



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator

Reza Vaezazizi, MD, Medical Director

DATE: June 30, 2017

TO: EMS Providers - ALS, LALS, BLS, EMS Aircraft
Hospital CEOs, ED Directors, Nurse Managers and PLNs
EMS Training Institutions and Continuing Education Providers
Inyo, Mono and San Bernardino County EMCC Members
Medical Advisory Committee (MAC) Members
Systems Advisory Committee (SAC) Members

FROM: Tom Lynch
EMS Administrator

Reza Vaezazizi, MD
Medical Director

**SUBJECT: IMPLEMENTATION OF POLICIES/PROTOCOLS EFFECTIVE
JULY 1, 2017**

The following policy listed below is effective July 1, 2017.

ICEMA Reference Number and Name

1030 - EMT Certification

Please insert and replace the attached policy and Table of Contents in the EMS Policy, Procedure and Protocol Manual with the updated documents and ensure every station or facility has a reference copy. The ICEMA policies and protocols can also be found on ICEMA's website at ICEMA.net under the Policy, Procedure and Protocol Manual section.

If you have any questions related to documents in the manual, please contact Danielle Ogaz, Senior EMS Specialist, at (909) 388-5822 or via e-mail at danielle.ogaz@cao.sbcounty.gov.

TL/RV/jlm

Attachment

c: File Copy



EMT CERTIFICATION

I. PURPOSE

To define requirements for certification/recertification of an eligible applicant as an Emergency Medical Technician (EMT) recognized in the State of California.

II. ELIGIBILITY

To be eligible for initial certification, an applicant shall meet the following requirements:

1. Be eighteen (18) years of age or older.
2. Complete a criminal record clearance by the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). Refer to ICEMA Reference #1090 - Criminal History Background Checks (Live Scan) prior to application for certification.
3. Meet one of the following criteria:
 - a. Pass the National Registry of Emergency Medical Technicians (NREMT) - EMT written and skills examination, possess a current and valid NREMT - EMT card and documentation of successful completion of an initial EMT course (California or out-of-state) within two (2) years of the date of application, or
 - b. Pass the NREMT - EMT written and skills examination within two (2) years from the date of application for EMT certification and possess a current and valid out-of-state EMT certificate, or
 - c. Possess a current and valid NREMT - EMT, Advanced EMT (AEMT), or Paramedic (EMT-P) certificate, or
 - d. Possess a valid out-of-state AEMT or EMT-P certificate, or
 - e. Possess a current and valid California AEMT or a current and valid California EMT-P license.

NOTE: *An EMT shall only be certified by one (1) certifying entity during a certification period.*

III. PROCEDURES

Initial Certification

1. Submit a completed online application using the ICEMA EMS Credentialing portal found on the ICEMA website at <http://www.ICEMA.net>, that includes:
 - a. A copy of a valid government issued photo identification.
 - b. A copy of a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent.
 - c. A copy of completed Live Scan form.
 - d. A copy of a valid certification as listed in Section II, Item 3 above.
 - e. Disclose any prior and/or current certification, licensure, or accreditation actions:
 - (1) Against an EMT, or AEMT certificate, or any denial of certification by a LEMSA, including any active investigations;
 - (2) Against a EMT-P license, or any denial of licensure by the authority, including any active investigation;
 - (3) Against any EMS related certification or license of another state or other issuing entities, including denial and any active investigations, or
 - (4) Against any health-related license.
 - f. Disclose any pending or current criminal investigations.
 - g. Disclose any prior convictions.
 - h. Disclose each certifying entity or LEMSA to which the applicant has applied for certification in the previous twelve (12) months.
2. Submit the established ICEMA and State EMSA fee. Fees paid for certification are not refundable or transferable. ICEMA fees are published on the ICEMA website at <http://ICEMA.net>.
3. The EMT shall be responsible for notifying the certifying entity of her/his proper and current mailing address and shall notify the certifying entity in writing within thirty (30) calendar days of any changes of the mailing address, giving both the old and the new address, and EMT registry number. This

notification/change may be made through the ICEMA EMS Credentialing portal found on the ICEMA website at <http://www.ICEMA.net>.

4. The EMT shall be responsible for notifying ICEMA of any and all subsequent arrests and/or convictions, during the certification period.
5. Comply with other requirements as may be set forth herein.

