estimated number of ED patients who did not require an ambulance or an emergency department.
- Primary barriers to treatment outside of ED (e.g no primary care provider, chronic medical, behavioral health, and substance addiction conditions, housing insecurity, lack of transportation)

Patient databases at the hospital and prehospital patient care records from the EMS provider agency are some of the sources of information that can be utilized in completing the Needs assessment. Other data collection methods may include stakeholder interviews, focus groups/community conversations, and surveys. Finally, California EMS Information System (CEMSIS) can provide the medical description and demographics of patients that place frequent 9-1-1 calls, while also providing a list of the chief complaint and primary provider impression(s).

Appendix 3.1 - Sample Policies and Procedures – CP and DOT

Section: Policies and Procedures
Subject: Community Paramedic Participation in Direct Observed Therapy (DOT) to persons with tuberculosis.

The XXXX EMS Agency, in collaboration with The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) and California Tuberculosis Controllers Association (CTCA) will utilize Community Paramedics to provide Directly Observed Therapy (DOT) to persons with tuberculosis to ensure effective treatment of the tuberculosis and to prevent the spread of the disease.

PURPOSE: To provide guidelines for the use of Community Paramedics in the provision of DOT.

DEFINITIONS:

“Directly observed therapy” means the appropriately prescribed course of treatment for tuberculosis disease in which the prescribed antituberculosis medications are administered to the person or taken by the person under direct observation of a health care provider or a designee of the health care provider approved by the local health officer. 120115(e)

PRINCIPLES:

1. EMS Provider Agency must be approved by the Emergency Medical Services Agency (EMSA) to provide community paramedicine services described in Section 1815 of the Health and Safety Code, and must be authorized to provide the community paramedicine program specialty pertaining to the provision of DOT.
2. Community Paramedics who have completed the curriculum for community paramedic training, have received certification in the DOT program specialty, and are accredited to provide community paramedic services by a local EMS agency (LEMSA) as part of an approved community paramedicine program are the only EMS personnel authorized to utilize this policy.

POLICY

1. Responsibilities of the Community Paramedic
 - a. All persons involved in this program need to complete minimum training and education requirements for DOT Workers as put forth by local jurisdiction, as well as the legal limitations of this role.
 - b. The Community Paramedic is not dispensing, administering or furnishing medications – the paramedic is delivering and observing the patient in self-administration of TB medication.
2. EMS Provider Agency Requirement and Responsibilities
 - a. Receive approval to use Community Paramedics to provide DOT through an approved Community Paramedicine Program.
 - b. Provide Education and Training to Community Paramedics that meets the minimum local

- training requirements for DOT Workers and identify all course/training curriculum items addressing DOT.
- c. Identify a representative to act as the liaison between the LEMSA, Community Paramedicine Program, Local Health Officers, TBCB, and the EMS Provider Agency.
 - d. Develop, maintain, and implement policies and procedures that address the following:
 - i. Completion of DOT Encounter Form for each patient
 - ii. Submission of patient report and encounter form to the health care provider and/or local health officer overseeing the DOT program.
 - iii. Confirmation that the person who has active TB continues to be enrolled in an approved course of therapy.
 - e. Develop a Quality Improvement Plan or Process to review variances and adverse events.
 - f. Comply with data reporting requirements established by the Local Health Officer and CDPH, and CTCA.

3. Patient Criteria

- a. Inclusion Criteria – Patients who meet the following criteria may be enrolled in a DOT Program in which a Community Paramedic is providing DOT.
 - i. Patient is enrolled in an existing DOT program, and/or has been identified as being unwilling or otherwise unable to follow a prescribed course of therapy, therefore requiring the completion of an appropriate prescribed course of medication for TB through DOT.
 - ii. Patient is identified as being one of the following:
 - 1. High risk for transmission or acquired drug resistance
 - 2. High risk for non-adherence
 - 3. High risk for adverse events and/or poor outcomes
 - iii. Patient is not known for adverse events during treatment(s) for TB and has experienced no major medication side effects
 - iv. Patient encounter can take place in an approved DOT setting, which may include:
 - 1. Patient Home or Workplace
 - 2. Clinic or Health Care Facility
 - 3. Community-based organization site
 - v. Patient understands the need for TB treatment
 - vi. Patient is able to pour his/her own medications and accurately identify each medication

PROCEDURE

- 1. Procedure
 - a. Introduction and interview with the patient, including asking about potential symptoms of adverse drug reactions (ADR) to medication and/or other problems identified that could lead to patient exclusion from DOT.
 - b. Verification that patient is current enrolled in a DOT program overseen by the (CDPH) Tuberculosis Control Branch (TBCB) and California Tuberculosis Controllers Association (CTCA)
 - c. Medical Record review and verification that patient is in possession of all medication that have

been prescribed by the health care professional overseeing the DOT program.

- d. Patient must demonstrate the successful self-administration of TB medication in full view of the Community Paramedic.
- e. Prior to departing, the Community Paramedic confirms the day, time and location of the next DOT to be observed.
- f. Community Paramedic completes documentation of medications that were taken and other relevant information from the patient interaction.

Appendix 3.2 – Sample Policies and Procedures – CP Case Management

Subject: Community Paramedics providing case management services to frequent emergency medical services (EMS) users in collaboration with, and by providing referral to, existing appropriate community resources.

The XXXX EMS Agency, in collaboration with XXXX EMS will utilize Community Paramedics to provide case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources.

