



AGENDA

MONO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



**Mammoth Hospital
ED Lounge/Conference Room**

**February 3, 2015
9:00 a.m.**

Purpose: Information Sharing

Meeting Facilitator: Dr. Rick Johnson

Timekeeper: Denice Stiles

Record Keeper: Paul Easterling

	AGENDA ITEM	PERSON(S)	DISCUSSION/ACTION
I.	CALL TO ORDER	Dr. Johnson	
II.	APPROVAL OF MINUTES September 23, 2014	Dr. Johnson	Action
III.	DISCUSSION/ACTION ITEMS		
	A. ICEMA Update	Tom Lynch	Discussion
	B. Community Paramedic Update	Tom Lynch	Discussion
	C. ICEMA Committees (MAC and SAC)	Dr. Johnson	Discussion/Action
	D. Quality Improvement Plan	Dr. Johnson	Discussion
	E. EMCC Appointments	Dr. Johnson	Discussion/Action
	F. ReddiNet	Dr. Johnson /Linda Tripoli	Discussion
	G. Air Ambulance	Mike Patterson	Discussion
	H. Public Safety Regulations	Dr. Johnson	Discussion
IV.	EMS SYSTEM MANAGEMENT REPORTS <ul style="list-style-type: none"> • Base Hospital Report • Scantron/ePCR Report 		Information
V.	OTHER/PUBLIC COMMENT		
VI.	REQUESTS FOR NEXT MEETING		
VII.	NEXT MEETING DATE: March 24, 2015		
VIII.	ADJOURNMENT		

The Mono County Emergency Medical Care Committee (EMCC) meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed in order to participate in the public meeting, requests should be made through the Inland Counties Emergency Medical Agency at least three (3) business days prior to the EMCC meeting. The telephone number is (909) 388-5823, and the office is located at 1425 South "D" Street, San Bernardino, CA 92408.



MINUTES

MONO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



**September 23, 2014
9:00 a.m.**

AGENDA ITEM		DISCUSSION/FOLLOW UP	RESPONSIBLE PERSON(S)
I.	CALL TO ORDER	Meeting called to order at approximately 0900.	
II.	APPROVAL OF MINUTES	The May 13, 2014, minutes were approved. MSC: Dr. Johnson / Lori Baitx	
III.	DISCUSSION/ACTION ITEMS		
	A. ICEMA Updates		
	1. Quality Improvement Plan	ICEMA is currently developing a revised Quality Improvement Plan and a combined Medical Advisory Committee (MAC) and System Advisory Committee (SAC) task force was identified to provide input once the draft is completed. As required, ICEMA submits annual updates but plan revision will include QI indicators.	Tom Lynch
	2. Committee Attendance	Discussion regarding MAC/SAC and ICEMA encouraged increased participation from Mono County (possibly through video conferencing). Mark Roberts is the point of contact at ICEMA for technical assistance and Lynda Salcido will be the contact for Mono. The hope is to get this technology up and running soon to make it easier for everyone's participation. There was also discussion of possibly moving some of the meetings to accommodate video conferencing. Rosemary is the MAC designee and Rob is the SAC designee.	
	B. Community Paramedic Update	Community Paramedicine is on hold pending OSHPD approval. Decision expected mid-November. If approved, training will most likely begin in early 2015 with implementation in the spring. Currently there are 12 pilot programs mostly related to post discharge follow up and alternate destination. Ventura County is the only program that is different and they will monitor patients taking TB medication. The insurance reimbursement and the financial impact have not yet been determined. Most programs in the U.S. are absent reimbursement except for the REMSA (Reno) project. Some healthcare unions have strongly opposed Community Paramedicine.	Tom Lynch
	C. Mountain Warfare Training Center (MWTC) ALS	Discussion tabled since MWTC was not in attendance. Rosemary will reach out to discuss any issues with MWTC.	Denice Stiles

	D. Air Ambulance Operations	Air Ambulance Operations Committee has not met. Updates will be given as needed. American Med Flight has applied for authorization as an authorized Air Provider.	Dr. Johnson/ Paul Easterling
	E. EMCC Appointments	Each current EMCC member was recommended for reappointment to the BOS (2 year terms), with the addition of adding Rob Deforrest. Dr. Johnson brought up the idea of possibly changing membership and adding extra positions like possibly law enforcement, emergency management, etc. Maybe a possibility of having evening meetings to get better attendance.	Dr. Johnson
	F. Healthcare Coalition	Statewide Medical and Health exercise is coming up and will focus on an immersing infectious disease. Table top will be on October 9 th , with the functional exercise on November 19 th . Communications will be set between the PH DOC and the hospital HCC. Entities that will be involved will be EMS, Bishop Amateur Radio Club, Sierra Life Flight, Pioneer Home Health, Antelope Valley CERT, Mountain Warfare Clinic, Sierra Park Clinics, Bridgeport Clinics, OB, Med Surge, and ER at Mammoth Hospital. California has released guidance on Ebola. Questions on how EMS and Hospitals protect themselves. Military hospitals have been ramping up on Ebola preparations and most Ebola patients that would arrive in the U.S. would most likely end up at one of the 4 dedicated Ebola hospitals in Emery, Nebraska, Maryland, and Montana.	Dr. Johnson
	G. 2015 Meeting Dates	Next meeting date is scheduled for the week of Thanksgiving, but discussion regarding potential change of date. It would have to depend on Inyo County as well. Possibly the week before Thanksgiving or the first week of December.	Paul Easterling
IV.	EMS System Management Reports	Informational	Ron Holk
	A. Base Hospital Report	No comments	
	B. Scantron/ePCR Report	No comments	
V.	OTHER/PUBLIC COMMENT	No comment	
VI.	REQUEST FOR NEXT MEETING	None	
VII.	NEXT MEETING DATE:	November 25, 2014	
VIII.	ADJOURNMENT	Meeting was adjourned at approximately 1030.	

Attendees:

NAME	MAC POSITION	EMS AGENCY STAFF	POSITION
<input checked="" type="checkbox"/> Rick Johnson, MD	Mono County Health Officer	<input checked="" type="checkbox"/> Tom Lynch	EMS Administrator (by phone)
<input type="checkbox"/> Ales Tomaier	Mono County Fire Chief's Assoc.	<input checked="" type="checkbox"/> Denice Wicker-Stiles	Asst. Administrator (by phone)
<input checked="" type="checkbox"/> Lori Baitx, RN	Mammoth Hospital	<input checked="" type="checkbox"/> Paul Easterling	EMS Specialist (by phone)
<input checked="" type="checkbox"/> Rosemary Sachs, RN	Mammoth Hospital		
<input checked="" type="checkbox"/> Lynda Salcido	Mono County EMS		

GUESTS	AGENCY
Frank Frievalt	Mammoth Lakes Fire
Ray McGrale	Mono County EMS
Rob De Forrest	Mono County EMS



