

Comments on Proposed Revisions to First Aid Standards for Public Safety Personnel
 Chapter 1.5, Division 9, Title 22, California Code of Regulations
 45-Day Public Comment Period
 May 23, 2014 through July 7, 2014

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General	California Nurses Association	We believe that EMSA lacks the authority to adopt a scope of practice for public safety personnel and to expand their skills to include activities not specifically authorized by the legislature and that are intentionally limited to licensed or certified medical care providers. In addition, EMSA has proposed changes that conflict with existing statutes and regulations and has failed to indicate any reference to statutes that they are "interpreting" or "making specific" that authorize the expansion of first aid and CPR as currently defined into highly technical skills that are now specifically limited to licensed or certified medical care providers.	Comment acknowledged. EMSA has amended the proposed regulations to identify authorized activities that public safety personnel may perform, and has eliminated the development of a scope of practice. EMSA is relying on authority provided in Section 1797.107 which provides broad authority to adopt rules and regulations necessary to carry out the intent and purpose of the Health and Safety Code, Division 2.5.
General	Commission on Peace Officer Standards and Training	§ 1797.183 Health and Safety Code: Development of the proposed regulations lacked state and local law enforcement input (including POST). California law requires most peace officers to be trained in first aid and cardiopulmonary resuscitation, and mandates that, "The training shall meet standards prescribed by the authority, in consultation with the Commission on Peace Officer Standards and Training." POST personnel were not asked to participate in the development of the proposed regulation, nor were any law enforcement subject matter experts provided by POST. These proposals mandate significant changes of traditional peace officer roles	Comment acknowledged. EMSA engaged POST representatives through the informal pre-public comment review of the proposed regulations, and during several State Tactical EMS Committee meetings where the draft proposed regulations were discussed and input was solicited. Additionally EMSA presented the draft proposed regulations during several Commission on EMS meetings and Directors Advisory Group meetings

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	Commission on Peace Officer Standards and Training	<p>requirements, and including peace officers in expanded, non-traditional roles without first obtaining meaningful input from affected agencies and stakeholders. Based on these and others concerns, POST seeks to collaborate with EMSA in drafting proposed content and the requisite validation processes, in order to produce regulation that best serves California's peace officer first responders and the communities they serve.</p> <p>We formally request, EMSA suspend the current revision process until POST and representatives of California law enforcement agencies can partner with EMSA and its Public Safety Committee to further refine these regulations.</p>	<p>EMSA will participate in a POST workgroup to provide technical support in revising POST training standards based upon the regulations.</p>
General	William D. Gore, Sheriff San Diego County Sheriff's Department	<p>The advanced training that would be required for basic proficiency in some of the discussed techniques would be more than what is currently allotted for refresher training. This would cause an immediate impact on agencies due to the significant investment of time in trying to make non-medical personnel proficient in more advanced care. Additionally, this would increase potential liability for law enforcement agencies in situations where EMS is called for or arriving on scene contiguously with responding law enforcement officers (LEOs). A specific example of a required advanced care technique would be the usage of the Nasopharyngeal Airway Application (NPA)</p>	<p>Comment acknowledged. No change made to minimum refresher training hours. Additional training time may be necessary to provide initial training; however subsequent refresher training will not require an increase in hours. Additionally, peace officers are afforded the option via penal code 13518 to pretest and receive training only on identified areas.</p> <p>Nasopharyngeal airways will be moved to the optional skills section of the proposed</p>

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		<p>and bag valve mask (Section 100016(c)). Currently, no certification exists for just the NPA and this is not a technique that would be easily integrated into a mandated 8-hour refresher CPR/First Aid course for in-service LEOs. The technique would need to be learned separately before integrating into a portion of the refresher course. Furthermore, we understand that the American Heart Association (AHA) intends to change its recommended CPR guidelines to "compression only" in 2016. This change would be in direct contrast to the required usage of bag valve masks and "breathing bag" devices. AHA currently advises against using this technique for one person CPR.</p>	<p>regulations to increase flexibility for local departments to select and train personnel based upon locally identified need.</p> <p>Future possible changes to AHA guidelines will be addressed once the changes are formalized.</p>
General	William D. Gore, Sheriff San Diego County Sheriff's Department	<p>The EMSA proposal does not address the cost of outfitting a large number of LEOs with this additional equipment, or the cost of required additional staffing for proper completion of the required "Public Safety First Aid and CPR Skills Competency Verification form EMSA-PSSCV (05/2014) (Section 100025(c)). No state subsidies are addressed for this equipment that is required to perform these more advanced care techniques.</p>	<p>Comment Acknowledged. No change recommended. The training standards outlined in this chapter should not be interpreted as a requirement mandating equipment. Equipment carried is at the discretion of the public safety agency, and the role of the public safety personnel.</p>
General	William D. Gore, Sheriff San Diego County Sheriff's Department	<p>I respectfully request additional time to determine the full ramifications of the proposed changes before a final decision is made to modify the existing Code of Regulations.</p>	<p>Comment acknowledged. EMSA will revise the proposed regulations to incorporate suggested changes from POST, law enforcement agencies and others to mitigate the impact to departments that will need to revise training programs</p>

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			and train personnel.
Various	San Diego EMS	The length of training in several of these skills, including naloxone, is arbitrary and should be examined by the EMDAC SOP.	Comment acknowledged. Training length proposed is based upon training standards contained in current regulations; Chapter 2, EMT.
General	California Nurses Association	<p>These regulations are changing the focus of responsibilities for non-EMT certified life guards, firefighters and peace officers from those enumerated in their respective professional roles to responsibilities which overlap with certified and licensed emergency medical personnel but without the benefit of comparable training. The proposed new first aid and CPR responsibilities for lesser trained public safety personnel whose everyday work does not lend them the same opportunity to use and become proficient with the more advanced skills of certified personnel is a disservice to the public who should be able to rely upon emergency care from personnel with both training and experience in the application of emergency care. Increased emphasis on emergency care skills undervalues the importance of those services currently performed by public safety personnel in their respective professions.</p> <p>EMSA is overreaching its legitimate role in an effort to implement a vision of healthcare services focused on expansion, rather than improvement of, emergency medical systems services. Expanded services do not necessarily result in better or improved</p>	<p>Comment acknowledged. The course content and authorized skills proposed have been revised to better meet the needs of public safety personnel and the public they serve. The proposed additional optional skills will allow flexibility for public safety agencies to incorporate additional medical services in those areas where a local need is present.</p>

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General	California Nurses Association	<p>services to the public health.</p> <p>The legislature did not delegate unlimited authority to EMSA to expand the concept of First Aid and CPR training for public safety personnel, and did not delegate broad authority to establish scope of practice for personnel below EMT-I. EMSA was authorized to "... establish minimum standards and promulgate regulations for the training and scope of practice for EMT-I, EMT-II and EMT-P.</p> <p>The EMSA has only been delegated the authority to prescribe training standards for first aid and CPR as it relates to public safety personnel.</p>	<p>Comment acknowledged.</p> <p>The proposed regulations have been revised to delete the proposed term "scope" and instead define "authorized skills" based on demonstrated competency in distinct and specified areas of training.</p>
General	California Nurses Association	<p>EMSA is required to consult with the Commission on Peace Officer Standards and Training (POST) on the First Aid and CPR training for peace officers while there is no statutory requirement for the same consultation with firefighter or lifeguard certifying agencies.</p> <p>Public safety personnel are restricted to "basic first aid" and do not have a "scope of practice" unless they possess the level of training of at least an EMT-I. Lifeguards and firefighters who are not EMS certified (EMT-I, EMT-II or Paramedic) are limited to basic first aid and CPR consistent with the standards long recognized by the American Red Cross and the American Heart Association respectively. The goal of these nationally recognized organizations is to standardize the provision of first aid and CPR by healthcare providers throughout the nation.</p>	<p>Comment acknowledged.</p> <p>EMSA engaged POST representatives through the informal pre-public comment review of the proposed regulations, and during several State Tactical EMS Advisory committee meetings.</p> <p>The term scope of practice has been removed from the proposed regulations and replaced with "authorized skills" along with a provision that competency must be demonstrated prior to authorization to utilize any skill listed.</p>