PURPOSE: To outline the criteria and provide guidance to safely provide case management services to frequent EMS users in collaboration with, and by providing referral to, existing appropriate community resources.

PRINCIPLES:

3. EMS Provider Agency must be approved by the Emergency Medical Services Agency (EMSA) to provide community paramedicine services described in Section 1815 of the Health and Safety Code, and must be authorized to provide the community paramedicine program specialty pertaining to the provision case management services to frequent EMS users.
4. Community Paramedics who have completed the curriculum for community paramedic training, have received certification in the 'frequent users' program specialty, and are accredited to provide community paramedic services by a local EMS agency (LEMSA) as part of an approved community paramedicine program are the only EMS personnel authorized to utilize this policy.

POLICY:

4. Responsibilities of the Community Paramedic
 - a. The Community Paramedic is using additional training in assessment and available resources to provide case management services, in collaboration with, and by providing referral to, existing appropriate community resources.
 - b. Only Community Paramedics working during a community paramedic-specific shift may engage with 'frequent users'
 - c. Community Paramedic should provide referrals to proactive and comprehensive healthcare and social services that meet the specific needs of each patient.
5. EMS Provider Agency Requirement and Responsibilities
 - a. Receive approval to use Community Paramedics to provide case management services through an approved Community Paramedicine Program.
 - b. Provide Education and Training to Community Paramedics that meets the minimum local training requirements
 - c. Ensure that the Community Paramedic receives training on the specific available resources

- locally, and that paramedics are introduced to community resource providers prior to deployment, either through classroom training, or field training opportunities.
- d. Identify a representative to act as the liaison between the LEMSA, Community Paramedicine Program, community resource providers, and other healthcare providers involved in specific patient care.
 - e. Develop, maintain, and implement policies and procedures that address the following:
 - i. Completion of Patient Encounter Form for each patient
 - ii. Submission of patient report and encounter form to the health care provider and/or community resource provider involved in each case, ensuring that all patient health information is transferred and stored in a secure manner and in accordance with HIPAA laws.
 - f. Develop a Quality Improvement Plan or Process to review variances and adverse events.
 - g. Comply with data reporting requirements established by the LEMSA and EMS Authority, including but not limited to quarterly summary of patient outcomes, a summary of the reduction in EMS utilization, and any other impacts of the program, which are due by January 30, April 30, July 30, and October 30 each year **§100185(d)(2)**

6. Patient Criteria

- a. Identification - The identification of 'frequent users' will be data driven through an analysis of CEMSIS and prehospital patient care records by the EMS provider agency.
- b. Inclusion Criteria – Patients who meet the following criteria may be enrolled in a case management program in which a Community Paramedic is involved in case management.
 - i. Individuals who use 9-1-1 as a primary coping mechanism, where the convenience and consistency of EMS have led to habitual, inappropriate 9-1-1 use.
 - ii. Individuals who manipulate the 9-1-1 system for transportation, errands or other personal purposes not related to medical care.
 - iii. Patients who repetitively call for prescription refills only, but who have access to the prescription without a visit to the emergency department or a medical clinic.
 - iv. Patients who repetitively call for social reasons, not related to medical care, where the Emergency Department is ill-suited to address the need.
 - v. Patients for whom repetitive transport to an emergency department conflicts with a primary or psychiatric care plan
- c. Patient must agree to participate in the Community Paramedicine program and be given the option to opt out of the program at any time.
- d. Exclusion Criteria
 - i. No patient reflecting the need for ongoing ALS or BLS assessment will be considered for this protocol.
 - ii. The CP must not leave a patient in an unsafe situation, using a reasonable standard. If this cannot be accomplished, the patient will be transported per existing pre-hospital county protocol, either by the Community Paramedic, or through the local 9-1-1 system.
 - iii. Patients who have a history of violent interactions with EMS, or who have shown to

pose a risk to self or others should not be included in the case management program.

7. Patient Safety

a. General

- i. The goals and plans of the patient's primary care physician (if applicable) are paramount – these goals should be noted in the agreement between the community paramedicine provider and the private partner.
- ii. If a 'frequent user' enrolled in the case management program engages with the 9-1-1 system and requests transport to the emergency department (ED), transport should not be delayed by the 9-1-1 provider while awaiting contact with the patient's Community Paramedic.

b. Unusual Occurrences and Hospitalizations

- i. All unusual occurrences involving patients receiving case management services from community paramedics will be reviewed by the Provider Agency Medical Director for appropriateness and will engage with the community paramedic, and community resource provider (if appropriate) to discuss opportunities for improvement.

8. Referral to Community Paramedicine Case Management Program – While most patients will be identified through an analysis of CEMSIS and prehospital patient care records by the EMS provider agency, other may be referred to the Community Paramedicine program.

- i. Individuals may be referred to the community paramedicine program by emergency services personnel within the 9-1-1 system, hospital or clinic-based personnel, law enforcement, case managers, or social workers
- ii. Individuals may self-refer by contacting the Community Paramedicine program independently or requesting community paramedic referral from other emergency services personnel

9. Quality Improvement

- a. The EMS Service Provider approved by the EMSA to provide community paramedicine services will meet the requirements put forth in Title 22, Division 9, Chapter 12, Article 2 of the California Code of Regulations
- b. The LEMSA and all participating 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 (**§100186**)

PROCEDURE

2. Procedure

- a. Patient identification, either through a retrospective review of CEMSIS and prehospital patient care records or through referral from provider or community resource provider.
- b. Using a scripted text, the representative from the EMS Provider Agency or Community Paramedicine program will reach out to the potential patient and obtain consent to engage with a community paramedic through the program.