ICEMA MEDICAL ADVISORY COMMITTEE

APPOINTMENTS

MEMBER NAME	MAC POSITION	# OF REPS	APPOINTING AUTHORITY
Jeff Grange - LLUMC VACANT	Trauma Hospital Physician	2	Each Trauma Center
Andrea Thorp - LLUMC	Pediatric Critical Care Physician	1	HASC
Todd Sallenbach - HDMC (Chair) Phong Nguyen	Non-Trauma Base Physician	2	Non-Trauma Base Hospitals
Aaron Rubin - Kaiser	Non-Base Hospital Physician	1	Non-Base Hospitals
Michael Neeki - Rialto FD	Public Transport Medical Director	1	Public Transport Providers
Sam Chua - AMR	Private Transport Medical Director	1	Private Transport Providers
Debbie Bervel - SB City FD	Fire Department Medical Director	1	SB County Fire Chiefs Association
Joy Peters - ARMC	EMS Nurses	1	EMS Nurses Committee
Joe Powell - Rialto FD	EMS Officers	1	EMS Officers Committee
Leslie Parham - SB County FD	Public Transport Medical Rep (Paramedic/RN)	1	SB County Fire Chiefs Association
Susie Moss - AMR	Private Transport Medical Rep (Paramedic/RN)	1	Ambulance Association
Lance Brown - LLUMC	Specialty Center Medical Director	1	Specialty Centers
Joanna Yang - LLUMC	Specialty Center (Trauma/STEMI/Stroke) Coordinator	1	Specialty Centers
Troy Pennington - ARMC	Private Air Transport Medical Director	1	Private Air Transport
Stephen Patterson - Sheriff's Air Rescue	Public Air Transport Medical Director	1	Public Air Transport
Micheal Guirguis - SB Comm Center	PSAP Medical Director	1	PSAPs
Andrew Stevens	Inyo County Representative	1	Inyo County EMCC
Rosemary Sachs	Mono County Representative	1	Mono County EMCC
Kevin Parkes - SACH	SAC Liaison	1	SAC Membership
	Others, as needed		ICEMA Medical Director

Updated 10/23/14
/jlm



ICEMA SYSTEMS ADVISORY COMMITTEE

APPOINTMENTS

MEMBER NAME	SAC POSITION	# OF REPS	APPOINTING AUTHORITY
Lieut. Mitch Dattilo - SBC Sheriff Dept.	Sheriff's Department	1	SB County Sheriff
VACANT	Public Safety Answering Points (PSAPs)	1	PSAPs Consensus
Mike Antonucci - SBC OES	County Office of Emergency Services	1	SB County OES Manager
Ray Ramirez - OFD	Fire Service	1	SB County Fire Chiefs Association
Sandy Carnes - RCFD	EMS Officers	1	SB County Fire Chiefs Association
Mike deMoet, Montclair PD, Police Chief	Law Enforcement	1	SB County Police Chiefs and Sheriff's Association
Llyod Duplechan, KP - Ontario	Receiving Hospital Representative	1	Hospital Assoc. of Southern California
Kevin Parkes - SACH	Specialty Care Hospital Representative	1	Hospital Assoc. of Southern California
Renee Colarossi - AMR	Private Ambulance Providers	1	Ambulance Providers Consensus
William Hinton - Mercy	Private Air Transport Providers	1	Private Air Transport Consensus
Sgt. Al Daniel - SBC Sheriff Dept.	Public Air Transport Providers	1	Public Air Transport Consensus
Randy Huey - SBC ISD	County Information Services	1	SB County ISD Director
Pete Roebuck - CVFD	EMS Continuing Education Providers	1	CE Providers Consensus
Judd Symons - Symons Ambulance	Inyo County Representative	1	Inyo County EMCC
Rob DeForrest - Mono County EMS	Mono County Representative	1	Mono County EMCC
Todd Sallenbach - Hi-Desert MC	MAC Liaison	1	MAC Membership
Shane Panto - CHP	ICEMA EMS Administrator Appointee		
	Others, as needed		ICEMA EMS Administrator

Updated 10/23/14

/jlm

Staff Report

TITLE 22, DIVISION 9, CHAPTER 1.5 FIRST AID AND CPR STANDARDS AND TRAINING FOR PUBLIC SAFETY PERSONNEL

The Public Safety regulations recently underwent a fourth (4th) comment period. Proposed changes include:

- Training Programs in Operation – Evidence of compliance of the chapter is due within 24 months after the effective date of the regulations, instead of six (6) months.
- Public Safety First Aid and CPR Training Standards - The initial course of instruction shall consist of not less than 21 hours in first aid and CPR (including AED), every two (2) years.
- Regulations for trial studies have been added.
- Authorized Skills for Public Safety First Aid Providers – Standard BLS Skills
- Upon authorization of the ICEMA Medical Director and the development of policies and procedures, Public Safety personnel may provide the following optional skills:
 - Administer epinephrine by auto-injector
 - Administer supplemental oxygen therapy using non-rebreather or nasal cannula and BVM
 - Administer auto injectors containing atropine and pralidoxime chloride for nerve agent exposure
 - Administer naloxone for suspected narcotic overdose
 - Utilize OPAs and NPAs.
- Within 24 months of regulation adoption, in consultation with the authority, POST must develop a course curriculum and testing competency standards. All course outlines, written tests, and competency testing criteria used in an approved program are subject to oversight and periodic review as determined by EMSA.

California Code of Regulations
Title 22. Social Security
Division 9. Prehospital Emergency Medical Services
Chapter 1.5. First Aid and CPR Standards and Training for Public Safety
Personnel

The Emergency Medical Services Authority has illustrated changes to the original text in the following manner:

- Additions to 4th 15-day text= underline
 - Deletions to 4th 15-day text= ~~strikeout~~
 - Additions to 3rd 15-day text= underline
 - Deletions to 3rd 15-day text= ~~strikeout~~
 - Additions to 2nd 15-Day text = double underline
 - Deletions to 2nd 15-Day = ~~double strikeout~~
 - Additions to text proposed in 45-day comment period = double underline
 - Deletions to text proposed in 45-day comment period= ~~double strikeout~~
 - Additions to the original text = underline
 - Deletions to the original text = ~~strikeout~~
-

Article 1. Definitions

§ 100005. Automated External Defibrillator or AED.

“Automated External Defibrillator or AED” means an external defibrillator capable of cardiac rhythm analysis which will charge and deliver a shock either automatically or by user interaction after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections ~~1797.52~~, 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100006. Public Safety AED Service Provider. (no change)

§ 100007. Cardiopulmonary Resuscitation.

“Cardiopulmonary resuscitation” or “CPR” (CPR) means establishing and maintaining an open airway, ensuring adequate respiration, ~~either spontaneously or by use of rescue breathing,~~ and ensuring adequate circulation either spontaneously or by means of closed chest cardiac compression, according to standards promulgated by the ~~current~~ 2010 current American Heart Association’s (AHA) Emergency Cardiovascular Care (ECC) Guidelines, ~~and/or the American Red Cross.~~

1 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
2 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

3
4 **§ 100008. Firefighter. (no change)**

5
6 **§ 100009. Public Safety First Aid.**

7 “Public ~~S~~safety ~~F~~first aid” means the recognition of and immediate care for injury or
8 sudden illness, including medical emergencies, by public safety personnel prior to the
9 availability of medical care by licensed or certified health care professionals.

10 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
11 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

12
13 **§ 100010. Lifeguard. (no change)**

14
15 **§ 100011. Peace Officer. (no change)**

16
17 **§ 100012. Primarily Clerical or Administrative. (no change)**

18
19 ~~**§ 100013. Qualified Instructor.**~~

20 “~~Qualified instructor~~” is a trained individual who shall be certified to teach first aid and/or
21 CPR by the approving authority specified in Section 100026 of this Chapter.

22 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
23 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

24
25 ~~**§ 100014**~~ **100013. Regularly Employed. (no change)**

26
27 **Article 2. General Training Provisions**

28
29 ~~**§ 100015**~~ ~~**100013**~~ **100014. Application and Scope.**

30 Except those whose duties are primarily clerical or administrative, the following regularly
31 employed public safety personnel shall be trained to administer first aid, CPR and use
32 an AED cardiopulmonary resuscitation CPR according to the standards set forth in this
33 Chapter:

- 34 (a) lifeguard;
35 (b) firefighter;
36 (c) peace officer.

37 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
38 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

39
40 ~~**§ 100016**~~ ~~**100014**~~ **100015. Training Programs In Operation.**

41 Training programs in operation prior to the effective date of these regulations shall
42 submit evidence of compliance with this Chapter to the appropriate approving Authority
43 as specified in Section 400026 ~~100021~~ 100023 of this Chapter within ~~six (6)~~ twenty-
44 four (24) months after the effective date of these regulations.