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		<p>The assertion by EMS that public expectations have changed or that it is necessary to update first aid standards is not supported in the Initial Statement of Reasons (ISOR) by any factual information. Even if this were true, EMSA has not been delegated the authority to respond to its own perception of public expectations by expanding health care service provided by unlicensed and uncertified public safety personnel.</p>	<p>EMSA has demonstrated the assertion of public expectation through the examples of legislative enactment of lay-public epinephrine use and the national emphasis on first responder and lay public access to naloxone.</p>
General	Lieutenant Mike Peters Orange County Sheriff's Regional Training Academy	<p>It appears that the revisions were proposed without all of the stakeholders at the table. Orange County is in agreement with POST. As a larger agency, we might be able to adapt and adjust to several of your changes without a fiscal impact. However, a few will have a significant impact. I can only imagine how many of the smaller agencies will be impacted. Please reconsider your timeline. Allow for all of the statewide stakeholders to evaluate the changes and implement them slowly.</p>	<p>Comment acknowledged. EMSA held an informal public comment period to solicit feedback from stakeholders including Law, Fire, POST and the public; presented the proposed draft regulations to the EMS commission, representing Police Chiefs and Fire among others; presented the proposed regulations at multiple statewide Tactical EMS meetings attended by a variety of Sheriffs, Law Enforcement, Fire and private EMS providers and various state agencies. EMSA will revise the proposed regulations to incorporate suggested changes from POST, law enforcement agencies and others to mitigate the impact to departments that will need to revise training programs and</p>

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General	Ronald Waters Director Emergency Response Training Center College of the Redwoods and Lanny Brown (Asst. Police Chief-ret.) President CA Academy Directors' Association (CADA)	I request that EMSA's proposed changes to first aid standards for public safety personnel not be implemented to allow an opportunity for EMSA, POST, and the affected law enforcement stakeholders to collaborate and develop regulations that are mutually beneficial to California's first responders and the communities they serve.	train personnel. Comment acknowledged. EMSA will revise the proposed regulations to incorporate suggested changes from POST, law enforcement agencies and others to mitigate the impact to departments that will need to revise training programs and train personnel.
General Page 1	San Mateo County EMS Agency and California State Emergency Nurses Association	Add definition of tactical medicine or special circumstances	Comment acknowledged. Suggestion will be adopted to add detail clarifying the intent of tactical medicine and special circumstance. This training topic will also be removed from the basic course content, and offered as an optional skill.
General	Brendalyn Val Bilotti RN Alameda County Sheriff's Office Regional Training Center	Economic impact on program revision, instructor update training, equipment acquisition and increased record and documentation requirements Economic impact on Policy and Procedure review for compliance and revision. Legal counsel consult. City council update. Consideration regarding Law Enforcement job task analysis result are not clear as to future impact.	Comment acknowledged. It is unknown whether economic impacts can be addressed with existing resources. Further, the regulations are being revised to incorporate feedback from the 45-day comment period which may mitigate potential economic impacts and concern regarding job task analysis.
General	Steve Segura (Deputy Chief of Police-Ret.) Director	I am writing in support of the comments presented by Lanny Brown, CA Academy	Comment acknowledged. EMSA will revise the proposed regulations to

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	Sacramento Regional Public Safety Training Center Basic Academy (American River College)	<p>Directors' Association (CADA) and POST Bulletin 2014-10, dated June 25, 2014.</p> <p>The level of training that is being proposed is beyond the scope of the "Basic Course" and cannot occur without additional costs and administration. Asking non-EMS first responders and training organizations to utilize, refresh and potentially maintain equipment without discussing the potential frequency, or infrequent use, will, from a purchase and training perspective have an adverse economic impact.</p> <p>At the Basic Academy level, the integration of this proposed regulation changes the instructor training requirements to require highly advanced instructor competency outside of the current regulations and does not provide a timely, nor strategically planned implementation to include discussions re: pertinent legal, risk management, maintenance, chemical storage/life span, testing, remediation, skills development and regulatory issues, each of which also have an adverse economic impact.</p> <p>To decree implementation in the proposal's current form and timeline, will be disruptive and will not accomplish the good intentions and desirable outcome of EMSA's objective.</p> <p>I ask that you please reconsider your position and allow for a collaborative working plan between EMSA, POST, the training presenters and affected public safety agencies.</p>	incorporate suggested changes from POST, law enforcement agencies and others to mitigate the impact to departments that will need to revise training programs and train personnel.
General	California State Emergency	There is no Article 3	Comment acknowledged.

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Page 14	Nurses Association and San Mateo County EMS		Article 3 has been added to the proposed regulations.
General	Lanny Brown (Asst. Police Chief-ret.) President CA Academy Directors' Association (CADA)	<p>CADA believes that there is potential for a multi-million dollar fiscal impact to the law enforcement community should EMSA's proposal be approved. Impacts to include:</p> <ul style="list-style-type: none"> • Potential significant initial and ongoing equipment costs without identified funding source (maintenance, shelf life, depreciation, expiration, replacement). • Potential significant costs associated with training and competency verification for new and existing instructors on proposed equipment and techniques. • Possible need to consult with agency legal advisor and/or risk manager to determine scope of practice authority and impact. • Possible need to change agency policy to ensure consistency with EMSA regulations. 	<p>No change recommended. The training standards outlined in this chapter should not be interpreted as a requirement mandating equipment. Equipment carried is at the discretion of the public safety agency, and the role of the public safety personnel.</p> <p>As a result of comment received, EMSA will include nasopharyngeal airways and hemostatic dressings in section 100017 as optional skills. EMSA will also eliminate the requirement to utilize a competency verification form, and instead rely on the approved training program to ensure competence. EMSA will also replace the term scope of practice with "authorized skills". EMSA acknowledges that training programs may need to consult with legal counsel and may need to revise policies and procedures as a result of any changes that are proposed.</p>
General	Lanny Brown (Asst. Police Chief-ret.) President CA Academy Directors'	Proposed EMSA regulation will require revision of POST regulations regarding first aid and CPR training (Reg. 1070) and instructor training requirements (Reg.	Comment acknowledged. No changes made. POST will revise regulations to meet standards in the adopted

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	Association (CADA)	1082).	Chapter 1.5 regulations.
General	Lanny Brown (Asst. Police Chief-ret.) President CA Academy Directors' Association (CADA)	There is no evidence that a patrol officer job task analysis has been completed to support the need for the proposed additional levels of first aid/CPR training.	Comment acknowledged. No changes made. A task analysis is not required to update and increase basic first aid and CPR training.
General	Lanny Brown (Asst. Police Chief-ret.) President CA Academy Directors' Association (CADA)	POST did not have an opportunity to provide input regarding these changes but recently met with EMSA to discuss the proposed content. After the meeting, EMSA advised some of the proposed changes would be adjusted. The changes are not currently posted on their website. It is not known when the final version of the proposed changes will be posted.	Comment acknowledged. EMSA held an informal public comment period to solicit feedback from stakeholders including Law, Fire, POST and the public; presented the proposed draft regulations to the EMS commission, representing Police Chiefs and Fire among others; presented the proposed regulations at multiple statewide Tactical EMS meetings attended by a variety of Sheriffs, Law Enforcement, Fire and private EMS providers and various state agencies. EMSA will revise the proposed regulations to incorporate suggested changes from POST, law enforcement agencies and others to mitigate the impact to departments that will need to revise training programs and train personnel.
General	Lt. Tom Laband, Fresno Police Department Training	The regulations, as proposed, create significant burdens on law enforcement	Comment acknowledged. EMSA will revise the

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	Commander	agencies some of which are unforeseeable at this point. Cost, equipment, training, liability, vague descriptions are just some of the issues. CA POST has outlined many of the concerns in their bulletin 2014-10.	proposed regulations to incorporate suggested changes from POST, law enforcement agencies and others to mitigate the impact to departments that will need to revise training programs and train personnel.
General	LA County EMS Agency	Divide Chapter 1.5 into three chapters. The three professions identified have different missions within the system. Current proposed regulations eliminate nationally accepted standardized training programs for lifeguards.	Comment acknowledged. No change. The professions of Peace Officer, Lifeguard and firefighter are all statutorily required to receive training in first aid and CPR despite their differing missions.
General	LA County EMS Agency	Remove examination and assessment terminology from all sections of the regulation replace with recognize or identify. The training and scope of practice in this regulation is for a first aid response while waiting for health care professionals. According to the National EMS Education Standards, examination and assessment identify a higher level of training and scope of practice than that of trained first aid personnel.	Comment acknowledged. Suggestion will be incorporated into the regulations by replacing exam and assess with recognize or identify.
General	LA County EMS Agency	Add a new section to the regulation to establish a schedule of fees for cost recovery as identified in EMT, Paramedic and EMS CE regulations. LEMSAs require regulatory language regarding fees to recover costs. The burden of program approval and medical oversight with this regulation rests with the LEMSA. Language referenced from Chapter 2, EMT Regulations:	Comment acknowledged. No change made. Statutory authority does not exist for EMSA to require a fee, however a LEMSA may establish fees if approved by their Board of Directors.