- c. A community paramedic will be referred to the newly enrolled patient and will schedule a time for in person Introduction and interview.
- d. The identified Community Paramedic will review the patient prehospital patient care record in preparation for the first patient meeting.
 - i. During the initial visit, and each subsequent visit, the Community Paramedic will perform an initial ALS assessment following local protocols – if the patient needs immediate hospital care based on this assessment, the paramedic will initiate 9-1-1.
 - ii. If the initial assessment reveals no critical concerns, the paramedic will conduct a comprehensive assessment. The guidelines for the community paramedic comprehensive assessment should be based on the core and regional assessment training and protocols.
- e. Following the assessments, the community paramedic will determine if the patient’s health status warrants attention before the next follow-up visit. The decision will be based on reviewing prior visit chart notes, recent lab results (if applicable) and findings from the routine and comprehensive assessments. If it is determined that the patient’s needs require medical attention, the community paramedic will contact the client’s primary care provider (PCP) (if applicable) for consultation. The community paramedic will update the PCP on the client’s condition and provide additional assessments as requested by the PCP. Upon conclusion of the referral, the PCP will determine the next course of action – such as a medication adjustment, sooner follow-up visit, transport to the emergency department (ED), etc.
 - a. If the patient does not require urgent/non-urgent medical attention, the community paramedic will review Social Environment/Need for Social Resources and/or conduct Living/ Home Safety Assessments to determine what other resources the patient could need.
 - b. If applicable, the community paramedic will then refer the patient to the appropriate community services and coordinate the development of an interdisciplinary comprehensive care plan.
 - c. The community paramedic may also work with the patient to identify and maximize informal sources of care including family members and neighbors.
 - d. Prior to departing, the Community Paramedic will confirm the day, time, and location of the next visit, and/or follow-up visit with PCP or community services.
 - e. The community paramedic will complete documentation of the visit, including related assessments and findings, and any action taken (e.g. PCP contact, transport to ED, referral to other resources)
 - f. If at any time during the visit, a patient has a chief complaint reflecting the need for ongoing ALS or BLS assessment, the 9-1-1 system should be engaged on their behalf, and patient should be transported to the emergency department of a general acute care hospital for assessment.

Appendix 4.1: Sample Community Paramedic Job Description

Job Title: **Community Paramedic**
Reports To: **<<Report Title>>**
Prepared Date: **<<Date>>**

Position Summary

Community paramedicine allows paramedics to function outside their traditional emergency response and transport roles to help facilitate more appropriate use of emergency care resources while enhancing access to primary care for medically underserved populations. It is an expansion of the role of the paramedic to provide health services beyond the typical 9-1-1 system, and engage with a specific subset of patients. By utilizing existing providers, promoting continuity of care, and maximizing existing efficiencies within the first response and emergency medical services system, Community Paramedicine programs empower local health care systems to provide care more effectively and efficiently. Community paramedics improve coordination among providers of medical services, behavioral health services, and social services, and may be involved in the delivery of care for individuals with tuberculosis.

Position Description

Community Paramedics in California may provide a range of, as approved by the local EMS agency overseeing the Community Paramedicine program. The two community paramedicine services currently approved are:

1. Providing directly observed therapy (DOT) to persons with tuberculosis in collaboration with a LEMSA 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.

General Duties and Responsibilities May Include: **(as needed by the system)**

Add/Remove specific duties and responsibilities as determined in the community health needs assessment and then delete this line

- Performs all primary job responsibilities listed for a Paramedic.
- Examines, screens, treats, and coordinates health services for patients.
- Provide assistance, education, and connection to primary care for frequent 9-1-1 utilizers.
- Conduct patient education, including diabetes prevention/treatment, hypertension, Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), falls assessment, injury evaluation, and geriatric frailty visits outside of 9-1-1 calls.

- Addressing the circumstances that result in repeated 9-1-1 calls, rather than intervening during such calls.
- Helps to coordinate appointments and follow-up with physicians and hospitals.
- Facilitating, in partnership with a LEMSA and LHO, the provision of DOT to persons with tuberculosis.

Supervisory Responsibilities

If Applicable, Enter job titles this position will supervise and then delete this line.

Required Qualifications

- Proof of an active, unrestricted California issued paramedic license
- Social Security Number or Individual Tax Identification Number
- LEMSA approved community paramedicine course completion certificate
- Proof of passing the IBSC community paramedic examination for community paramedics within the last two (2) years of the date of application submission.

Preferred Qualifications

- Multiple years of EMS experience with at least 3 years as a paramedic.
- Training, CQI, marketing and/or public information experience helpful.
- Professionalism and ability to be discreet with confidential and sensitive issues.
- Strong verbal communication, written communication, and organizational skills.
- Ability to handle multiple tasks, projects, and meet deadlines.

Certifications

- Current certification in Advanced Cardiac Life Support and Cardiopulmonary Resuscitation
- Current, unrestricted California issue paramedic license

Appendix 4.2: Community Paramedic Application Eligibility

The following are the Community Paramedic application requirements as stated in **§ 100192. Paramedic Scope of Practice, Accreditation, and Discipline**

Initial Accreditation Requirements

1. 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 (Division 2.5 of Health and Safety Code)
 - b. Social Security Number or Individual Tax Identification Number
 - c. LEMSA approved community paramedicine course completion certificate, and
 - d. Proof of passing the IBSC Community Paramedic-C examination for Community Paramedics within the last two (2) years of the date of application submission.
2. An initial Community Paramedic accreditation is deemed effective when recorded in the Central Registry public look-up database.
3. Certification expires on the last day of the month, two (2) years from the effective date

Renewal Eligibility:

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
 - a. proof of completion of eight (8) hours approved community paramedicine related continuing education (CE) every two (2) years, or
 - b. proof of continued active, unrestricted IBSC certification.