1 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
2 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

3
4 **§ ~~100017~~ ~~100015~~ 100016. Time Limitation for Initial Training.**

5 The initial training requirements specified in Section ~~100016~~ 100017 of this Chapter
6 shall be satisfactorily completed within one (1) year from the effective date of the
7 individual's initial employment and, whenever possible, prior to assumption of regular
8 duty in one of the personnel categories set forth in Section ~~100016~~ ~~100013~~ 100014 of
9 this Chapter.

10 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
11 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

12
13 **Article 3. Public Safety First Aid and CPR Training Standards**

14
15 **§ ~~100018~~ ~~100016~~ 100017. Scope of Course Public Safety First Aid and CPR**
16 **Course Content.**

17 (a) The initial course of instruction shall at a minimum consist of not less than ~~fifteen~~
18 ~~(15) hours in first aid and six (6) hours in cardiopulmonary resuscitation~~ twenty-one (21)
19 hours in first aid and CPR.

20 (b) The course of instruction shall include, but need not be limited to, the following
21 scope of courses as described in (c) below, which shall prepare personnel specified in
22 Section ~~100016~~ ~~100013~~ 100014 of this Chapter to recognize the injury or illness of
23 the individual and render assistance;.

24 (c) The content of the training course shall include recognition and basic first aid level
25 treatment of at least the following topics and shall be ~~skill-oriented~~ competency
26 based:

27 ~~(1) Emergency action principles which describe the basic problems of decision making~~
28 ~~in first aid; Role of the Ppublic Ssafety Ffirst Aaid provider;~~

29 (A) Personal safety;

30 (i) Scene size-up;

31 (B) Body substance isolation, including removing contaminated gloves;

32 (C) Legal considerations;

33 (D) Emergency Medical Services (EMS) access;

34 (E) Integration with EMS personnel to include active shooter incidents;

35 (F) Minimum equipment and Ffirst Aaid kits;.

36 (2) Heart attack and sudden cardiac arrest;

37 (A) Respiratory and circulatory systems;

38 (B) Heart attack;

39 (C) Sudden cardiac arrest and early defibrillation;

40 (D) Chain of survival;.

41 (3) CPR and AED for adults, children, and infants, following ~~current the 2010 current~~

42 AHA ECC Guidelines at the Healthcare provider level or ~~BLS for Prehospital~~

43 ~~Providers level, not inclusive of AED training;~~

44 (A) Basic airway management;

- 1 ~~(B) Use of nasopharyngeal (nasal) airways (NPAs);~~
- 2 ~~(i) Insertion and assessment of placement;~~
- 3 ~~(ii) Indications and contraindications;~~
- 4 ~~(C-B) Rescue breathing;~~
- 5 ~~(i) Mouth-to-mouth;~~
- 6 ~~(ii) Mouth-to-mask;~~
- 7 ~~(iii) Bag-valve-mask (BVM).~~
- 8 ~~(D-C) Chest compressions and CPR/AED;~~
- 9 ~~(i) Basic AED operation;~~
- 10 ~~(ii) Using the AED;~~
- 11 ~~(iii) Troubleshooting and other considerations;~~
- 12 ~~(E-D) Single rescuer CPR/AED on adult, child and infant;~~
- 13 ~~(F-E) Two rescuer CPR/AED on adult, child and infant;~~
- 14 ~~(G-F) Recovery position;~~
- 15 ~~(4) Management of foreign body airway obstruction on adults, children, and infants;~~
- 16 ~~(A) Conscious patients;~~
- 17 ~~(B) Unconscious patients;~~
- 18 ~~(5) Examination and assessment of~~ Recognition and identification of adult and pediatric
- 19 patients for both medical and traumatic emergencies;
- 20 ~~(A) Performing a primary assessment;~~
- 21 ~~(B) Performing physical a secondary assessment;~~
- 22 ~~(C) Obtaining a patient history;~~
- 23 ~~(6) Medical Eemergencies;~~
- 24 ~~(A) Pain, severe pressure, or discomfort in chest;~~
- 25 ~~(B) Breathing difficulties, including asthma and COPD;~~
- 26 ~~(C) Allergic reactions and anaphylaxis;~~
- 27 ~~(D) Altered mental status;~~
- 28 ~~(E) Stroke;~~
- 29 ~~(F) Diabetic emergencies;~~
- 30 ~~(i) Administration of oral glucose.~~
- 31 ~~(G) Seizures;~~
- 32 ~~(H) Alcohol and drug emergencies;~~
- 33 ~~(i) Assisted naloxone administration and accessing EMS.~~
- 34 ~~(I) Severe abdominal pain;~~
- 35 ~~(J) Obstetrical emergencies;~~
- 36 ~~(K) Sudden Infant Death Syndrome (SIDS);~~
- 37 ~~(7) Burns;~~
- 38 ~~(A) Thermal burns;~~
- 39 ~~(B) Chemical burns;~~
- 40 ~~(C) Electrical burns;~~
- 41 ~~(8) Facial Iinjuries;~~
- 42 ~~(A) Objects in the eye;~~
- 43 ~~(B) Chemical in the eye;~~
- 44 ~~(C) Nosebleed;~~
- 45 ~~(D) Dental emergencies;~~

- 1 (9) Environmental **E**mergencies;
- 2 (A) Heat emergencies;
- 3 (B) Cold emergencies;
- 4 (C) Drowning~~;~~
- 5 (10) Bites and **S**tings;
- 6 (A) Insect bites and stings;
- 7 (B) Animal and human bites;
- 8 (C) Assisted administration of epinephrine auto-injector and accessing EMS.
- 9 (11) Poisoning;
- 10 (A) Ingested poisoning;
- 11 (B) Inhaled poisoning;
- 12 (C) Exposure to chemical, biological, ~~or~~ radiological, or nuclear (CBRN) substances;
- 13 (i) Recognition of exposure;
- 14 (ii) Scene safety~~;~~
- 15 (D) Poison control system~~;~~
- 16 (12) ~~Management~~ Identify signs and symptoms of **P**psychological **E**mergencies~~;~~
- 17 (13) Patient **M**ovement;
- 18 (A) Emergency movement of patients;
- 19 (B) Lifts and carries which may include: using soft litters and manual
- 20 extractions including fore/aft, side-by-side, shoulder/belt.
- 21 ~~(C) Extrication and movement of patients using soft litters and manual~~
- 22 ~~extractions including fore/aft, side-by-side, shoulder/belt.~~
- 23 (14) Tactical and **R**rescue **F**irst **A**aid **P**principles **A**ppplied
- 24 to ~~Special~~ **V**iolent **C**ircumstances;
- 25 (A) Principles of tactical ~~emergency~~ casualty care;
- 26 (i) Determining treatment priorities.
- 27 ~~(B) Extrication and movement of patients using soft litters and manual extractions~~
- 28 ~~including fore/aft, side-by-side, shoulder/belt;~~
- 29 ~~(C) Basic airway management;~~
- 30 ~~(D) Medical threat assessment and planning;~~
- 31 ~~(E) Integration between EMS and law enforcement for active shooter incidents;~~
- 32 (15) Orientation to the EMS **S**system, including;
- 33 (A) 9-1-1 access;
- 34 (B) Interaction with EMS personnel;
- 35 ~~Orientation to~~ Identification of local EMS and trauma systems.
- 36 (16) Trauma **E**mergencies;
- 37 (A) Soft tissue injuries and wounds;
- 38 (B) Amputations and impaled objects;
- 39 (C) Chest and abdominal injuries;
- 40 (i) Review of basic treatment for chest wall injuries;
- 41 (ii) Application of chest seals~~;~~
- 42 (D) Head, neck, or back injury;
- 43 (E) Spinal immobilization;
- 44 (F) Musculoskeletal trauma and splinting;
- 45 (G) Recognition of signs and symptoms of shock;