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		<p>A LEMSA may establish a schedule of fees for EMT training program review approval, EMT certification and EMT recertification in an amount sufficient to cover the reasonable cost of complying with the provisions of this Chapter.</p>	
100007	California Nurses Association	<p>The ISOR states that the word "current" is being added to American Heart Association's (AHA) Emergency Cardiovascular Care (ECC) Guidelines that are being incorporated by reference in order to specify that the CPR training standard must be the "current" version. However, a September 22, 1999 memo on the Trauma Regulations Update to the Commission on Emergency Medical Services from Richard Watson reported, in relevant part:</p> <p>"... OAL removed "most current version" in § 100236, Abbreviated Injury Scale. Under regulatory procedure, future events cannot be included in regulations."</p> <p>If the intent of this language were to require that the standards reflect future updates of the AHA ECC guidelines, it would seem to conflict with the rules of regulatory procedure that prospective incorporation-by-reference is not allowed unless specifically authorized by statute. For the purpose of clarity meaning that "current" means the standards that are in effect at the time of these regulations,"... Current 2010 American Heart Association's Emergency Cardiovascular Care (ECC) Guidelines."</p>	<p>Comment acknowledged. EMSA will specify the 2010 American Heart Association's Emergency Cardiovascular Care (ECC) Guidelines as suggested in place of "current".</p>

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100009	California Nurses Association	<p>The legislature's demand for training in first aid has been defined consistently in Division 9 of CCR Title 22 to mean: "First Aid" means the recognition of and immediate care for injury or sudden illness prior to the availability of emergency medical care by licensed or certified health care professionals.</p> <p>Even the requirement for child care provider first aid is a minor modification of this definition to reflect the fact that the reference is specifically to infants and children: "Pediatric first aid" means the recognition of, and immediate care for injury or sudden illness, including medical emergencies, to an infant or child, prior to the availability of medical care by licensed or certified health care professionals."</p> <p>There is a common understanding of what constitutes first aid that has already been placed into the CCR Title 22 Division 9 regulations and that is reflected in the definition found in standard dictionaries. EMSA has stated in the ISOR that the change from "First Aid" to "Public Safety First Aid" is being changed in order to clarify that the first aid treatment provided would be performed by public safety personnel. They have left the definition of first aid unchanged because the EMSA cannot ignore the fact that it has already been defined in their own code of regulations three times and approved through the administrative procedure act (APA). In addition emergency first aid and</p>	<p>Comment acknowledged. No change. EMSA has proposed the change of title from First Aid to Public Safety First Aid to clarify that this chapter of regulations and first aid training specifically applies to Public Safety personnel. Public Safety personnel receive a more in-depth and advanced level of basic first aid training (existing regulations require a minimum of 15 hours in first aid and 6 hours of CPR training, compared to 4 hours of first aid and 4 hours of CPR training in courses presented to the lay public) than the general public receives because the expectation of public safety personnel to competently provide various first aid activities is higher. EMSA will revise the proposed regulations to remove the term scope of practice with "authorized activities". Additionally, nasopharyngeal airways will be moved from the proposed basic training to the proposed optional skills section.</p>

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		<p>cardiopulmonary resuscitation procedures have been specifically defined in H&S Code §1797.60 to mean:</p> <p>"Basic Life support: means emergency first aid and cardiopulmonary resuscitation procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the victim may be transported or until advanced life support is available."</p> <p>EMSA is now attempting to expand their own, as well as, the generally accepted definition of first aid by creating a new and confusing title of "Public Safety First Aid" (isn't first aid always for public safety?) and using the regulatory process rather than legislative action to authorize public safety personnel to perform non-first aid activities such as the insertion of naso-pharyngeal airways and wound packing through the unauthorized promulgation of regulations that adopt a scope of practice for public safety personnel.</p> <p>In order to avoid confusion and conflict within the same division with respect to the definition of first aid (is it about the population being served or the individuals performing the skills?), the title of §100009 should remain unchanged.</p>	
100011 Page 2 Line 6	Riverside County EMS Agency	Volunteer firefighters have always been included in the definition for Firefighter, but reserve officers/deputies continue to be overlooked in the definition of Peace	Comment acknowledged. EMSA has not proposed any changes to section 100011.

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		Officer. Reserve personnel need to be included. Additionally, the term "regularly employed and paid . . ." is included in the definitions for firefighter and lifeguard , but not here, yet that term is referenced in the Application and Scope section 100015 (renumbered 100013).	
100014	Commission on Peace Officer Standards and Training	<p>The proposal requires programs in operation prior to the effective date of these regulations to submit evidence of compliance with this Chapter to the appropriate approving Authority within six (6) months after the effective date of these regulations. This will cause all of California's law enforcement presenters to be out of compliance due to POST's current regulatory mandates. Amendments to POST regulation must be developed through a formal process which includes numerous levels of review, including initial development with subject matter experts, review and endorsement by stakeholders, approval by the Commission, public comment period, as well as approval by the Office of Administrative Law before it can be codified in regulation. As such, even if the proposed Title 22 regulations were implemented on January 1, 2015, the actual curriculum would likely not be fully developed and ready for presentation to law enforcement students until late 2015 at the earliest.</p> <p>The proposal requires programs in operation prior to the effective date of these regulations to submit evidence of compliance with this Chapter to the appropriate approving authority within six</p>	<p>Comment acknowledged. Suggestion to allow for delayed implementation for POST programs will be adopted due to the required regulatory process. EMSA will amend the regulations to indicate POST compliance by January 1, 2016.</p> <p>The process for EMSA course approval is not changed in these proposed regulations. EMSA will continue to review the POST program and once</p>

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100015		<p>(6) months after the effective date of these regulations. This proposal implies EMSA shall assume corollary responsibility for reviewing all curriculums for all California law enforcement First Aid/CPR training. This is a statutory responsibility of POST. The proposal will require law enforcement agencies and presenters to submit courses for approval to both EMSA and POST. This will result in delay of providing mandated training.</p> <p>Scope of practice authorizes public safety to perform the primary skills listed without requiring training, testing, or competency verification. With optional skills, this protection is afforded only after training has occurred and competency is displayed (§ 100018). This will create a liability concern for California law enforcement agencies, if law enforcement officers are in a situation that requires them to perform authorized medical care without the proposed training.</p>	<p>approved, POST will approve courses given by the Peace Officer Training Academy and other POST member organizations.</p> <p>EMSA will amend the proposed regulations to include language requiring training and competency verification prior to authorization to perform each skill described in section 100016.</p>
100016		<p>The initial course requires following current American Heart Association (AHA) ECC Guidelines at the Healthcare provider level. The AHA guidelines refer to AED utilization in several areas, which makes it appear that AED training is required under AHA guidelines. Yet, § 100018 as proposed makes AED training optional. It does not appear presenters will be able to comply with AHA standards unless they train in the optional AED. This additional training content will potentially create significant cost exposure for POST, as well as state and local law enforcement agencies. It does not appear EMSA has considered the</p>	<p>EMSA will revise the regulations to clarify the reference to AHA ECC guidelines with the exception of AED training, which will remain an optional skill to eliminate the fiscal impact that may otherwise exist.</p>