Effective Dates

The effective date of initial certification shall be the day the certificate is issued. The expiration date for an initial EMT certificate shall be the last day of the month two (2) years from the effective date of the initial certification.

Recertification

To recertify as an EMT, an applicant shall:

1. Possess a current EMT certification issued in California.
2. Meet one (1) of the following continuing education (CE) requirements:
 - a. Successfully complete a twenty-four (24) hour refresher course from an approved EMT training program within the twenty-four (24) months prior to applying for renewal, or
 - b. Obtain at least twenty-four (24) hours of CE, with in the twenty-four (24) months prior to applying for renewal, from an approved CE provider.
3. Submit a completed online application using the ICEMA EMS Credentialing portal found on the ICEMA website at <http://www.ICEMA.net>, that includes the requirements listed in Section III, Item 1(a - h) above.
4. Complete the criminal history background check requirements when changing certifying entities. Refer to ICEMA Reference #1090 - Criminal History Background Checks (Live Scan).
5. Copy of completed skills competency verification form, EMSA-SCV (01/17).

Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competence shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, EMT-P, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program, or an EMS service provider. Verification of skills competence shall be valid for a maximum of two (2) years for the purpose of applying for recertification.

6. Starting July 1, 2019, EMTs renewing their certification for the first time shall submit documentation of successful completion of the following training at an approved EMT training program or approved CE provider:
 - a. The use and administration of naloxone or other opioid antagonist.
 - b. The use and administration of epinephrine by auto-injector.
 - c. The use of a glucometer.
7. Submit the established ICEMA and State EMSA fee. Fees paid for certification are not refundable or transferable. ICEMA fees are published on the ICEMA website at <http://ICEMA.net>.

NOTE: *If the applicant is not currently an ICEMA certified EMT, the EMSA will require a new Live Scan for ICEMA and an initial State EMSA fee.*

8. The EMT shall be responsible for notifying the certifying entity of her/his proper and current mailing address and shall notify the certifying entity in writing within thirty (30) calendar days of all changes of the mailing address, giving both the old and the new address, and EMT registry number. This notification/change may be made through the ICEMA EMS Credentialing portal found on the ICEMA website at <http://www.ICEMA.net>.

Expiration While Deployed for Active Duty

A California certified EMT who is a member of the Armed Forces of the United States and whose certification expires while deployed on active duty, or whose certification expires less than six (6) months from the date they return from active duty deployment, with the Armed Forces of the United States, shall have six (6) months from the date they return from active duty deployment to complete requirements for recertification noted above.

In order to qualify for this exception, the applicant shall:

1. Submit proof of his or her membership in the Armed Forces of the United States, and
2. Submit documentation of his or her deployment starting and ending dates.
3. CE credit may be given for documented training that meets the requirements of Chapter 11 of the California Code of Regulations, Title 22, Division 9.
4. The CE documentation shall include verification from the individual's Commanding Officer attesting to the training attended.

Effective Dates

1. If the EMT renewal requirements are met within six (6) months prior to the expiration date, the effective date of renewal shall be the date immediately following the expiration date of the current certificate. The certification expiration date will be the last day of the month, two (2) years from the effective date.
2. If requirements are met more than six (6) months prior to the expiration date, the effective date of renewal shall be the date the applicant satisfactorily completes all renewal requirements and has applied for certification. The certification expiration date will be the last day of the month two (2) years from the effective date.

Reinstatement of an Expired California EMT Certificate

The following requirements apply to applicants who wish to be eligible for reinstatement after their California EMT certificates have expired:

1. Lapse of less than six (6) months the applicant must complete all requirements in Section III, Items 2 - 7 under Recertification above.
2. Lapse of six (6) months or more, but less than twelve (12) months:
 - a. Complete all requirements in Section III, Items 2 - 7 under Recertification above.
 - b. Complete one (1) of the following CE requirements:
 - (1) Successfully complete a twenty-four (24) hour refresher course from an approved EMT training program, and twelve (12) hours of CE, within the twenty-four (24) months prior to applying for reinstatement, or
 - (2) Obtain at least thirty-six (36) hours of CE, within the twenty-four (24) months prior to applying for reinstatement, from an approved CE provider.
2. Lapse of twelve (12) months or more, but less than twenty-four (24) months:
 - a. Complete all requirements in Section III, Items 2 - 7 under Recertification above.
 - b. Complete one (1) of the following continuing education requirements:
 - (1) Successfully complete a twenty-four (24) hour refresher course from an approved EMT training program, and twenty-

four (24) hours of CE, within the twenty-four (24) months prior to applying for reinstatement, or