- 1 (i) Basic treatment of shock;
2 (ii) Importance of maintaining normal body temperature;
3 (H) Internal bleeding;
4 (I) Control of bleeding, including direct pressure, tourniquet, hemostatic
5 Dressings, chest seals and dressings;
6 (i) Training in the use of hemostatic dressings shall consist of not less than one (1) hour
7 resulting in competency in the application of hemostatic dressings. Included in the
8 training shall be the following topics and skills:
9 (1.) Review of basic methods of bleeding control to include but not be limited to direct
10 pressure, pressure bandages, tourniquets, and hemostatic dressings and wound
11 packing;
12 (2.) Types of hemostatic dressings.
13 (2) First-aid for medical emergencies, including sudden illnesses;
14 (3) Cardiac and respiratory emergencies, including cardiac and/or respiratory failures in
15 victims of all ages;
16 (4) First-aid for traumatic injuries including wounds, and life-threatening bleeding;
17 (5) First-aid for specific injuries, including care for specific injuries to different parts of
18 the body;
19 (6) Bandaging, including materials and guidelines used in bandaging;
20 (7) First-aid for environmental emergencies including burns, heat and chemical burns,
21 electrical emergencies and exposure to radiation, or climatic changes;
22 (8) First-aid for injuries to bones, muscles, and joints;
23 (9) Emergency rescue and transfer;
24 (10) First-aid for obstetrical emergencies.
25 Note: Authority cited: Section 1797.107 and 1797.193, Health and Safety Code.
26 Reference: Sections 1797.176, 1797.182 and 1797.183, Health and Safety Code; and
27 Section 13518, Penal Code.

- 28
29 **§ 100019. Required Topics.**
30 The content of the training course shall include at least the following topics and shall be
31 skill-oriented:
32 ~~(a) Examination and assessment of the victim;~~
33 ~~(b) Orientation to the EMS system;~~
34 ~~(c) Suspected heart attack or stroke;~~
35 ~~(d) Fainting, convulsions, and/or suspected drug abuse;~~
36 ~~(e) Heat exhaustion, heat stroke, hypothermia and frost bite;~~
37 ~~(f) Mouth-to-mouth breathing and care for choking victims whether conscious or~~
38 ~~unconscious;~~
39 ~~(g) Types of wounds and control of bleeding;~~
40 ~~(h) Shock, and its causes, infection and closed wounds;~~
41 ~~(i) Eye, face, scalp, jaw and ear injuries;~~
42 ~~(j) Injuries of the head, neck, back, trunk, arms and legs;~~
43 ~~(k) Exposure to toxic substances;~~
44 ~~(l) Bites and stings by snakes, marine life and insects;~~
45 ~~(m) Bandaging techniques, first aid kits and supplies;~~

- 1 (n) Determination of the severity of burns, including first, second, and third degree
2 burns;
3 (o) Fractures, both open and closed, splinting, and care for fractures, sprains, strains
4 and dislocated joints;
5 (p) Techniques of cardiopulmonary resuscitation; and
6 (q) Obstetrical emergencies.

7 Note: Authority cited: Section: 1797.107, Health and Safety Code. Reference: Sections
8 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.
9

10 **§ ~~100017~~ 100018. Scope of Practice Authorized Skills for Public Safety First**
11 **Aid Providers**

12 (a) A Public ~~S~~safety ~~F~~first ~~A~~aid provider during training, or while at the scene of an
13 emergency, after completion of training and demonstration of competency to the
14 satisfaction of the approved training provider for each skill listed in this section, is
15 authorized to perform medical care while at the scene of an emergency including, but
16 not limited to, CPR and AED and may do any of the following:

17 (1) Evaluate the ill and injured;

18 (2) Provide treatment for shock.

19 (3) Use the following techniques to support airway and breathing:

20 (A) Manual airway opening methods, including head-tilt chin-lift and/ or jaw thrust;

21 (B) Manual methods to remove an airway obstruction in adults, children, and infants;

22 ~~(C) Use nasopharyngeal (nasal) airways (NPAs);~~

23 ~~(D) Use the recovery position.~~

24 ~~(4) Use~~ Perform the following during emergency care:

25 (A) Spinal immobilization;

26 (B) Splinting of extremities;

27 (C) Emergency eye irrigation using water or normal saline;

28 (D) Assist with administration of oral glucose;

29 (E) Assist patients with administration of physician-prescribed epinephrine devices and
30 naloxone;

31 (F) Assist in emergency childbirth;

32 (G) Hemorrhage control using direct pressure, pressure bandages, principles of
33 pressure points, and tourniquets. Hemostatic dressings and wound packing may be
34 ~~used when approved by the LEMSA Medical Director and from the list approved by the~~
35 EMS Authority;

36 (H) Chest seals and dressings;

37 (I) Simple decontamination techniques and use of decontamination equipment;

38 (J) Care for amputated body parts;

39 (K) Provide basic wound care.

40 (b) The ~~scope of practice~~ authorized skills of a ~~P~~public ~~S~~safety ~~F~~first ~~A~~aid provider shall
41 not exceed those activities authorized in this section.

42 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
43 1797.176, 1797.182, 1797.183, **1797.197**, 1797.220 and 1798, Health and Safety Code;
44 and Section 13518, Penal Code.
45

1 **§ ~~100020~~ ~~100018~~ 100019. Optional Skills.**

2 (a) In addition to the activities authorized by Section ~~400019~~ ~~400017~~ 100018 of this
3 Chapter, public safety personnel may perform any or all of the following optional skills
4 specified in this section when the public safety first aid provider has been trained and
5 tested to demonstrate competence following initial instruction, and when authorized by
6 the Medical Director of the **local EMS agency (LEMSA).**

7 (b) A LEMSA shall establish policies and procedures that require public safety first aid
8 personnel to demonstrate trained optional skills competency at least every two years, or
9 more frequently as determined by EMSQIP. AED when authorized by a public safety
10 AED service provider.

11 (c) Administration of epinephrine by auto-injector for suspected anaphylaxis.

12 (1) Training in the administration of epinephrine shall ~~consist of no less than two~~
13 ~~(2) hours to~~ result in the public safety first aid provider being competent in the
14 administration of epinephrine and managing a patient of a suspected anaphylactic
15 reaction. ~~Included in the training hours listed above shall be~~ The training
16 shall include the following topics and skills:

17 (A) Common causative agents;

18 (B) Signs and symptoms of anaphylaxis;

19 (C) Assessment findings;

20 (D) Management to include but not be limited to:

21 ~~(E1.)~~ Need for appropriate personal protective equipment and scene safety awareness;

22 ~~(FE)~~ Profile of epinephrine to include, but not be limited to:

23 1. Class;

24 2. Mechanisms of drug action;

25 3. Indications;

26 4. Contraindications;

27 5. Dosage and route of administration;

28 6. Side/ adverse effects;

29 ~~(GF)~~ Administration of epinephrine by auto-injector **including;**

30 1. Site selection and administration;

31 2. Medical asepsis;

32 3. Disposal of contaminated items and sharps.

33 (2) At the completion of this training, the student shall complete a competency based
34 written and skills examination for administration of epinephrine which shall include:

35 (A) Assessment of when to administer epinephrine;

36 (B) Managing a patient before and after administering epinephrine;

37 (C) Accessing 9-1-1 or advanced life support services for all patients suffering
38 anaphylaxis or receiving epinephrine administration;

39 (D) Using universal precautions and body substance isolation procedures during
40 medication administration;

41 (E) Demonstrating aseptic technique during medication administration;

42 (F) Demonstrate preparation and administration of epinephrine by auto-injector;

43 (G) Proper disposal of contaminated items and sharps.