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		fiscal impact the regulatory mandate will have on local government.	
100016 Page 3	North Coast EMS and Ronald Waters Director Emergency Response Training Center College of the Redwoods	Adding this many items to the Course content but only requiring 21 hours of training seems unrealistic. The topics to be covered are relatively the same as an EMT Basic class but we are asking them to cover them all in 21 hours. We have discussed this with some of our instructors who all agree that being able to teach all these items adequately will take more than 21 hours.	Comment acknowledged. No change. Many of the items listed are part of the existing training requirement but as proposed are more clearly identified through an itemized listing of topics.
100016 Page 3	Ronald Waters Director Emergency Response Training Center College of the Redwoods	Significant changes of traditional peace officer roles from basic first aid to higher levels of care, creating higher expectation of service delivery from public and courts.	Comment acknowledged. No change. Proposed training and authorized skills continue to be at the basic first aid level.
100016 Page 3 Line 25	San Mateo County EMS Agency and California State Emergency Nurses Association	Include obstructed airway and AED to course content. Both skills are usually included in CPR for the health care provider. The time necessary is not significantly increased	Comment acknowledged. No change. Airway obstruction is included in the basic course content. AED will remain an optional scope item to allow flexibility for departments to utilize this skill if local need exists and if approved by the local EMS medical director.
100016 Page 3 Line 27	San Mateo County EMS Agency and California State Emergency Nurses Association	Add use of the AED. This is a skill that the general public is encouraged to use and no longer requires a 4 hour course. This skill is taught in even the most basic CPR courses. All public safety personnel should be familiar with use of AEDs.	Comment acknowledged. No change. AED will remain an optional scope item to allow flexibility for departments to utilize this skill if local need exists and if approved by the local EMS medical director.
100016 Page 3	San Mateo County EMS Agency and California State	Suggest separating medical and trauma assessment training as well as the content	Comment acknowledged. Suggestion will be

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Line 1-40	Emergency Nurses Association	for each. Assessment of the medical patient would be followed by the medical complaints and assessment of the trauma patient would be followed by traumatic conditions. This is consistent with texts and NREMT.	incorporated into the regulations by replacing exam and assess with recognize or identify to better represent the basic first aid services and role of public safety personnel.
100016 Page 3 Line 11	Brendalyn Val Bilotti RN Alameda County Sheriff's Office Regional Training Center	The statement indicating that the content shall be "skill oriented" stipulates that content will have an economic impact requiring additional training aids and time to perform competency based evaluations. Additional lecture topics indicate an added time component that has not been addressed.	Comment acknowledged. No change. "Skills" is used as a term to demonstrate ability to perform the specific topics outlined in section 100016. Many of the items listed are part of the existing training requirement but as proposed are more clearly identified through an itemized listing of topics.
100016 Page 3 Line 19	Brendalyn Val Bilotti RN Alameda County Sheriff's Office Regional Training Center	Request clarification of the intent of this line.	Comment acknowledged. Intent of "Minimum equipment and First Aid kits" is to discuss first aid equipment utilized by public safety personnel.
100016 Page 3 Line 28 &29	Brendalyn Val Bilotti RN Alameda County Sheriff's Office Regional Training Center	Specifically: Use of NPA's: Currently not a part of LD 34. Under optional skills OPA training would require not less than 1 hour as stated in section 100018/ page 10/ line 18. No time allocation was noted for the addition of NPA lecture and competency training as the number of hours for initial training remains the same at 21 hours. Additional training equipment would include airway manikins, training NPA's, lubricate and cleaning supplies for equipment maintained and labor costs not currently	Comment acknowledged. Naso-pharyngeal airways will be moved from the proposed basic training to the proposed optional skills section.

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		expended to maintain new equipment.	
100016 Page3 Line 5	California State Emergency Nurses Association and Nor-Cal EMS	We still believe that the minimum number of training hours is inadequate to cover all of the proposed course content. We recommend increasing the number of training hours to a minimum of 48 hours.	Comment acknowledged. No change. Many of the items listed are part of the existing training requirement but as proposed are more clearly identified through an itemized listing of topics.
100016 Page 3 Line 23	California State Emergency Nurses Association and Nor-Cal EMS	Course content would cover sudden cardiac arrest and early defibrillation but AED is optional. Please clarify.	Comment acknowledged. Benefits of early defibrillation in cardiac arrest should be discussed, however AED is optional.
100016 Page 3 Line 25	California State Emergency Nurses Association and Nor-Cal EMS	Course content requires current AHA ECC Guidelines at the Healthcare Provider level and all AHA courses teach the AED component but AED is optional. Please clarify.	Comment acknowledged. EMSA will revise this section to clarify that the AED is covered in optional skills training.
100016 Page 3-5	Lanny Brown (Asst. Police Chief-ret.) President CA Academy Directors' Association (CADA)	Additional content is added to the Regular Basic Course without any requisite increase in hourly instructional allotments. (This may increase minimum hours required to complete academy training.) Significant changes of traditional peace officer roles from basic first aid to higher levels of care, creating higher expectation of service delivery from public and courts. Potential gap in the proposed regulation authorizes public safety to perform primary skills without requiring initial training, testing, or competency verification, creating potential liability exposure for law enforcement agencies.	Comment acknowledged. No change. Many of the items listed are part of the existing training requirement but as proposed are more clearly identified through an itemized listing of topics. Proposed training and authorized skills continue to be at the basic first aid level.
100016 Page 3 Lines 7&8	Riverside County EMS Agency	Since the list for required courses/topics/content is now in its own subsection (c), it would be more appropriate	Comment acknowledged. EMSA will adopt suggested language, adding "as

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		to change the wording "need not be limited to, the following scope of courses , the scope of courses as described in (c) below, which shall prepare . . ."	described in (c) below".
100016 Page 3 Lines 28-30	Riverside County EMS Agency	While we understand CA has yet to adopt the Natl Educ Standards for EMR, we are concerned about the use of NP airways by personnel with even less A&P and assessment training than EMRs/FRs (less than ½ their overall trng hrs), when even EMRs cannot perform the NPA skill. The preceding lines (#25 – 27) presume that OPA testing is included in AHA CPR, but neither OPA or NPA is tested in AHA CPR (neither airway is included on their CPR skills sheets and neither has a separate skill sheet)	Comment acknowledged. Naso-pharyngeal airways will be moved from the proposed basic training to the proposed optional skills section.
100016 Page 3 Lines 32-34	Riverside County EMS Agency	All three of those terms should be hyphenated ("mouth-to-mouth", etc.)	Comment acknowledged. Suggestion will be adopted.
100016 Page 3 Lines 44-46	Riverside County EMS Agency	Action verbs should either all end in "ing" or not	Comment acknowledged. Suggestion will be adopted.
100016 Page 3 Line 28	LA County EMS Agency	Replace nasopharyngeal with oropharyngeal as basic training. Nasopharyngeal airways are part of the optional scope of practice training for a higher level certification EMR according to the National Scope of Practice Model and National EMS Education Standards. Oropharyngeal airway is in the basic scope.	Comment acknowledged. Naso-pharyngeal airways will be moved from the proposed basic training to the proposed optional skills section.
100016 Page 4	California Nurses Association	Newly numbered§ 100016 Public Safety First Aid and CPR Course Content states,"... (c) The content of the training course shall include recognition and treatment of at least the following topics and	Comment acknowledged. Many of the items listed in the course content are part of the existing training requirement but as proposed are more clearly identified through an

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		<p>shall be skill oriented. In the ISOR the "Necessity ' for changes in the course is"... to expand the course content to include elements of tactical first aid response because of the exposure to these events that public safety personnel experience." The ISOR goes on to state, "Coordinated and standardized response to events such as an active shooter incident is necessary to ensure the safety of the public, and is an expectation held by the public. Subtopics under each general training area were expanded to be specific and detailed; this change will ensure that courses cover each of the broad and specific topics, increasing the depth of training provided."</p> <p>All of these goals are to be met within the exact minimum time frame of 21 hours with the only change being that instead of 6 hours in CPR and 15 hours in First Aid the hours have been combined to allow "... flexibility of a course to spend instruction time where it is needed ..."</p> <p>It is not clear how a training program can be expanded to include all previously included CPR and First Aid topics as well as:</p> <p>(14) Tactical and Rescue Firsts Aid Principles Applied to Special Circumstances; (A) Principles of tactical emergency casualty care;</p> <p>(B) Extrication and movement of patients using soft litters and manual extractions including fore/aft, side-by-side, shoulder/belt;</p>	<p>itemized listing of topics. Basic tactical training as listed in the course content is intended to provide a very basic overview, to aid in statewide coordination of public safety personnel. Required training of 21 hours is a minimum; however a course may be longer if desired. Further, combining the hours for first aid and CPR does provide flexibility for course instructors to provide the appropriate amount of time teaching each topic. The proposed course content provides a statewide standard.</p>