Reinstatement Eligibility - Expiration Date within last 12 months

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:
 - a. Proof of completion of eight (8) hours of approved local community paramedicine continuing education (CE), or
 - b. Proof of continued active, unrestricted IBSC certification.

Reinstatement Eligibility - Expiration Date Greater than 12 months

1. To be eligible for reinstatement of a Community Paramedic accreditation that has expired for more than twelve (12) months or less, the applicant shall

submit to the Community Paramedic program(s) LEMSA the following eligibility criteria for review:

- a. Proof of a current, 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.

Community Paramedics are subject to the discipline proceedings and standards described in Sections 100135 through 100144.1 of this division.

Appendix 4.3: Community Paramedic Application – Sample

Initial Community Paramedic Application

I certify that I meet and comply with the requirements of the Community Paramedic Accreditation requirements as outlined in Title 22 Chapter 5 Section 100192 Paramedic Scope of Practice, Accreditation and Discipline Requirements, including:

- (A) An active, unrestricted California-issued paramedic license
- (B) LEMSA-approved Community Paramedicine course completion certificate
- (C) Proof of passing the IBSC Community Paramedic-C examination for Community Paramedics within the last two years of the date of application submission

Printed Name (Community Paramedic)

Signature

Date

Appendix 5.1: Sample Policy for Collaboration with Public Health or Community Resource Entities

Section: Policies and Procedures
Subject: Community paramedicine program collaboration with public health or community resource entities.

The XXXX EMS Agency, in collaboration with XXXX EMS Provider will utilize Community Paramedics to provide community paramedicine services consisting of one or more of the program specialties described in Section 1815 of the Health and Safety Code under medical protocols developed by the LEMSA that are consistent with the minimum medical protocols established by the 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.

PURPOSE: To outline the policy for Community paramedicine program collaboration with public health or community resource entities for DOT and EMS high utilizer programs

DEFINITIONS:

“Directly observed therapy” means the appropriately prescribed course of treatment for tuberculosis disease in which the prescribed antituberculosis medications are administered to the person or taken by the person under direct observation of a health care provider or a designee of the health care provider approved by the local health officer.

PRINCIPLES:

5. EMS Provider Agency must be approved by the Emergency Medical Services Agency (EMSA) to provide community paramedicine services described in Section 1815 of the Health and Safety Code, and must be authorized to provide the community paramedicine program specialty pertaining to the provision case management services to frequent EMS users.
6. The Local EMS Agency must outline policy for collaboration with public health or community resource entities for DOT and EMS high utilizer programs per §100182(a)(5) and should strive to ensure that community resource entity perspectives are included in development of plans pertaining to community paramedic involvement in DOR and high utilizer programs.

POLICY:

10. Responsibilities of the Community Paramedic

- a. The community paramedic engaged in a 'frequent user' program is using additional training in assessment and available resources to provide case management services, in collaboration with, and by providing referral to, existing appropriate community resources.
- b. The community paramedic engaged in the DOT program is using addition training in Directly Observed Therapy and tuberculosis infection, in collaboration with a public health agency.

11. Responsibilities of the EMS Provider Agency

- a. Receive approval to use Community Paramedics to provide case management services through an approved Community Paramedicine Program.
- b. Provide Education and Training to Community Paramedics specific to DOT and case management that meets the minimum National, state and local training requirements.
- c. Ensure that the Community Paramedic receives training on the specific available resources locally, and that paramedics are introduced to existing community resource providers prior to deployment, either through classroom training, or field training opportunities.
- d. Identify a representative to act as the liaison between the LEMSA, Community Paramedicine Program, community resource providers, local health officer, California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB), California Tuberculosis Controllers Association (CTCA) and other healthcare providers involved in patient care related to one of the two approved community paramedicine specialties.
- e. Develop, maintain, and implement policies and procedures that address the following:
 - i. Completion of Patient Encounter Form for each patient
 - ii. Submission of patient report and encounter form to the health care provider and/or community resource provider involved in each case, ensuring that all patient health information is transferred and stored in a secure manner and in accordance with HIPAA laws.
- f. Develop a Quality Improvement Plan or Process to review variances and adverse events.
- g. Comply with data reporting requirements established by the LEMSA and EMS Authority, which are due by January 30, April 30, July 30, and October 30 each year Required data elements include:
 - i. For programs which provide directly observed therapy (DOT) to persons with Tuberculosis:
 1. Total patients enrolled who completed therapy successfully.
 2. Total patients enrolled who are still in the treatment program.
 3. Total number of patients enrolled who did not complete treatment successfully.
 - ii. For programs which provide case management services to EMS high utilizers, a summary of the reduction in EMS utilization, and any other impacts of the program (§100185(d)(1-2)

12. Responsibility of Local Health Officer

- a. Legal authority to enforce compliance with DOT is addressed in the California Health and Safety Code Section 121365. This section allows the Local Health Officer to issue an order requiring the person who has active TB, and who is unwilling or otherwise unable to follow a prescribed course of therapy, to complete an appropriate prescribed course of medication for TB through DOT.