- (2) Obtain at least forty-eight (48) hours of CE, within the twenty-four (24) months prior to applying for reinstatement, from an approved CE provider.
- c. Pass the National registry cognitive and psychomotor exams, within two (2) years of the date of application for EMT reinstatement unless the individual possess a current and valid EMT, AEMT, or EMT-P National Registry Certificate or a current and valid AEMT certificate or EMT-P license.

IV. REFERENCES

Number	Name
1090	Criminal History Background Checks (Live Scan)

TABLE OF CONTENTS

SERIES	SYSTEM POLICIES AND PROCEDURES	EFFECTIVE DATE
1000	CERTIFICATION, ACCREDITATION and AUTHORIZATION	
1020	EMR Certification	07/01/15
1030	EMT Certification REVISED	07/01/17
1040	EMT-P Accreditation	09/01/15
1050	MICN Authorization - Base Hospital, Administrative, Flight Nurse, Critical Care Transport	04/01/16
1060	Certification/Accreditation Review Policy	12/01/14
1070	EMT/AEMT Incident Investigation, Determination of Action, Notification, and Administrative Hearing Process	08/15/14
1090	Criminal History Background Checks (Live Scan)	08/15/14
1100	AEMT Certification	07/01/15
1110	RCP Authorization	04/01/16
1120	EMT-P Student Field Internship Requirements	04/15/16
2000	DATA COLLECTION	
2020	ICEMA Abbreviation List	03/15/12
2030	Minimum Documentation Requirements for Transfer of Patient Care	03/15/12
2040	Requirements for Patient Care Reports	03/15/17
2050	Requirements for Collection and Submission of EMS Data	12/01/16
3000	EDUCATION	
3020	Continuing Education Provider Requirements	07/01/15
3030	EMT Continuing Education Requirements	03/15/11
4000	QUALITY IMPROVEMENT	
4010	Continuous Quality Improvement Plan	02/28/11
5000	MISCELLANEOUS SYSTEM POLICIES	
5010	Licensure Changes 911 Receiving Hospitals	01/01/10
5020	Base Hospital Selection Criteria	07/15/00
5030	Review of Policies and Protocols	02/01/16
5040	Radio Communication Policy	02/01/16
5050	Medical Response to a Multi-Casualty Incident	04/01/13
5050 I/Mono Annex	Inyo and Mono Counties Medical Response to a Multi-Casualty Incident	05/01/11
5060	MCI Definitions/Key ICS Positions	01/01/10
5070	Medical Response to Hazardous Materials/Terrorism Incident	04/01/13
5080	ICEMA Ground Based Ambulance Rate Setting Policy-San Bernardino County	05/08/12
6000	SPECIALTY PROGRAM/ PROVIDER POLICIES	
6010	Paramedic Vaccination Policy	04/01/13
6030	AED Service Provider Policy - Public Safety	07/01/15
6040	AED Service Provider - Lay Rescuer	07/01/15
6060	Specialty and Optional Scope Program Approval Policy	07/01/15
6070	Cardiovascular ST Elevation Myocardial Infarction Receiving Centers Designation Policy	02/01/16