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		<p>(C) Basic airway management;</p> <p>(D) Medical threat assessment and planning;</p> <p>(E) Integration between EMS and law enforcement for active shooter incident.</p> <p>It is unclear how this would be done within the same minimum time frame of 21 hours without selectively eliminating or reducing time spent upon other mandatory topics. The EMSA website for Tactical Medicine and Casualty Care indicates that Tactical First Aid for law enforcement officers is an eight (8) hour course. Law enforcement officers are public safety personnel. Does that mean that eight hours out of the total twenty-one (21) hours of training could be dedicated to Tactical First Aid with a corresponding reduction in emphasis in other traditionally covered areas of first aid?</p> <p>The ISOR "Problem Statement" indicates that §§ 1797.182 and 1797.183 were adopted to ensure that all state firefighters, lifeguards and peace officers received "standardized training in first aid and CPR to protect the welfare, health and safety of the public." This would seem to require a standardized curriculum for all three public safety personnel and not "flexibility" to spend instruction time where each course provider decides what is needed on specific topics.</p> <p>Course content flexibility appears to be contrary to the protection of the welfare, health and safety of the public since the legislature adopted requirements for standardized training.</p>	

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100016 Page 4	California Nurses Association	<p>H&S Code § 1797.193 requires that all firefighters have Sudden Infant Death Syndrome (SIDS) training included in their basic training as firefighters, and yet the proposed regulations state that Public Safety First Aid "... shall include recognition and treatment of ..." medical Emergencies" including Sudden Infant Death Syndrome (SIDS)"... and shall be skill oriented...". Public safety personnel who are called in response to an infant death would be expected to initiate infant CPR until EMS personnel arrive to take over care and transport the infant to the nearest health facility. Since Public Safety First Aid for SIDS management is "skill based", it is not clear how infant CPR in (c)(3) would differ from the medical emergency treatment for SIDS. There also is no indication of how "Basic airway management" in subsection (c)(14)(C) differs from "Basic airway management" in sub§ (c)(3)(A) since (c)(3)(A) includes CPR for adults, children, and infants following CPR at the healthcare provider level.</p> <p>H&S Code§ 1797.193 references only SIDS training for firefighters and is required in basic firefighter training which would appear to mean that every firefighter would already have received SIDS training as a job prerequisite including"... information on the community resources available to assist families who have lost children to sudden infant death syndrome."</p> <p>If, however, this course is meant to satisfy</p>	Comment acknowledged. EMSA will remove SIDS training from the proposed regulations as the topic is covered in basic training provided to firefighters and peace officers, and is not required for lifeguards.

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		<p>the basic employment requirements for firefighters then newly renumbered §1 0015 Time Limitation for Initial Training which states "...initial training requirements...shall be satisfactorily completed within one (1) year from the effective date of the individual's initial employment," directly contradicts and lacks consistency with H&S Code 1797.193 which this subsection specifically references.</p> <p>Penal Code 13519.3 requires "... a course on the nature of sudden infant death syndrome and the handling of cases involving the sudden deaths of infants... prior to the issuance of the Peace Officer Standards and Training basic certificate" Just as in H&S Code § 1797.193 for firefighters, this course for peace officer is to be completed as part of a basic certificate required for eligibility for employment. The proposed course in Public Safety First Aid and CPR that now can be completed up to one year following employment directly contradicts Penal Code §13519.3.</p> <p>The ISOR states that H&S Code §1797.193 provides the authority for the addition of SIDS training to the required course content for first aid. That section only refers to firefighters and not to other public safety personnel. If the legislature wanted to expand first aid to include SIDS training to lifeguards, they would have been included along with firefighters, EMT-I,39 EMT-</p>	

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		<p>ll's,40 registered nurses⁴¹ and peace officers.⁴² In addition each of these statutes requiring SIDS training allows for a fee by local agencies who provide the training in order to offset the costs of the training thus making it evident that the legislature anticipated that there would be additional costs associated with SIDS training and that the costs should not fall on local agencies but would be levied, instead, on the trainee. First Aid and CPR training to firefighters and lifeguards is to be provided at no cost to the trainee creating a conflict between these statutes.</p>	
<p>100016 Page 4</p>	<p>Brendalyn Val Bilotti RN Alameda County Sheriff's Office Regional Training Center</p>	<p>Specifically: Use of soft litters and manual extraction (Section 100016/ page 4/ line 42)The listed techniques apparently not previously covered under Patient Movement (13) Emergency movement of patients (A)(Section 100016 / page 4/ line 37-38). The need for the purchase of soft litters to allow for practical application of the uses of these devices and again no additional time has been allocated to incorporate this new skill set.</p>	<p>Comment acknowledged. Suggestion will be adopted; EMSA will offer the tactical training elements as an optional skill with associated training hours required.</p>
<p>100016 Page 4 Line 32 & 33</p>	<p>Brendalyn Val Bilotti RN Alameda County Sheriff's Office Regional Training Center</p>	<p>Request clarification of the intent of the line. Currently these topics are addressed under burns and universal precautions. If the intent is on homeland security treat precautions the we are adding content to the lecture section of the course and not increasing the time allocation to cover this additional topic</p>	<p>Comment acknowledged. No change recommended. Intent of "Exposure to chemical, biological, or radiological substances" is basic recognition and precautions, not homeland security.</p>
<p>100016 Page 4 Line 36</p>	<p>Brendalyn Val Bilotti RN Alameda County Sheriff's Office Regional Training</p>	<p>As a required topic for law enforcement, the term management exceed their level of</p>	<p>Comment acknowledged. Suggested language Identify signs and symptoms of</p>

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	Center	training and would require a class separate from the basic course. Management indicates the ability to identify psychological issues, determine etiology and methods to mitigate that emergency. This significantly raises the risk of liability if this is interpreted to indicate that all California law enforcement are training to level to Management Psychological Emergencies. Recommend changing the language to state" Identify signs and symptoms of psychological emergencies. This is in line with identifying s/s of Diabetic Emergencies.	psychological emergencies will be adopted.
100016 Page 4 Line 46	Brendalyn Val Bilotti RN Alameda County Sheriff's Office Regional Training Center	Specifically: There is a number of concerns. 1) This is not a basic skill. In order to be able to address this topic, a number of other skills need to be mastered. This may be a stand-alone topic at the end of basic training to incorporate a number of acquired skills to be utilized or conceptualized. There are many active shooter classes currently available and the term is very limited to a specific threat. If the issue needs to be addressed, the concept of high-risk violent incident allows the greater flexibility and the ability to address various threats that may include knives, vehicles, IED as well as guns.	Comment acknowledged. Suggestion will be adopted. EMSA will remove tactical training elements from the course content, section 100016, and offer this topic as an optional skill in section 100017.
100016 Page 4 Line 14 – 46	California State Emergency Nurses Association and San Mateo County EMS Agency	Separate tactical medicine components into an optional module with associated principles and skills (hemostatic dressings etc.)	Comment acknowledged. Suggestion will be adopted. EMSA will remove tactical training elements and hemostatic dressings from the course content, section 100016, and offer these

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			topics as optional skills in section 100017.
100016 Page 4 Line 36	Lanny Brown (Asst. Police Chief-ret.) President CA Academy Directors' Association (CADA) and Ronald Waters Director Emergency Response Training Center College of the Redwoods	"Management of Psychological Emergencies," is an undefined psychological issue and likely beyond POST and law enforcement expertise to address without specific EMSA guidance.	Comment acknowledged. EMSA will revise the course topic to specify "Identify signs and symptoms of psychological emergencies".
100016 Page 4 Line 46	Lanny Brown (Asst. Police Chief-ret.) President CA Academy Directors' Association (CADA) And Ronald Waters Director Emergency Response Training Center College of the Redwoods	"Integration between EMS and law enforcement for active shooter incidents," is highly advanced topical area that is well beyond the scope of the basic training. Basic training is the improper forum to teach highly advanced first aid, i.e., "Integration between EMS and law enforcement for active shooter."	Comment acknowledged. Suggestion will be adopted. EMSA will remove tactical training elements from the course content, section 100016, and offer this topic as an optional skill in section 100017.
100016, Page 4 Line 32	Riverside County EMS Agency	We believe "nuclear" should also be included here (CBRN)	Comment acknowledged. Suggestion will be adopted.
100016, Page 4	Riverside County EMS Agency	We believe (11)(C)(iii) should be added: Use of the US DOT Emergency Response Guide	Comment acknowledged. No change made. Use of the recommended resource is beyond the scope of this first aid course.
100016 Page 5	California Nurses Association	A June 14, 2013 EMSA document on Hemostatic Dressings 4 states that "Public Safety First Aid Providers (Law	Comment acknowledged. No change made. The June 14, 2013 document referenced is