- 1 (d) Supplemental oxygen therapy using a non-rebreather face mask or nasal cannula,
2 and bag-valve-mask ventilation.
- 3 (1) Training in the administration of oxygen shall ~~consist of no less than two (2)~~
4 ~~hours to~~ result in the public safety first aid provider being competent in the
5 administration of supplemental oxygen and use of bag-valve-mask ventilation for a
6 patient requiring oxygen administration and ventilation. ~~Included in the training~~
7 ~~hours listed above shall be~~ The training shall include the following topics and
8 skills:
- 9 (A) Integrating the use of supplemental oxygen by non-rebreather mask or nasal
10 cannula based upon local EMS protocols;
- 11 (B) Assessment and management of patients with respiratory distress;
- 12 (C) Profile of Oxygen to include, but not be limited to:
- 13 1. Class;
- 14 2. Mechanism of Action;
- 15 3. Indications;
- 16 4. Contraindications;
- 17 5. Dosage and route of administration (mask, cannula, bag-valve-mask);
- 18 6. Side/ adverse effects;
- 19 (D) Oxygen Delivery Systems;
- 20 1. Set up of oxygen delivery including tank opening, use of regulator and liter flow
21 selection;
- 22 2. Percent of relative oxygen delivered by type of mask;
- 23 3. Oxygen delivery for a breathing patient, including non-rebreather mask and nasal
24 cannula;
- 25 4. Bag-Valve-Mask and Oxygen delivery for a non-breathing patient;
- 26 (E) Safety precautions.
- 27 (2) At the completion of the training, the student shall complete a competency based
28 written and skills examination for the administration of oxygen which shall include the
29 topics listed above and:
- 30 (A) Assessment of when to administer supplemental oxygen and ventilation with a bag-
31 valve-mask;
- 32 (B) Managing a patient before and after oxygen administration;
- 33 (C) Demonstrating preparation of the oxygen delivery system;
- 34 (D) Demonstrating application of supplemental oxygen by non-rebreather mask and
35 nasal cannula on a breathing patient;
- 36 (E) Demonstrating use of bag-valve-mask on a non-breathing patient.
- 37 (e) Administration of auto-injectors containing atropine and pralidoxime chloride for
38 nerve agent exposure for self or peer care, when authorized by the ~~m~~Medical ~~d~~Director
39 of a LEMSA ~~or the Authority~~, while working for a public safety provider.
- 40 (1) Training in the administration of auto-injectors containing atropine and pralidoxime
41 shall ~~consist of no less than two (2) hours, to~~ result in the public safety first aid
42 provider being competent in the administration of auto-injectors for nerve agent
43 intoxication. ~~Included in the training hours listed above shall be~~ The training
44 shall include the following topics and skills:

- 1 (A) Integrating the use of auto-injectors for nerve agent intoxication based upon local
2 EMS protocols;
3 (B) Assessment and recognition of patients with nerve agent intoxication;
4 (C) Management of patients with nerve agent exposure, including the need for
5 appropriate personal protective equipment, decontamination principles, and scene
6 safety awareness;
7 (D) Profile of atropine and pralidoxime chloride to include, but not be limited to:
8 1. Class;
9 2. Mechanism of action;
10 3. Indications;
11 4. Contraindications;
12 5. Dosage and route of administration;
13 6. Side/ adverse effects;
14 (E) Auto-Injector delivery and types (i.e. Duo-Dote, Mark I);
15 1. Medical asepsis;
16 2. Site selection and administration;
17 3. Disposal of contaminated items and sharps;
18 4. Safety precautions.
19 (2) At the completion of the training, the student shall complete a competency based
20 written and skills examination for the administration of auto-injectors containing atropine
21 and pralidoxime chloride for nerve agent intoxication which shall include the topics listed
22 above and:
23 (A) Assessment of when to administer nerve agent auto-injector;
24 (B) Managing a patient before and after auto-injector administration;
25 (C) Accessing 9-1-1 or advanced life support services following administration of
26 atropine and pralidoxime;
27 (D) Demonstrating preparation, site selection, and administration of the auto-injector;
28 (E) Demonstrating universal precautions and body substance isolation procedure during
29 medication administration;
30 (F) Demonstrating aseptic technique during medication administration;
31 (G) Proper disposal of contaminated items and sharps.
32 (f) Administration of naloxone for suspected narcotic overdose.
33 (1) Training in the administration of naloxone shall ~~consist of no less than two (2)~~
34 ~~hours to~~ result in the public safety first aid provider being competent in the
35 administration of naloxone and managing a patient of a suspected narcotic
36 overdose. ~~Included in the training hours listed above shall be~~ The training
37 shall include the following topics and skills:
38 (A) Common causative agents;
39 (B) Assessment findings;
40 (C) Management to include but not be limited to:
41 (D) Need for appropriate personal protective equipment and scene safety awareness;
42 (E) Profile of Naloxone to include, but not be limited to:
43 1. Indications;
44 2. Contraindications;
45 3. Side/adverse effects;

- 1 4. Routes of administration;
- 2 5. Dosages.
- 3 (F) Mechanisms of drug action;
- 4 (G) Calculating drug dosages;
- 5 (H) Medical asepsis;
- 6 (I) Disposal of contaminated items and sharps.
- 7 (2) At the completion of this training, the student shall complete a competency based
- 8 written and skills examination for administration of naloxone which shall include:
- 9 (A) Assessment of when to administer naloxone;
- 10 (B) Managing a patient before and after administering naloxone;
- 11 (C) Using universal precautions and body substance isolation procedures during
- 12 medication administration;
- 13 (D) Demonstrating aseptic technique during medication administration;
- 14 (E) Demonstrate preparation and administration of parenteral medications by a route
- 15 other than intravenous;
- 16 (F) Proper disposal of contaminated items and sharps.
- 17 (g) Use of oropharyngeal (~~oral~~) airways (OPAs) and nasopharyngeal (~~nasal~~) airways
- 18 (NPAs).
- 19 (1) Training in the use of OPAs and NPAs shall ~~consist of not less than one (1)~~
- 20 ~~hour to~~ result in the public safety first aid provider being competent in the use of the
- 21 ~~devices and airway control and shall include. Included in the above training~~
- 22 ~~hours shall be~~ the following topics and skills:
- 23 (A) Anatomy and physiology of the respiratory system;
- 24 (B) Assessment of the respiratory system;
- 25 (C) Review of basic airway management techniques, which includes manual and
- 26 mechanical;
- 27 (D) The role of OPA and NPA airway adjuncts in the sequence of airway control;
- 28 (E) Indications and contraindications of OPAs and NPAs;
- 29 (F) The role of pre-oxygenation in preparation for OPAs and NPAs;
- 30 (G) OPA and NPA insertion and assessment of placement;
- 31 (H) Methods for prevention of basic skills deterioration;
- 32 (I) Alternatives to the OPAs and NPAs.
- 33 (2) At the completion of initial training a student shall complete a competency-based
- 34 written and skills examination for airway management which shall include the use of
- 35 basic airway equipment and techniques and use of OPAs and NPAs.
- 36 ~~(h) AED when authorized by a public safety AED service provider.~~
- 37 ~~(1) Training for the AED shall result in the public safety first aid provider being~~
- 38 ~~competent in the use of the AED and consist of not less than four (4) hours~~
- 39 ~~two (2) hours and shall include the following topics and skills:~~
- 40 ~~(A) Proper use, maintenance and periodic inspection of the AED.~~
- 41 ~~(B) The importance of cardiopulmonary resuscitation (CPR), defibrillation, advanced life~~
- 42 ~~support (ALS), adequate airway care, and internal emergency response system, if~~
- 43 ~~applicable.~~
- 44 ~~(C) Overview of the EMS system, the local EMS system's medical control policies,~~