13. Responsibility of Public Health and Community Resource Entities including Primary Care Providers

- a. Establishment of patient care goals, which should be noted in the agreement between the community paramedicine provider and the private partner.
- b. Submission of patient report and encounter form to the health care provider and/or resource provider (when appropriate) involved in each case, ensuring that all patient health information is transferred and stored in a secure manner and in accordance with HIPAA laws.
- c. Appoint an EMS Liaison Officer to act as a liaison between the health officer, public health representative, primary care provider, or community resource provider and the authorized EMS provider agency or community paramedic.

14. Patient Safety

- a. General
 - i. The goals and plans of the patient's primary care physician (if applicable) are paramount – these goals should be noted in the agreement between the community paramedicine provider and the private partner, to be reviewed and approved by the LEMSA **§100183(6)(b)**
 - ii. If at any time during engagement with a community paramedic, a patient has a change in status, or a chief complaint reflecting the need for ongoing ALS or BLS assessment, The 9-1-1 system should be engaged on their behalf, and patient should be transported to the emergency department of a general acute care hospital for assessment.
- b. Unusual Occurrences and Hospitalizations
 - i. All unusual occurrences, ED admissions, and hospitalizations involving patients receiving case management services from community paramedics or patients involved in DOT will be reviewed by the Provider Agency Medical Director and LEMSA Medical Director for appropriateness and will engage with appropriate health officer or community resource provider (if appropriate) to discuss opportunities for improvement.

15. **Referral to Community Paramedicine Case Management Program** – While most patients will be identified through an analysis of CEMSIS and prehospital patient care records by the EMS provider agency, clients may be referred to the community paramedicine program by primary care providers, hospital or clinic-based personnel, case managers, or social workers

16. Quality Improvement

- a. The EMS Service Provider approved by the EMSA to provide community paramedicine services will meet the requirements put forth in Title 22, Division 9, Chapter 12, Article 2 of the California Code of Regulations
- b. The LEMSA and all participating providers shall include any community paramedicine 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 (**§100186**)

Appendix 5.2: List of Potential Stakeholders to Consider and Sample Talking Point to Engage Stakeholders

While any community paramedicine program will require input from a wide range of partners, specific stakeholders may be determined based on the specific program specialty. Potential stakeholders/partners include the following:

- Local Public Health Departments
- Tuberculosis (TB) control physicians or managers
- California Department of Public Health (CDPH)
- Center for Infectious Diseases
- Tuberculosis Control Branch (TBCB)
- California Tuberculosis Controllers Association (CTCA)
- Social service agencies
- Payors
- Hospital systems
- Community-based organizations
- Law enforcement (i.e., Serial Inebriate Program)
- Behavioral health organizations (i.e. Psychiatric Emergency Response Team)
- Substance Use Disorder Services
- In-Home Supportive Services (IHSS) Program
- Local homeless organizations
- Conservator/public guardian's office

As with any project, there will be many diverse participants, decision-makers, and partners in community paramedicine programs. Each stakeholder will come to the table with differing goals and values and will be able to participate in different ways. It will be necessary to determine how CP programs can be respectful of the respective background of each stakeholder to leverage strengths, while ensuring sustainability and benefit of each program. Below are some talking points to engage potential stakeholders in the community paramedicine program.

Benefit for the Community

Community Paramedics (CPs) are members of a distinct community and, by working in collaboration with the LEMSAs where possible, they play an important role in assessing and evaluating community services and systems to identify gaps in services between the community and health care systems and services.

- CPs navigate and establish systems to better serve the citizens of their communities. They help individuals and communities overcome barriers that prevent them from accessing and benefiting from health services.

- CPs serve as advocates, facilitators, liaisons, community brokers, and resource coordinators.
- CPs are also trained as direct service providers which will ensure basic and advanced levels of care appropriate to prevention, emergencies, evaluation, triage, disease management, as well as the direct observation of therapy for persons with tuberculosis.
- CPs ensure the overall goal of mentoring and empowering citizens, communities, and health care systems to achieve positive outcomes and to reach the optimal level of wellness for everyone.
- CPs often visit patients at home, and are therefore able to make assessments and recommendations specific to that environment.
- CPs are trusted members of their community

Role in Primary/Preventative Care

Primary care involves the widest scope of health care, including patients of all ages, patients of all socioeconomic and geographic origins, patients seeking to maintain optimal health, and patients with all manner of acute and chronic physical, mental, and social health issues, including multiple chronic diseases. Successful primary health care results in better health outcomes, reduced health disparities and lower spending, including on avoidable emergency room visits and hospital care (Primary Care, 2016).

- CPs are integrated into the primary care model based on the needs of the community and will do so through the case management of services to frequent EMS users. In this capacity, they may also be able to serve as primary care extenders that act as the eyes and ears in the patient's home.
- CP's role in primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, and treatment of acute and chronic illnesses, primarily outside of the traditional 9-1-1 system. By improving preventative care, emergency conditions and 911 utilization can be reduced.

Role in Public Health

Assessment, policy development, and assurance are the three fundamental purposes of public health. Public health guides providers to align the services they provide with each unique community to meet the population's needs. The ten Essential Public Health Services are integral to community paramedicine as part of the education the providers receive and the types of care they provide their patients. They are as follows:

- Monitor and evaluate health status to identify community health problems;
- Diagnose and investigate health problems and health hazards in the community;
- Inform, educate, and empower people about health issues;
- Mobilize community partnerships to identify and solve health problems;
- Develop policies and plans that support individual and community health efforts;
- Enforce laws and regulations that protect and ensure public health and safety;

- Link people to needed personal health services and assure the provision of health care when otherwise unavailable;
- Assure a competent public and personal health care workforce;
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services; and
- Research for new insights and innovative solutions to health problems.