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		<p>Enforcement, Fire, Lifeguards) are not authorized to utilize hemostatic dressings, as these items are not in their scope of practice pursuant to CCR, Title 22, Division 9, Chapter 1.5 (unless they independently hold an EMT certificate or above)." §1 00016 (c)(16)(1) Control of bleeding, including direct pressure, tourniquet, hemostatic Dressings, chest seals and dressings proposes the expansion of the use of hemostatic dressings to public safety personnel by requiring that one hour of the twenty-one hour course include competency in the application of hemostatic dressings. As we noted previously and have elaborated on below, we believe that the EMSA has exceeded its statutory authority by proposing to adopt a scope of practice for public safety personnel through regulations which lack statutory authority and which completely re-defines the standards for CPR and First Aid to include procedures and practices limited to certified EMS pre-hospital personnel, EMT, AEMT (EMT-II) and EMT-P (Paramedic).</p>	<p>based on existing course content, and did not reflect the proposed course content which is the subject of these regulations. Use of hemostatic dressings by public safety personnel may be approved by the medical director of the local EMS agency, as part of an organized EMS system and in accordance with §1797.220 and §1798. Because Hemostatic dressing use requires approval of local EMS med director, this training topic will be offered as an optional skill in section 100017.</p>
<p>100016 Page 4 Line 44</p>	<p>San Mateo County EMS Agency and California State Emergency Nurses Association</p>	<p>Basic airway management is covered in CPR</p>	<p>Comment acknowledged. Suggestion will be adopted. EMSA will remove tactical training elements from the course content, section 100016, and offer this topic as an optional skill in section 100017.</p>
<p>100016 Page 5 Line 4 & 9</p>	<p>Brendalyn Val Bilotti RN Alameda County Sheriff's Office Regional Training Center</p>	<p>The subject identified on these lines are complex topics that may indicate a separate class to cover adequately. These topics are also very subjective and individual to</p>	<p>Comment acknowledged. Suggestion will be adopted. EMSA will add detail to this section to clarify the intent as</p>

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		service, agency, jurisdiction. This could create a liability as to evidence based criteria or standard of practice because the education could be called into question the instructor would have to be able to defend the contents of the training. These topic are consistently argued and may be waited on consensus based evidence.	providing a simple overview of the local EMS system including identification of the local EMS agency, level of EMS providers operating in the local system, discussion of optional skill approval process and identification of local trauma system.
100016 Page 5 Line 10	Brendalyn Val Bilotti RN Alameda County Sheriff's Office Regional Training Center	Specifically: Application of chest seals. Improvised chest seals are covered in lecture of LD34 but if training and skill evaluation of the application of commercial vented chest seal (as recommended by the C-TCCC) are being required then the purchase of training seals and simulation training aids would be required to accomplish this goal. The need for additional training time is again not addressed to accommodate the new material.	Comment acknowledged. No change made. By combining the minimum first aid and CPR required course hours, these regulations are intended to provide additional flexibility in the length of time to train course content, and do not specify time required to train individual topics.
100016 Page 5 Line 20-25	Brendalyn Val Bilotti RN Alameda County Sheriff's Office Regional Training Center	Specifically: The addition of not less than 1 hour competency training in wound packing with hemostatic dressings is not reflected with the recommended additional training hour to the current 21 hours cited. Additional training aids for wound packing would include HCT's (Hemorrhage Control Trainers) and inert Hemostatic training gauze to accomplish this task, therefore added to the economic impact of the proposed changes. Also noteworthy is the need to purchase pressure bandages and tourniquet training aids to address the skill requirement as cited section 100016 /page 5/ line 23-25.	Comment acknowledged. Suggestion will be adopted. Because Hemostatic dressing use requires approval of local EMS med director, this training topic will be offered as an optional skill in section 100017.

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100016 Page 5 Line 24-25 and 100017 Page 6 Line 43	San Mateo County EMS Agency and California State Emergency Nurses Association	Delete wound packing and use the term application of hemostatic dressing application.	Comment acknowledged. Suggestion will be adopted.
100016 Page 5 Lines 1-4	Riverside County EMS Agency	This seems repetitive and therefore best integrated into 100018 – renumbered 100016, subsection (c), item (1) (D) & (E), p.3, lines 17 & 18	Comment acknowledged. Suggestion will be adopted.
100017	San Mateo County EMS Agency	Add Use of AED to Scope of Practice	Comment acknowledged. No change made. AED will remain an optional scope item to allow flexibility for departments to utilize this skill if local need exists and if approved by the local EMS medical director.
100017	California Nurses Association	§ 1797.107 of the Health and Safety Code has been cited as the authority for the creation of the §100017 Scope of Practice for Public Safety First Aid Providers."Scope of Practice" should be deleted from the heading of§100017 and modified to accurately reflect the role of public safety personnel.	Comment acknowledged. Suggested change will be adopted. EMSA will revise the proposed regulations to replace the term scope of practice with “authorized activities”.
100017 Page 6 Line 30	California State Emergency Nurses Association and Nor-Cal EMS	Manual methods to remove an airway obstruction...does that include suctioning? Please clarify.	Comment acknowledged. No change made. Manual methods to remove an airway obstruction include chest thrusts, abdominal thrusts, and back blows along with airway management techniques including head-tilt, chin-lift.
100017	California State Emergency	Request addition of physician prescribed SL	Comment acknowledged. No

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Page 6 Line 39	Nurses Association and Nor-Cal EMS	Ntg and beta agonist inhalers.	change. The suggested medications are outside of the topics of the proposed first aid course and would require additional time.
100017 Page 6 Line 32	Riverside County EMS Agency	The preceding lines spell out the manual airway maintenance techniques to be used, and you allow for the use of NPAs, but say nothing regarding the use of the more often appropriate OPA. Change this line to read "Use of oropharyngeal (oral) airway (OPAs), and delete NPA entirely. (If you choose to keep NPA, which we do not believe you should, then include the above statement as (C) and make the NPA statement (D))	Comment acknowledged. Suggestion will be adopted. Naso-pharyngeal airways will be moved from the proposed basic training to the proposed optional skills section
100017 Page 6 Lines 38-40	Riverside County EMS Agency	These lines/items do not belong here. Lines 39 and 40 discuss assisting with the administration of epi and narcan, which are included in section 100020 –renumbered 100018, Optional Skills, therefore they should not be included in the (basic) Scope of Practice section. However, in the Optional Skills section, there is no notation that these 2 meds can only be given (assisted with) if prescribed by a physician. Line 38 discusses glucose administration, but there is nothing in the(trng) Course Content section (newly numbered 100016) or the Optional Skills section (newly numbered 100018) that speaks to the administration of this drug – its indications, contraindications, therapeutic effects, side effects, dangers, etc.	Comment acknowledged. Section 100017 specifies assisted medication administration, while section 100018 Optional Skills, provides authorization to administer epinephrine and naloxone if approved by the local EMS medical director.
100017 Page 6 Line 46	Riverside County EMS Agency	Add Lines "47" and "48" (I) Provide care for amputated body parts (J) Provide general wound care	Comment acknowledged. Suggestion will be adopted.