TABLE OF CONTENTS

SERIES	SYSTEM POLICIES AND PROCEDURES	EFFECTIVE DATE
6000	SPECIALTY PROGRAM/ PROVIDER POLICIES (CONTINUED)	
6080	Paramedic Blood Draw for Chemical Test at the Request of a Peace Officer	04/01/13
6090	Fireline Paramedic	02/01/16
6100	Neurovascular Stroke Receiving Centers Designation Policy (<i>San Bernardino County Only</i>)	02/01/16
6110	Tactical Medicine Program	07/01/15
6120	Emergency Medical Dispatch Center Requirements (<i>San Bernardino County Only</i>)	08/15/13
6130	Medical Priority Dispatch Minimum Response Assignments for Emergency Medical Dispatch (EMD) Categories	08/15/13
6140	Smoke Inhalation/CO Exposure/Suspected Cyanide Toxicity	06/01/14
6150	Trial Study Participation	03/01/15
7000	STANDARD DRUG & EQUIPMENT LISTS	
7010	BLS/LALS/ALS Standard Drug and Equipment List	10/15/16
7020	EMS Aircraft Standard Drug and Equipment List	10/15/16
7030	Controlled Substance Policy	06/01/15
7040	Medication - Standard Orders	10/15/16
8000	TRANSPORT/TRANSFERS AND DESTINATION POLICIES	
8010	Interfacility Transfer Guidelines	10/15/16
8020	Specialty Care Transport	04/01/16
8050	Transport of Patients (BLS)	02/01/92
8060	Requests for Hospital Diversion Policy (<i>San Bernardino County Only</i>)	04/01/13
8070	Aircraft Rotation Policy (<i>San Bernardino County Only</i>)	04/01/13
8090	Fort Irwin Continuation of Care	10/15/16
8120	Continuation of Care (<i>San Bernardino County Only</i>)	10/15/16
8130	Destination Policy	02/01/16
8140	Transport Policy (<i>Inyo County Only</i>)	12/15/15
8150	Ambulance Patient Offload Delay	12/15/16
	PATIENT CARE POLICIES	
9000	GENERAL PATIENT CARE POLICIES	
9010	General Patient Care Guidelines	10/15/16
9020	Physician on Scene	04/01/13
9030	Responsibility for Patient Management Policy	04/01/13
9040	Reporting Incidents of Suspected Abuse Policy	04/01/13
9050	Organ Donor Information	04/01/13
9060	Local Medical Emergency Policy	02/01/14
9070	Applying Patient Restraints Guidelines	05/01/06
9080	Care of Minors in the Field	02/01/16
9090	Patient Refusal of Care - Adult	06/01/14
9110	Treatment of Patients with Airborne Infections and Transport Recommendations	09/15/11
9120	Nausea and Vomiting	12/01/14
10000	SKILLS	
10190	Procedure - Standard Orders	10/15/16

TABLE OF CONTENTS

11000	ADULT EMERGENCIES (15 YEARS OF AGE AND OLDER)	
11010	Respiratory Emergencies - Adult	07/01/15
11020	Airway Obstruction - Adult	08/15/14
11040	Bradycardias - Adult	08/15/14
11050	Tachycardias - Adult	10/15/16
11060	Suspected Acute Myocardial Infarction (AMI)	06/01/15
11070	Cardiac Arrest - Adult	02/01/16
11080	Altered Level of Consciousness/Seizures - Adult	08/15/14
11090	Shock (Non-Traumatic)	08/15/14
11100	Burns - Adult	07/01/15
11110	Stroke Treatment - Adult	02/01/16
12000	END OF LIFE CARE	
12010	Determination Of Death on Scene	08/15/14
	Coroners Worksheet of Death - EMS Report of Death Form	09/15/12
12020	End of Life Care and Decisions	10/15/16
13000	ENVIRONMENTAL EMERGENCIES	
13010	Poisonings	08/15/14
13020	Heat Related Emergencies	08/15/14
13030	Cold Related Emergencies	06/01/15
14000	PEDIATRIC EMERGENCIES (LESS THAN 15 YEARS OF AGE)	
14010	Respiratory Emergencies - Pediatric	07/01/15
14020	Airway Obstruction - Pediatric	10/15/16
14030	Allergic Reactions - Pediatric	08/15/14
14040	Cardiac Arrest - Pediatric	10/15/16
14050	Altered Level of Consciousness - Pediatric	08/15/14
14060	Seizure - Pediatric	10/15/16
14070	Burns - Pediatric	10/15/16
14080	Obstetrical Emergencies	08/15/14
14090	Newborn Care	08/15/14
15000	TRAUMA	
15010	Trauma - Adult (15 years of age and older)	10/15/16
15020	Trauma - Pediatric (Less than 15 years of age)	06/01/15
15030	Trauma Triage Criteria	02/01/16
15040	Glasgow Coma Scale Operational Definitions	04/01/13
15050	Hospital Emergency Response Team (HERT) Policy	10/15/13