Role in the EMS System

Because of the potentially wide range of resources needed for frequent utilizers of the EMS system, the collaboration between many different health care agencies and CP programs in a community is essential to the success of any CP program. Most importantly, it is what is best for the patient.

- CPs are working with the LEMSAs to fill gaps where care is not being provided.
- CPs are redefining their role from emergency response to more patient education, prevention, and care coordination.
- Each local entity has existing programs and resources that could collaborate with, or receive referrals from, community paramedics.

Appendix 6.1: Sample Training Program Application Cover Page

Training Entity/Program Name

An application requesting approval as a
Community Paramedic Training Program

MAIN COURSE LOCATION/OFFICE:

CONTACT PERSON:

EMAIL:

PHONE NUMBER:

Submitted On: _____

Application For Authorization as an Approved Provider of Community Paramedicine (CP) Training Program

Appendix 6.2 – Sample Application for Authorization and as an Approved Training Program

1. CP Training Program Provider Agency Name and Location:

Agency Name: _____ *Phone No:* _____
 Street: _____ Fax No: _____
 City: _____ State: _____ ZIP Code: _____

2. Provider Mailing Address: (if different than above)

Street/PO Box: _____
 City: _____ State: _____ ZIP Code: _____

3. CP Program Medical Director (Full Name & Title)

Name: _____ Email: _____
 Title: _____

4. CP Program Director (Full Name & Title)

Name: _____ Email: _____
 Title: _____

5. CP Primary Instructor (Full Name & Title)

Name: _____ Email: _____
 Title: _____

6. Provider is A/AN (check ONE)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Hospital
<input type="checkbox"/> Base Hospital
<input type="checkbox"/> Pre-Hospital Services Provider
<input type="checkbox"/> EMT-P/EMT-I Training Program
<input type="checkbox"/> College /University | <input type="checkbox"/> Other School
<input type="checkbox"/> Other Governmental Agency
<input type="checkbox"/> Individual
<input type="checkbox"/> Other CE Provider _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Attach:

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 and Performance objectives for each skill.
3. The names and qualifications of the training program director, program medical director, and instructors.
4. If applicable, 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.
5. If applicable, 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
6. The proposed location(s) and date(s) for courses.
7. If applicable, written agreements between the training program and a hospital(s) and other clinical setting(s), for student placement for clinical education and training.
8. If applicable, written contracts or agreements between the training program and a provider agency(ies) for student placement for field internship training.
9. Samples of written and skills examinations administered by the training program.
10. Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.

I certify that I have read and understand the California Title 22 regulations and the County of _____ policies on education, and that I/this agency will comply with all guidelines, policies, and procedures described therein. I agree to comply with all audit & review provisions described. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

 Community Paramedicine Program Director

Submit Application and All Documentation to the LEMSA for your Geographic Area

Application Received Date:	Reviewed by:	Approval Date:	CE Number:	Fee Paid/Date:

(EMS Agency Use Only)

Community Paramedicine (CP) Training Program

Appendix 6.3 – Sample Notification of Training Program Approval Program

Thank you for your application and request for approval as a community paramedic training program. Upon review of your application materials, I/this agency have determined that:

1. Training Program application satisfactorily meets and documents compliance with all program requirements. (If yes, please sign below) Yes No
2. There are deficiencies with the application (If yes, please attach a separate document detailing deficiencies) Yes No

I/this agency certify that the below Training Program has been approved to provide certification of completion of didactic and clinical experience and that it includes a final comprehensive competency-based exam to test the knowledge and skills to provide community paramedic services. I/this agency certify that the application for certification provided by this training program meets all policies and procedures developed by this agency based on patient population and EMS system needs.

Date: _____

LEMSA

Effective Date of Training Program: _____

Expiration Date of Training Program: _____

Last day of the month Four (4) years from the date on which approval was issued

Application Received Date:	Reviewed by:	Approval Date:	CE Number:	Fee Paid/Date:

(EMS Agency Use Only)

Appendix 6.4: Minimum Training and Curriculum Requirements and Sample Statement of Compliance

Statement of Education Standards Compliance Community Paramedicine Training

XXX utilizes United States Department of Transportation National Education Standards (U.S. DOT) which includes learning and performance objectives.

XXXX utilizes approved curriculum that meets the minimum training and curriculum standards set forth in Chapter 5, section 100189:

Foundations of Community Paramedicine	Yes/No
Subjects and theories to be learned <ul style="list-style-type: none"> • Overview of the US and California Healthcare systems and reimbursement • Overview of Public Health • Effect of the Affordable Care Act of development of Community Paramedicine nationally and in California • Roles of the Community Paramedic • Community Paramedic Scope of Practice • Legal and Ethical issues in client- and community-centered care • Chronic disease management • Subacute Disease Management • Personal Safety and Wellness • International Board of Specialty Certification • Research in evidence-based practice 	
Knowledge and Abilities Acquired Should Include <ul style="list-style-type: none"> • Understanding the relationship of the system of care as a Community Paramedic within Public Health • Advocating for the client and the health care team through an equity lens • Maintaining a health workplace stressor balance 	
Cultural Humility, Equity and Access within Community Paramedicine and Healthcare	
Subjects and theories to be learned <ul style="list-style-type: none"> • Social determinants of health • Biomedical ethics • Equity versus equality • Implicit bias in healthcare • Disparities in healthcare access and health outcomes by age, race, gender, ethnicity, language, ability status, socioeconomic status, mental health, and community, • Cultural humility as a framework for public health and Community Paramedic practice • Roles of the culturally effective Community Paramedic • Trauma-informed care 	
Knowledge and Abilities Acquired Should Include <ul style="list-style-type: none"> • Examination of potential biases toward clients and/or communities. • Application of evidence-based tools and models for practicing cultural humility in client-centered care. • Connect with culturally diverse/aware community partners. • Application of culturally effective Community Paramedic as a community advocate. 	