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	Commission on Peace Officer Standards and Training	<p>without any requisite increase in hourly instructional requirements. Not only will the addition of these topics affect the hours necessary to train in the introductory course, they will also increase the hours in refresher training. The topics of greatest impact, both in time and content, include:</p> <ul style="list-style-type: none"> Use of Nasopharyngeal (nasal) airways (NPAs) Bag valve mask Management of Psychological emergencies Tactical and rescue first aid principles applied to special circumstances including: <ul style="list-style-type: none"> • Extrications and movement • Integration between EMS and law enforcement for active shooter incidents <p>With regard to "Management of Psychological Emergencies," this is an area likely beyond POST's expertise, and therefore POST will need EMSA to clearly define the term, and provide specific guidance with regard to managing psychological emergencies. Keep in mind that any direction provided by EMSA must take into consideration tactical and officer safety issues; and therefore, would have to include law enforcement subject matter experts for development.</p> <p>With regard to "Integration between EMS and law enforcement for active shooter incidents," this is a highly advanced topical area that is well beyond the scope of a cursory mention in the limited time allocated in the Basic Academy for entry-level peace officer trainees. In order to address the proposed training requirements for in-service peace officers, POST will need to conduct curriculum development workshops</p>	<p>The proposed regulations will be amended to offer nasopharyngeal airways and Basic Tactical first aid as optional skills. Bag Valve Mask training is included with CPR training.</p> <p>Management of psychological emergencies will be amended to clarify the intent as Identify signs and symptoms of psychological emergencies.</p> <p>Comment acknowledged. Suggestion will be adopted. EMSA will remove tactical training elements from the course content, section 100016, and offer this topic as an optional skill in section 100017.</p>

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		with subject matter experts, including EMSA, to design the training, establish instructor qualifications, and develop regulation to implement the new standards. Collaboration in these high-risk incidents is critical for all city, county, urban, and rural departments taking into consideration each agency's existing resources.	
100018	California Nurses Association	<p>Optional skill§ 100018 has been expanded to include:</p> <ul style="list-style-type: none"> • Administration of epinephrine by auto-injector for suspected anaphylaxis; • Supplemental oxygen therapy using a non-rebreather face mask or nasal cannula, and bag-valve-mask ventilation; • Administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent exposure for self or peer care, when authorized by the medical director of a LEMSA or the authority, while working for a public safety provider; • Administration of naloxone for suspected narcotic overdoses; • Use of oropharyngeal (oral) airways (OPAs) <p>H&S Code §1797.197 was added in 2001 to direct EMSA to establish training standards and to promulgate regulations for all pre-hospital care personnel, including lifeguards, firefighters and peace officers, regarding the characteristics and method of assessment and treatment of anaphylactic reactions and the use of epinephrine. None</p>	Comment acknowledged. No change. Administration of auto injector medications and other skills specified in section 100017 optional skills by public safety personnel may be approved by the medical director of the local EMS agency, as part of an organized EMS system and in accordance with §1797.220 and §1798.

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		<p>of the other optional skills involving the administration of medication, administration of oxygen or the use of oropharyngeal airways have been specifically authorized by the legislature for pre-hospital personnel other than certified EMT-I, EMT-II and EMT-P. EMSA adopted regulations for these skills under their authority to adopt the scopes of practice for these certified personnel but still required legislative authority for the administration of naloxone 61 by EMT-I in 2002. Again, EMSA has exceeded the authority delegated to it by the legislature by proposing to adopt these new regulations permitting the medical director of a Local EMSA to authorize public safety personnel employed, supervised and disciplined by other agencies to engage in unauthorized activities currently limited to licensed and certified personnel.</p>	
<p>100018 Page 7 Line 18-45</p>	<p>Brendalyn Val Bilotti RN Alameda County Sheriff's Office Regional Training Center</p>	<p>LD 34 already cites "assisting victims in taking prescribed epinephrine if they have it (5-33) this has been a skill that have been practiced with Epinephrine Auto injector trainers in both the academy and CPT training for years. Changing this to an optional topic and adding a 2 hour training time requirement causes a conflict between current training and the proposed training. It also adds an unnecessary training time requirement. It will increase liability because now it is stipulated that if a student does not complete a 2 hour specialize training in the use of an epinephrine auto injector they are not certified or qualified to help someone experiencing an anaphylactic event there</p>	<p>Comment acknowledged. No change. Section 100017 specifies that public safety personnel may assist a patient with their physician prescribed auto-injector (epinephrine or naloxone). Training contained in the Optional Skills, section 100018 would allow a public safety personnel who has completed training and if approved by the local EMS medical director to carry their own supply of epinephrine or naloxone auto-injector</p>

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		not able to render aid that can cause the potential loss of life in the unfortunate event that an epi- pen is available the first responder is not cleared to assist because they have not attended the 2 hour optional training. Reconsider the current stand on this topic.	medication for patient administration.
100018 Page 7	Lanny Brown (Asst. Police Chief-ret.) President CA Academy Directors' Association (CADA)	"Optional Skills" may create confusion among presenters, law enforcement administrators, and the courts if made part of the mandatory Training and Testing Specifications of the Regular Basic Course.	Comment acknowledged. No change. The concept of optional skills exists in current regulation for public safety personnel and is clear in requiring training and approval by the medical director of the local EMS agency.
100018 Page 7 Line 36	Riverside County EMS Agency	Need to add : "(G) Assist with the administration of epinephrine by auto-injector, when prescribed by the patient's physician	Comment acknowledged. No change, this suggestion is covered in section 100017.
100018 Page 8 Line 21	Riverside County EMS Agency	Need to add: "5. Dosage and choice of route (mask, cannula, BVM)" as it is important to understand which method is best under which circumstances	Comment acknowledged. Suggestion will be adopted.
100018 Page 8	Riverside County EMS Agency	Subsection (e) needs to address the administration of oral glucose and be written in detail and fashion similar to the reasons for use and application of epi as was done on p.7, lines 18-45, and p.8, lines 1-5 All other items move down one subsection ("e" to "f", "f" to "g", etc.)	Comment acknowledged. Suggestion will be incorporated under course content section 100016, (F) (i).
100018 Page 8 Line 8	North Coast EMS	Training in oxygen administration should be included in the basic Scope of Practice and not be an optional item. The regulations	Comment acknowledged. Administration of oxygen will remain an optional skill item

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		include the use of CPR, AED, basic airway management (OPA and NPAs) and oxygen plays a critical role in these skills. This item needs to be moved to the basic scope list and increase the course training hours by 2 hours to accommodate the training, or at minimum, consolidate basic airway management and oxygen training either into the basic or optional scope of practice.	to allow flexibility for departments to utilize this skill if local need exists and if approved by the local EMS medical director.
100018 Page 9 Line 17 & 32	San Mateo County EMS Agency and California State Emergency Nurses Association	Delete Medical Asepsis and aseptic technique. Aseptic technique is not generally used for the administration of atropine and pralidoxime chloride for a nerve agent exposure for peer or self.	Comment acknowledged. No change recommended. Aseptic technique is a best practice.
100018 Page 9 Line 34	Riverside County EMS Agency	Based on what was written on p.6, lines 38-40 it is presumed that the first aider is to assist in the administration of narcan prescribed to the patient by a physician. However, we know of few narcotic overdoses that have narcan pre-prescribed to them, as most are overdoses from illegal use. If you truly only want the first aiders to assist in narcan administration to those acute pain and palliative care patients who accidentally OD on their Rx'd pain killers, then the (pre)prescribed medication as stated on p.6, lines 38-40 makes sense, and needs to be included here: “(f) Assist with the administration of physician-prescribed naloxone for suspected narcotic overdose.”	Comment acknowledged. No change recommended. Assisted administration of physician prescribed naloxone is currently proposed in section 100016.
100018 Page 10 Line 34	Lanny Brown (Asst. Police Chief-ret.) President CA Academy Directors' Association (CADA)	Conflict between EMSA regulation and American Heart Association (AHA) guidelines. [The Automated External Defibrillator (AED) is required under AHA guidelines, yet proposed regulation makes AED training optional.	Comment acknowledged. Suggested change will be adopted to clarify the course content specifying training in CPR based upon the AHA guidelines with the exception