- 1 ~~9-1-1 access, and interaction with EMS personnel.~~
2 ~~(D) Assessment of an unconscious patient, to include evaluation of airway, breathing,~~
3 ~~and circulation to determine cardiac arrest.~~
4 ~~(E) Information relating to AED safety precautions to enable the individual to administer~~
5 ~~a shock without jeopardizing the safety of the patient or rescuers or other nearby~~
6 ~~persons.~~
7 ~~(F) Recognition that an electrical shock has been delivered to the patient and that the~~
8 ~~defibrillator is no longer charged.~~
9 ~~(G) Rapid, accurate assessment of the patient's post-shock status.~~
10 ~~(H) The appropriate continuation of care following a successful defibrillation.~~
11 ~~(b 2) In order to be authorized to utilize the defibrillator, an individual shall pass a written~~
12 ~~and skills examination with a pre-established standard, which tests the ability to assess~~
13 ~~and manage the specified conditions listed in subsection (a) of this section.~~
14 ~~(c 3) A local EMS agency that approves public safety AED service providers~~
15 ~~shall:~~
16 ~~(1 A) Approve and monitor training programs including refresher training within its~~
17 ~~jurisdiction to assure compliance with this Chapter.~~
18 ~~(2 B) Approve the written and skills exam required for AED training course completion.~~
19 ~~(3 C) Develop policies and procedures for approval of AED instructors by the local EMS~~
20 ~~agency medical director.~~
21 ~~(4) To be authorized to instruct public safety personnel in the use of an AED, an AED~~
22 ~~instructor shall either:~~
23 ~~(A) Complete an American Red Cross or American Heart Association recognized~~
24 ~~instructor course (or equivalent) including instruction and training in the use of an AED,~~
25 ~~or (B) Be approved by the local EMS agency director and meet the following~~
26 ~~requirements:~~
27 ~~1. Be AED accredited or able to show competency in the proper utilization of an AED,~~
28 ~~and~~
29 ~~2. Be able to demonstrate competency in adult teaching methodologies.~~
30 ~~(4 5) Establish policies and procedures for medical control pursuant to Section 1798 of~~
31 ~~the Health and Safety Code.~~
32 ~~(5 6) Establish policies and procedures for the approval and designation of public safety~~
33 ~~AED service provider(s) which will include requirements that public safety AED service~~
34 ~~providers have policies and procedures, approved by the local EMS agency medical~~
35 ~~director, to~~
36 ~~(A) provide orientation of AED accredited personnel to the AED,~~
37 ~~(B) ensure continued competency of AED accredited personnel, and~~
38 ~~(C) collect and report data to the local EMS agency, pursuant to Section~~
39 ~~100021100019.~~
40 ~~(6 7) Establish policies and procedures to collect, maintain and evaluate~~
41 ~~patient care records.~~
42 ~~(7 8) Report annually to the EMS Authority on:~~
43 ~~(A) The total number of patients, defibrillated; who were discharged from~~
44 ~~the hospital alive, and~~

1 ~~(B) The data collected by public safety AED service providers pursuant to~~
2 ~~Section 100021 100019 of this chapter.~~

3 Note: Authority cited: Section 1797.107 and 1797.197, Health and Safety Code.
4 Reference: Sections 1797.52, 1797.58, 1797.74, 1797.90, 1797.175, 1797.176,
5 1797.182, 1797.183, 1798, 1798.2, 1798.4, 1798.100, 1798.102 and 1797.104, Health
6 and Safety Code; and Section 13518, Penal Code.

7
8 **§ 100020. Trial Studies.**

9 Public Ssafety Ppersonnel may perform any prehospital emergency
10 medical care treatment procedure(s) or administer any medication(s) on a
11 trial basis when approved by the mMedical dDirector of the LEMSA and
12 the dDirector of the Authority. The mMedical dDirector of the LEMSA shall
13 review the medical literature on the procedure or medication and determine
14 in his/her professional judgment whether a trial study is needed.

15 (a) The mMedical dDirector of the LEMSA shall review a trial study plan
16 which, at a minimum, shall include the following:

17 (1) A description of the procedure(s) or medication(s) proposed, the
18 medical conditions for which they can be utilized, and the patient population
19 that will benefit.

20 (2) A compendium of relevant studies and material from the medical
21 literature.

22 (3) A description of the proposed study design, including the scope of study
23 and method of evaluating the effectiveness of the procedure(s) or
24 medication(s), and expected outcome.

25 (4) Recommended policies and procedures to be instituted by the LEMSA
26 regarding the use and medical control of the procedure(s) or medication(s)
27 used in the study.

28 (5) A description of the training and competency testing required to
29 implement the study. Training on subject matter shall be consistent with the
30 related topic(s) and skill(s) specified in Section 100160, Chapter 4
31 (Paramedic regulations), Division 9, Title 22, California Code of
32 Regulations.

33 (b) The mMedical dDirector of the LEMSA shall appoint a local medical
34 advisory committee to assist with the evaluation and approval of trial
35 studies. The membership of the committee shall be determined by
36 the mMedical dDirector of the LEMSA, but shall include individuals with
37 knowledge and experience in research and the effect of the proposed study
38 on the EMS system.

39 (c) The mMedical dDirector of the LEMSA shall submit the proposed study
40 and a copy of the proposed trial study plan at least forty-five (45) calendar

- 1 days prior to the proposed initiation of the study to the **e**Director of the
2 Authority for approval in accordance with the provisions of Section
3 1797.221 of the Health and Safety Code. The Authority shall inform the
4 Commission on EMS of studies being initiated.
- 5 (d) The Authority shall notify the **m**Medical **e**Director of the LEMSA
6 submitting its request for approval of a trial study within fourteen (14)
7 working days of receiving the request that the request has been received.
- 8 (e) The Director of the Authority shall render the decision to approve or
9 disapprove the trial study within forty-five (45) calendar days of receipt of all
10 materials specified in subsections (a) and (b) of this section.
- 11 (f) Within eighteen (18) months of the initiation of the procedure(s) or
12 medication(s), the **m**Medical **e**Director of the LEMSA shall submit to the
13 Commission on EMS a written report which includes at a minimum the
14 progress of the study, number of patients studied, beneficial effects,
15 adverse reactions or complications, appropriate statistical evaluation, and
16 general conclusion.
- 17 (g) The Commission on EMS shall review the above report within two (2)
18 meetings and advise the Authority to do one of the following:
- 19 (1) Recommend termination of the study if there are adverse effects or if no
20 benefit from the study is shown.
- 21 (2) Recommend continuation of the study for a maximum of eighteen (18)
22 additional months if potential but inconclusive benefit is shown.
- 23 (3) Recommend the procedure or medication be added to the **authorized**
24 **skills for Public Safety Personnel EMT scope of practice.**
- 25 (h) If option (g)(2) is selected, the Commission on EMS may advise
26 continuation of the study as structured or alteration of the study to increase
27 the validity of the results.
- 28 (i) At the end of the additional eighteen (18) month period, a final report
29 shall be submitted to the Commission on EMS with the same format as
30 described in (f) above.
- 31 (j) The Commission on EMS shall review the final report and advise the
32 Authority to do one of the following:
- 33 (1) Recommend termination or further extension of the study.
- 34 (2) Accept the study recommendations.
- 35 (3) Recommend the procedure or medication be added to the authorized
36 skills for **P**ublic **S**safety **P**ersonnel.
- 37 (k) The Authority may require a trial study(ies) to cease after thirty-six (36)
38 months.

1 Note: Authority cited: Section 1797.107 and 1797.170, Health and Safety
2 Code. Reference: Sections 1797.182, 1797.183, and 1797.221, Health and
3 Safety Code.
4

5 **§ Section ~~100021~~ ~~100019~~ 100021. Public Safety AED Service Provider.**

6 A public safety AED service provider is an agency or organization that employs
7 individuals as defined in Section ~~100015~~ ~~100013~~ 100014, and who obtain AEDs for
8 the purpose of providing AED services to the general public.