<ul style="list-style-type: none"> • Access qualified interpreter services for language access and communication with clients and community. 	
Interdisciplinary Collaboration and Systems of Care Navigation	
<p>Subjects and theories to be learned</p> <ul style="list-style-type: none"> • Healthcare coordination • Systems of care navigation • Outreach and advocacy for target and at-risk populations • Client referral • Documentation across disciplines • 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. 	
<p>Knowledge and Abilities Acquired Should Include</p> <ul style="list-style-type: none"> • Collegial communications with interdisciplinary team members • Appreciative inquiry with care team members • Interdependent relationships with team members • Appropriate referrals and system navigation 	
Client-centered Care	
<p>Subjects and theories to be learned</p> <ul style="list-style-type: none"> • Client approach and the biophysical assessment, including embedding cultural humility practices in client case management • Motivational Interviewing • Interventional Techniques • Crisis Intervention • Client assessment, referral, and education • Creating a care plan • Implementing a care plan • Resources for client case management • Service coordination and client counseling • Documentation and follow up 	
<p>Knowledge and Abilities Acquired Should Include</p> <ul style="list-style-type: none"> • Core proficiency in health assessment, referral, health education, service coordination, and client-centered counseling. • Create resource map and examine webs of resources • Create outreach strategies to connect client/community to resources 	
Community and Public Health	
<p>Subjects and theories to be learned</p> <ul style="list-style-type: none"> • Population based care • Health equity across populations • Epidemiology • Public Health Mission • Community health/needs assessment • Public Health disaster response • Prevention • Isolation and Quarantine • Public education • Interagency Communications 	
<p>Knowledge and Abilities Acquired Should Include</p> <ul style="list-style-type: none"> • Engages in public health planning and implementation • Develops resources that aid in public health responses • Coordinates and manages mass events 	

In addition, XXX verifies utilization of:

- A minimum of two (2) formative examinations and one (1) final comprehensive competency-based examinations
- LEMSA approved Triage Paramedicine course completion certificate.
- Documentation of successful student clinical and field internship performance, if applicable.

XXX attests to utilizing an appropriate training program facility and equipment.

XXX attests to utilizing examination securities and complies with student record keeping requirements (CE Provider).

Signed: _____ Dated _____

Name and Title: _____

Appendix 6.5: Minimum Staff Requirements and Sample Statement of Compliance

Staff Qualifications for Community Paramedicine Training

Community Paramedic and Triage to Alternate Destination Training Programs should meet Administration and Faculty Requirements, as put forth in §100189. Please use the checklist below to ensure that the minimum staff skill/experience requirements have been met.

Staff	Yes/No
Program Medical Director <ul style="list-style-type: none"> • Board Certified or Board eligible emergency medical physician currently licensed in the State of California • Experience in emergency medicine • Education or experience in methods of instruction 	
Program Director <ul style="list-style-type: none"> • Knowledge or experience in local EMS protocol and policy • 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 • Education and experience in methods, materials, and evaluation of instruction including: <ul style="list-style-type: none"> ○ A minimum of one (1) year experience in an administrative or management level position ○ A minimum of three (3) years academic or clinical experience in prehospital care education. 	
Instructor <ul style="list-style-type: none"> • Physician, registered nurse, physician assistant, nurse practitioner, paramedic, who is currently certified or licensed in the State of California • 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 knowledgeable in the course content of the U.S. DOT National Emergency Medical Services Education Standards, • 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 • 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. 	

XXX attests to that they have provided *the names and qualifications of the training program director, program medical director, and instructors in the application for accreditation as a Community Paramedicine Training Program.*

Signed: _____ Dated _____

Name and Title: _____

Appendix 7.1 – Data Measures

This document highlights both the quarterly and annual data reporting requirements as noted in §100185, as well as additional qualitative and quantitative measures that can be used to track your Community Paramedicine Program. Collection of this information should be completed in a consistent and timely manner, and the effort should be a shared task between community paramedics, providers, and community partners. Additional data elements should also be added, as relevant to each specific Community Paramedicine Program. **The list below should serve as a reference point for measuring program success and is not meant to replace the EMS Authority Provided Template provided in Appendix 6.1.**

Measures of Program Process

These measures provide insight into the details of the scope and function of the program and should focus on quantitative reference points. These measures must include, but can also go beyond, the required data reports in §100185. Documentation and Data Submission, and may include:

- Total Number of clients enrolled in the case management program
- Total Number of clients enrolled in the DOT program who are still enrolled. *
- Demographics of the clients enrolled including
 - Percentage of uninsured, Medicaid and Medicare patients
 - Percentage of non-English speaking clients
 - Age range of clients
 - Number of visits (total and average per patient)
- Leading outcomes of visits (tracked by number of events)

Measures of Program Outcome

These measures would provide insight into the impact of the program and should focus on reduction in EMS use, therapy outcomes for clients enrolled in DOT, and the overall results of the CP program. These may include:

- Number/percent reduction in the overall use of 9-1-1 EMS systems by each enrolled client.
- Percent of case management clients reporting improved quality of life
- Total patients enrolled who completed therapy successfully.*
- Total number of patients enrolled who were lost to follow up.*
- Summary of the reduction in EMS utilization, and any other impacts of the program.*
- Total number of patients referred to existing appropriate community/social services or resources
- Number/percent of patients with a documented care plan

*Indicates Data Elements Required in by Chapter 5. **§100185**

Appendix 7.2: Community Paramedicine and Triage to Alternate Destination Annex of the EMS Plan.