9 (a) A public safety AED service provider shall be approved by the **local EMS**
10 **agency LEMSA**, or in the case of state or federal agencies, the EMS Authority, prior to
11 beginning service. In order to receive and maintain AED service provider approval, a
12 public safety AED service provider shall ensure compliance with the requirements of
13 this Chapter.

14 (b) Public safety AED service provider approval may be revoked or suspended for
15 failure to maintain the requirements of this section.

16 (c) A public safety AED service provider applicant shall be approved if they meet and
17 provide the following:

18 (1) Provide orientation of AED authorized personnel to the AED;

19 (2) Ensure maintenance of AED equipment;

20 (3) Ensure initial training and continued competency of AED authorized personnel;

21 ~~(4) Patient Care Reports (PCRs) shall document information required by~~
22 ~~and consistent with local EMS agency requirements. Collect and report to the~~
23 ~~local EMS agency where the defibrillation occurred, as required by the local EMS~~
24 ~~agency but no less than annually, data that includes, but is not limited to:~~

25 ~~(A) The number of patients with sudden cardiac arrest receiving CPR prior to arrival of~~
26 ~~emergency medical care.~~

27 ~~(B) The total number of patients on whom defibrillatory shocks were administered,~~
28 ~~witnessed (seen or heard) and not witnessed; and~~

29 ~~(C) The number of these persons who suffered a witnessed cardiac arrest whose initial~~
30 ~~monitored rhythm was ventricular tachycardia or ventricular fibrillation..~~

31 (5) Authorize personnel and maintain a listing of all public safety AED service provider
32 authorized personnel and provide upon request to the **local EMS agency LEMSA** or
33 the EMS Authority.

34 (ed) An approved public safety AED service provider and their authorized personnel
35 shall be recognized statewide.

36 **NOTE**Note: Authority cited: Section 1797.107, 1797.182 and 1797.183, Health and
37 Safety Code. Reference: Sections 1797.182 and, 1797.183 and 1797.190, Health and
38 Safety Code and Section 13518, Penal Code.

39
40 **§ ~~100022. Testing.~~**

41 ~~(a) The course of instruction shall include a written and skills examination which tests~~
42 ~~the ability to assess and manage all the conditions listed in Sections 100018 and~~
43 ~~100019 of this Chapter.~~

1 (b) A passing standard shall be established by the training agency before administration
2 of the examination.

3 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
4 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

5
6 **~~§ 100023. Training Instructor Requirements.~~**

7 (a) Training in first aid and CPR for the personnel specified in Section 100016 of this
8 Chapter shall be conducted by an instructor who is:

9 (1) Proficient in the skills taught; and

10 (2) qualified to teach by education and/or experience.

11 (b) Determination of the instructor's qualifications shall be the responsibility of the
12 agency whose training program has been approved by the Authority pursuant to Section
13 100026 of this Chapter.

14 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
15 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

16
17 **~~§ 100024. Validation of Course Completion.~~**

18 (a) Each trainee who successfully completes an approved course of instruction and
19 successfully passes a proficiency test shall be given written verification to that effect by
20 the institution, organization or agency which provides the instruction.

21 (b) Employing agencies which provide approved courses of instruction to their
22 employees need not provide individual written verification but shall maintain a record of
23 the names of trainees and the date(s) on which training courses have been completed
24 for at least three (3) years.

25 (c) Such training records shall be made available for inspection by the local EMS
26 agency upon request.

27 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
28 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

29
30 **~~§ 100025~~ ~~100020~~ 100022. Public Safety First Aid and CPR Retraining
31 Requirements.**

32 (a) The retraining requirements of this Chapter shall be satisfied every two years by
33 successful completion of either:

34 (1) An approved retraining course which includes a review of the topics and
35 demonstration of skills prescribed in this Chapter and which consists of no less
36 than twelve (12) hours ~~eight (8) hours~~ eight (8) hours of first aid and CPR including
37 AED every two (2) years; or

38 (2) By maintaining current and valid licensure or certification as an EMR, EMT,
39 Advanced EMT, Paramedic, Registered Nurse, Physician Assistant, Physician or by
40 maintaining current and valid EMR, EMT, AEMT or Paramedic registration from the
41 National Registry of EMTs; or,

42 (23) ~~Peace Officers may successfully complete a~~ Successful completion of a
43 competency based written and skills pretest of the topics and skills prescribed in this
44 Chapter with the following restrictions:

1 (A) That appropriate retraining be provided on those topics indicated necessary by the
2 pretest, in addition to any new developments in first aid and CPR;

3 (B) A final test be provided covering those topics included in the retraining for those
4 persons failing to pass the pretest; and

5 (C) The hours for the retraining may be reduced to those hours needed to cover the
6 topics indicated necessary by the pretest.

7 (b) The entire retraining course or pretest may be offered to Peace Officers yearly
8 by ~~the any approved training course, as defined in Section 100024~~ 100023 training
9 agency, but in no event shall the retraining course including CPR and AED or pretest
10 be offered less than once every ~~three (3)~~ two (2) years.

11 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
12 1797.182 and 1797.183, 1797.210, Health and Safety Code; and Section 13518, Penal
13 Code.

14
15 **Article 4. Public Safety First Aid and CPR Course Approval**
16 **Requirements Training Approval Options**
17

18 **§ ~~100026~~ ~~100024~~ 100023. Public Safety First Aid and CPR Approved Courses.**

19 The training requirements of this Chapter may be satisfied by successfully completing
20 any one of the following course options as determined by the employing agency in
21 accordance with the course content contained in Section ~~100016~~ 100017 of this
22 chapter:

23 (a) A course in public safety first aid, including CPR and AED, developed and/or
24 authorized by the ~~Fire Service Training Program of the Office of the State Fire Marshal~~
25 California Department of Forestry and Fire Protection (CAL FIRE) and approved by the
26 EMS Authority; or

27 (b) A course in public safety first aid, including CPR and AED, authorized by the
28 Commission on Peace Officer's Standards and Training (POST) and approved by the
29 EMS Authority. No later than 24-months from the adoption of these
30 regulations, POST, in consultation with the Authority, shall develop the
31 course curriculum and testing competency standards for these regulations
32 as they apply to peace officers; or

33 (c) A course in public safety first aid, including CPR and AED, developed and
34 authorized by the California Department of Parks and Recreation (DPR) and approved
35 by the EMS Authority; or

36 (d) ~~A course in first aid, including CPR, developed and authorized by the California~~
37 ~~Department of Forestry and Fire Protection and approved by the EMS Authority; or~~

38 (e) A course in public safety first aid, including CPR and AED, developed and
39 authorized by the Department of the California Highway Patrol (CHP) and approved by
40 the EMS Authority; or

41 (f) ~~A course in first aid, including CPR, sponsored and/or approved by the American~~
42 ~~Red Cross; or~~

43 (g) ~~A course in first aid sponsored and/or approved by the American Red Cross and a~~
44 ~~course in CPR sponsored and/or approved by the American Heart Association; or~~

- 1 (he) The U.S. Department of Transportation’s first emergency medical responder (EMR)
2 course which includes first aid practices and CPR and AED, approved by the local EMS
3 agencyLEMSA; or
4 (if) A course of at least 21 hours in first aid equivalent to the standards of the American
5 Red Cross and/or healthcare provider level CPR and AED equivalent to the standards
6 of the ~~American Red Cross and/or~~ American Heart Association in accordance with
7 the course content contained in Section ~~100016~~ 100017 of this chapter and approved
8 by the local EMS agencyLEMSA; or
9 (jg) An EMT-~~I~~ course which has been approved pursuant to Chapter 2 of this division; or
10 (kh) An Advanced EMT-~~I~~ (AEMT) course which has been approved pursuant to
11 Chapter 3 of this division; or
12 (li) An EMT-~~P~~ Paramedic course which has been approved pursuant to Chapter 4 of this
13 division; or
14 (j) An EMR course approved by the Authority, and developed and authorized by CAL
15 FIRE, POST, DPR, CHP or other Statewide public safety agency, as determined by the
16 Authority.
17 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
18 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.
19

20 **§ ~~100027~~100022 100024. Course Approval Process.**

21 (a) For those courses requiring approval, the following shall be submitted to the
22 approving authority as specified in ~~s~~Section ~~100024~~ 100023 of this chapter when
23 requesting approval:

- 24 (a1) Name of the sponsoring institution, organization, or agency;
25 (b2) ~~e~~ Detailed Ccourse outline;
26 (c3) ~~f~~ Final written examination with pre-established scoring standards; and
27 (d4) ~~s~~ Skill proficiency competency testing criteria, with pre-established scoring
28 standards; and
29 (5) Name and qualifications of instructor(s).