The following 6 pages can be used to integrate the proposed community paramedicine or triage to alternate destination program into the LEMSA's EMS plan described in Article 2 (commencing with Section 1797.250) of Chapter 4 of the Health and Safety Code, meeting a program requirement put forth in **§100183. Program Requirements and Minimum Standards**



EMS Agency Certification

	Community Paramedic	Triage Paramedic
Total certified and accredited		
Number newly certified this year		
Number recertified this year		
Total accredited on July 1 of reporting year		
Number of certification reviews resulting in:		
• Formal investigations		
• Probation		
• Suspensions		
• Revocations		
• Denials		
• No action taken		

Facility Resource

County:	_____
Alt. Destination Facility:	_____
Address:	_____ _____
Phone No.:	
Authorized Facility: <input type="checkbox"/> Mental Health <input type="checkbox"/> Sobering Center	
<i>The alternate destination facility maintains adequate licensed medical and professional staff, facilities, and equipment in accordance with the provisions of section 1831 of the Health and Safety Code and California Code of Regulations, Title 22, Division 9, Chapter 5.</i>	



Provider Resource

County: _____

ALS Provider: _____

Address: _____

Phone Number: _____

Response Area: _____

Written Agreement with LEMSA to Participate in EMS System (attach):

Yes No

Annual review of provider agreements by LEMSA in accordance with §100183:

Yes No

Ownership:
 Public Private

If Public:
 Fire Law Other _____

If Public:
 City State Fed. County Fire Dist.

Community Paramedicine Provider
 Yes No

Triage to Alternate Destination Provider
 Yes No

Responses and Transports	
Community Paramedicine	
Total number of responses:	
Total number of transports to general acute care hospitals:	
Triage to Alternate Destination Provider	
Total number of responses:	
Total number of transports to general acute care hospitals:	
Total number of transports to alternate destination facilities:	
Number of transports to authorized mental health facility:	
Number of transports to authorized sobering center:	



County: _____

Reporting Year: _____

EMS Agency Community Paramedicine Program

In accordance with Chapter 5. Community Paramedicine and Triage to Alternate Destination §100182(a) A LEMSA that elects to implement Community Paramedicine (CP) or Triage to Alternate Destination (TAD) program pursuant to Section 1840 of the Health and Safety Code shall develop and, prior to implementation, submit a plan for that program to the Authority for review and approval that includes attesting the following:

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

- 2) List program medical protocols and policies. (attach)

- 3) Outline policies for collaboration with public health or community resource



4) Outline the policies and process for Approval of and Oversight of CP and TAD Training Programs. (attach)

5) Outline the policies and process for dealing with Paramedic Scope of Practice, Accreditation, and Discipline. (attach)



County: _____

Reporting Year: _____

EMS Agency Training Program

Do you have a process for certifying and accrediting community paramedics in providing community paramedicine services and for monitoring and withdrawing approvals to ensure continued compliance with statute?

Yes No

Does the training for community paramedics include the following program specialties:

- Providing directly observed therapy 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?
- Providing case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources?

Yes No

Yes No

Does the training for triage paramedics include the following program specialties:

- 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. This paragraph does not impact or alter existing authorities applicable to a licensed paramedic operating under the medical control policies adopted by a local EMS agency medical director to treat and keep a hospice patient in the patient's current residence, or otherwise require transport to an acute care hospital in the absence of an approved triage to alternate destination hospice program?
- Providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility, as defined in section 1811 of the Health and Safety Code?
- Providing transport services for patients who identify as veterans and desire transport to a local veteran's administration emergency department for treatment, when appropriate?

Yes No

Yes No

Yes No

Does the Mental Health Facility training and accreditation for triage paramedics authorizing transport to an alternate destination facility include, but not limited to, instruction on the following topics:

- a) Mental health crisis intervention provided by a licensed physician and surgeon with experience in the emergency department of a general acute care hospital?
- b) Assessment and treatment of intoxicated patients?
- c) Policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility?

Yes No

Yes No

Yes No



Does the Mental Health TAD training and accreditation for triage paramedics authorizing transport to an alternate destination facility include, but not limited to, training on the following topics:

- a) Psychiatric orders? Yes No
- b) Neuropharmacology? Yes No
- c) Alcohol and substance abuse? Yes No
- d) Patient consent? Yes No
- e) Patient documentation? Yes No
- f) Medical quality improvement? Yes No

Does the training for triage paramedics authorizing transport to a sobering center include the following instruction:

- a) The impact of alcohol intoxication on the local public health and emergency medical services system? Yes No
- b) Alcohol and substance use disorders? Yes No
- c) Triage and transport parameters? Yes No
- d) Health risks and interventions in stabilizing acutely intoxicated patients? Yes No
- e) Common conditions with presentations similar to intoxication? Yes No
- f) Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use disorders? Yes No