30 (b) Course approval is valid for four (4) years from the date of approval, and shall be
31 reviewed by the approving authority for approval every four (4) years, or sooner at the
32 discretion of the approving authority.

33 (c) The approving authority may request additional materials or documentation as a
34 condition of course approval.

35 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
36 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.
37

38 **§ 100028. Program Review.**

39 All course outlines, written tests, and proficiency testing criteria used in an approved
40 program shall be subject to periodic review as determined by the approving Authority.

41 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
42 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.
43

44 **§ ~~100023~~ 100025. Training Program Notification.**

- 1 (a) The approving authority shall notify the training program submitting its request for
2 training program approval within ~~fifteen (15)~~ twenty-one (21) working days of receiving
3 the request that:
4 (1) The request has been received,
5 (2) The request contains or does not contain the information requested in
6 Section ~~100021 and 100022~~ 100023 and 100024 of this Chapter and,
7 (3) What information, if any, is missing from the request.
8 (b) Program approval or disapproval shall be made in writing by the approving authority
9 to the requesting training program within a reasonable period of time after receipt of all
10 required documentation as specified by **local EMS agency LEMSA** policy. ~~This~~
11 ~~time period shall not to exceed three (3) four (4) months, unless applicant is~~
12 ~~notified in writing, extending the decision to no more than six (6) months~~
13 ~~from date of application.~~
14 (c) The approving authority shall establish the effective date of program approval in
15 writing upon the satisfactory documentation of compliance with all program
16 requirements.
17 (**fd**) The LEMSA shall notify the Authority concurrently with the training program of
18 approval, renewal of approval, or disapproval of the training program, and include the
19 effective date. This notification is in addition to the name and address of training
20 program, name of the program director, phone number of the contact person, and
21 program approval/ expiration date of program approval.
22 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
23 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.
24

25 **§ ~~100024~~ 100026. Withdrawal of Program Approval**

- 26 (a) Noncompliance with any criterion required for program approval, use of any
27 unqualified teaching personnel, or noncompliance with any other applicable provision of
28 this Chapter may result in denial, probation, suspension or revocation of program
29 approval by the training program approving authority.
30 (b) Notification of noncompliance and action to place on probation, suspend, or revoke
31 shall be done as follows:
32 (1) A training program approving authority shall notify the approved training program
33 course director in writing, by registered mail, of the provisions of this Chapter with which
34 the training program is not in compliance.
35 (2) Within fifteen (15) working days of receipt of the notification of noncompliance, the
36 approved training program shall submit in writing, by registered mail, to the training
37 program approving authority one of the following:
38 (A) Evidence of compliance with the provisions of this Chapter, or
39 (B) A plan for meeting compliance with the provisions of this Chapter within sixty (60)
40 calendar days from the day of receipt of the notification of noncompliance.
41 (3) Within fifteen (15) working days of receipt of the response from the approved
42 training program, or within thirty (30) calendar days from the mailing date of the
43 noncompliance notification if no response is received from the approved training
44 program, the training program approving authority shall notify the Authority and the

1 approved training program in writing, by registered mail, of the decision to accept the
2 evidence of compliance, accept the plan for meeting compliance, place on probation,
3 suspend or revoke the training program approval.

4 (4) If the training program approving authority decides to suspend, revoke, or place an
5 training program on probation the notification specified in subsection (a)(3) of this
6 section shall include the beginning and ending dates of the probation or suspension and
7 the terms and conditions for lifting of the probation or suspension or the effective date
8 of the revocation, which may not be less than sixty (60) calendar days from the date of
9 the training program approving authority's letter of decision to the Authority and the
10 training program.

11 Note: Authority cited: Sections 1797.107, Health and Safety Code. Reference: Sections
12 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

13
14 **§ ~~100025~~ 100027. Testing.**

15 (a) The initial and retraining course of instruction shall include a written and skills
16 examination which tests the ability to assess and manage all of the conditions, content
17 and skills listed in Sections ~~100016 and~~ 100017 and 100018 of this Chapter.

18 (b) A passing standard shall be established by the training agency before administration
19 of the examination and shall be in compliance with the standard submitted to and
20 approved by the approving authority according to ~~s~~Sections ~~100021 and 100022~~
21 100023 and 100024.

22 (c) Public safety first aid and/or CPR training programs shall test the knowledge and
23 skills specified in this chapter and have a passing standard ~~that shall~~ for successful
24 completion of the course and shall ensure competency of each skill.~~skills~~
25 ~~assessment using the Public Safety First Aid and CPR Skills Verification Form EMSA-~~
26 ~~PSSCV (05/2014), incorporated by reference.~~

27 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
28 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

29
30 **§ ~~100026~~ 100028. Training Instructor Requirements.**

31 (a) Training in ~~P~~ublic ~~S~~safety first aid and CPR for the personnel specified in
32 Section ~~100013~~ 100014 of this Chapter shall be conducted by an instructor who is:

- 33 (1) Proficient in the skills taught; and
34 (2) Qualified to teach by education and/or experience.

35 (b) ~~Determination~~ Validation of the instructor's qualifications shall be the responsibility of
36 the agency whose training program has been approved by the approving authority
37 pursuant to Sections ~~100021 and 100022~~ 100023 and 100024 of this Chapter.

38 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
39 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

40
41 **§ ~~100027~~ 100029. Validation of Course Completion.**

42 (a) Each trainee who successfully completes an approved course of instruction and
43 successfully passes the competency based written and skills exams shall be given a

- 1 certificate or written verification to that effect by the institution, organization or agency
2 which provides the instruction.
3 (b) Each certificate or written verification of course completion shall include the following
4 information:
5 (1) Indicate initial or refresher training and number of training hours completed;
6 ~~(2) Topics completed;~~
7 ~~(3 2) Date of issue;~~
8 ~~(4 3) Date of expiration;~~
9 (i) Expiration of training ~~for Firefighters and Lifeguards~~ shall be 2 years from ~~the~~ date
10 of course completion;
11 ~~(ii) Expiration of training for Peace Officers shall be no greater than 3 years from~~
12 ~~the date of course completion, in accordance with Section 13518, Penal Code.~~
13 (c) Each training program provider shall maintain a record of the names of trainees and
14 the date(s) on which training courses have been completed for at least four (4) years.
15 (d) Such training records shall be made available for inspection by the ~~local EMS~~
16 ~~agency~~LEMSA or approving authority upon request.
17 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
18 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.
19
20 **§ ~~100028~~ 100030. Program Review.**
21 (a) All course outlines, written tests, and competency testing criteria used in an
22 approved program shall be subject to oversight and periodic review as determined by
23 the approving authority.
24 (b) Program approval and renewal is contingent upon continued compliance with all
25 required criteria and provisions described in this Chapter, and may be revoked by the
26 approving authority as described in Section ~~100024~~ 100026 of this Chapter.
27 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
28 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.