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			of the AED. AED is separately included as an optional skill.
100018 Page 10 Lines 17-33	Riverside County EMS Agency	We totally disagree with the concept that an NP airway is standard scope of practice but the more frequently appropriate OP airway is Optional Scope, especially when training for use of the OP is described in such detail while use of the NP is left to one general line.	Comment acknowledged. Suggestion will be adopted to include nasopharyngeal and oropharyngeal airways as optional skills.
100018 Page 10-11 Lines 35 and Line 10 on Page 11	San Mateo County EMS Agency and California State Nurses Association	Use of the AED should be part of the training for all public safety personnel. It is suggested any information relating to the administration of a public safety AED program be moved to section 100019 (page 12) The minimum hours for training need not exceed that of the CPR course for the health care provider if properly listed as part of the basic curriculum.	Comment acknowledged. AED will remain an optional scope item to allow flexibility for departments to utilize this skill if local need exists and if approved by the local EMS medical director.
100018 Page 11 Line 34-40	North Coast EMS	This section contradicts page 12, where in section 100019 line 19-26 it removes the requirement to report details of AED usage to the LEMSA. We support the removal of the requirement to report to the EMSA as these are rarely requested and of little value.	Comment acknowledged. No change recommended. The requirement to report AED usage data to the local EMS agency was duplicated, and as proposed, the duplication is eliminated.
100018	San Mateo County EMS Agency and California State Emergency Nurses Association	Add module for tactical medicine and include use of the hemostatic dressing for the appropriate time.	Comment acknowledged. Suggestion will be adopted.
100018 Page 11 Lines 8-46	Riverside County EMS Agency	There appears to be a large section of material missing or these lines were accidentally dropped into this place in the regulations, as the numbering goes from (e), (f), (g), (h) to (b) and the topic goes from individuals using AEDs to AED service providers.	Comment acknowledged. No change recommended. No changes were made to the numbering or lettering sequence contained in existing regulations

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		<p>Lines 8-10 may be appropriate to stay, but should be renumbered as (I) and should not reference "subsection (a) of this section" as that does not make sense.</p> <p>Lines 11 – 46 are more appropriately reworked and made into their own section or included in newly numbered section 100019, p. 12, as competency to teach the topic and the requirements of the LEMSA to establish policies for the skill do not belong in the same section which explains competency to perform the skill.</p>	
<p>100019 Page 12 Lines 12-18</p>	<p>Riverside County EMS Agency</p>	<p>These line do not flow grammatically – "A public safety provider . . . if they meet . . ." and the stem does not match the concluding clauses. Rewrite to say: "(c) A public safety AED service provider applicant shall be approved if they it meet and provide can ensure the following: (1) Provide orientation of AED authorized personnel to the AED; Initial training, orientation to provider-specific equipment, and continued competency of its AED authorized personnel; (2) Ensure maintenance of AED equipment; (3) Ensure initial training and continued competency of AED authorized personnel; (4) Patient Care Reports (PCRs) shall which document information required by and consistent with local EMS agency requirements. (5) Authorize personnel and maintain a current listing of all its public safety AED service provider authorized personnel, and provide accessible upon request to by the local EMS agency or the EMS Authority</p>	<p>Comment acknowledged. No change recommended. Language is clear as written in existing regulations.</p>

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100019 Page 12 Lines 30-31	Riverside County EMS Agency	Line 12 is already labeled (c) – this needs to be labeled (d)	Comment acknowledged. Suggestion will be adopted.
100020	Commission on Peace Officer Standards and Training	This section revises the retraining requirement of peace officers. The proposed change to regulation reduces the minimum time of training in First Aid and CPR from 12 hours to eight hours, every two years. The reduction in training time while increasing the required subjects to be addressed creates a substantial challenge to POST and to law enforcement agencies to deliver the required training. Additionally, the regulation wording is inconsistent stating that retraining of peace officers can be administered annually, every two years or every three years.	Comment acknowledged.
100020 Page 13 Line 29	North Coast EMS	This states that retraining shall occur every two (2) years. Then on line 44 it shows that retraining for Police Officers shall occur every three (3) years. These time frames should be the same for all those that fall under the Public Safety First Aid.	Comment acknowledged. No change recommended. Penal Code section 13518 specifies the frequency of required training for peace officers.
100020 Page 13 Line 29	Brendalyn Val Bilotti RN Alameda County Sheriff's Office Regional Training Center	The requirements for refresher training have been reduced from 12 to 8 hours but additional topics are being required. Evaluation of required training time is being reduced while addition training requirement are being suggested. These do not facilitated strong out comes but weakens an already stressed system.	Comment acknowledged. Suggestion will be adopted.
100020 Page 13 Lines 34-45 And	Riverside County EMS Agency	It is totally incongruous to permit members of the same medical training classification (first-aid) and same basic training (21 hrs) to have separate and distinct renewal	Comment acknowledged. No change recommended. Penal Code section 13518 specifies the frequency of required

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100027 Page 17 Lines 24 & 25		<p>polices, not only in hours needing to be completed, but on different renewal cycles (2 vs. 3 yrs). If competency is deemed necessary to be shown every 3 yrs, then that 3 yr limit should apply to all in the classification. If a pretest and tailored course can be given to some to decrease renewal hours, it should be an option for all. It is particularly quixotic to think the persons who use these skills the least -- and therefore suffer knowledge and skill loss the quickest -- are the ones who are given the lightest renewal requirements and longest renewal period.</p>	training for peace officers.
100021	California Nurses Association	<p>Newly numbered §100021 Public Safety First Aid and CPR Approved Courses indicates that the training requirements may be satisfied by successfully completing any one of the listed course options as determined by the employing agency in accordance with the course content contained in § 100016 (Public Safety First Aid and CPR Course Content) including the US Department of Transportation's (DOT) emergency medical responder (EMR) course which is considerably longer than 21 hours. The DOT document states that the goal was to keep the course under 110 hours and the instructor manual and curriculum is 342 pages long. None of the instructor guides indicates any training in "tactical first aid or management of an active shooter incident." In fact, while § 100021 has many proposed modifications, the DOT emergency medical responder course still references "first aid practices and CPR" and not "Public Safety First Aid"</p>	<p>Comment acknowledged. Suggestion will be adopted to offer Tactical training as an optional skill in section 100017. Many of the items listed in the course content are part of the existing training requirement but as proposed are more clearly identified through an itemized listing of topics. Basic tactical training as listed in the course content is intended to provide a very basic overview, to aid in statewide coordination of public safety personnel, however this topic will be removed from the basic course content and placed as an optional skill to reduce the potential burden on training providers and to better meet local needs. Required</p>

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		<p>unlike all other approved courses in this subsection. How could a local EMSA approve a DOT course that does not include the minimum course content contained in §100016 even if the course would appear to involve much more depth of training for emergency medical responders?</p> <p>Completion of the EMT, Advanced EMT, or Paramedic course meets Public Safety First Aid and CPR Course Approval Requirements. However, there is no evidence that "Tactical and Rescue First Aid Principles Applied to Special Circumstances" or "management of an active shooter incident" are included in current requirements for any of the three EMS personnel training requirements.</p> <p>Government Code §54951 defines Local Agency as:</p> <p>"..."Local agency" means a county, city, whether general law or chartered; city and county, town, school district, municipal corporation, district, political subdivision, or any board, commission or agency thereof or other local public agency."62</p> <p>Although it is evident that EMSA has worked with POST in modifying these regulations early in the process to limit the fiscal impact by making most of the added skills, "optional skills" it is not as clear that the impact on local agencies or private businesses have been equally considered.</p>	<p>training of 21 hours is a minimum; however a course may be longer if desired. Further, combining the hours for first aid and CPR does provide flexibility for course instructors to provide the appropriate amount of time teaching each topic</p>

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		<p>The fact that training standards are being changed would seem to create a mandate that would impact local agencies that employ firefighters or lifeguards. Local agencies that provide first aid training to employees would be required to modify all training materials and training curricula to meet the requirements of "Public Safety First Aid". The fact that the total minimum hours has not been changed but the course content has been "expanded" to provide more "depth" to the topics creates a ruse to avoid a subvention requirement for the benefit of local agencies that are required by a state agency to provide a higher level of service .</p> <p>The ISOR indicates that these regulations are to update 2000 training standards in first aid and CPR to meet "... changing emergency medical service needs of the public [and] to address emerging issues such as anaphylaxis, drug overdose and active shooter response." The "optional scope" approach was taken to address POST concerns that millions of dollars of costs would have been attached to these regulations if additional hours of training had been required and additional topics covered as a part of a vastly expanded definition of first aid. Expanding course content within the same time frame and calling it an improvement in the quality of training, is perpetrating a fraud against the public and against the local agencies that are expected to incorporate additional</p>	

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		<p>elements into their first aid and CPR training programs without subvention.</p> <p>EMSA has hidden a higher level of services requirement within the unreasonable expectation that more information can be crammed into the same minimum time requirement. EMSA states that the combination of first aid and CPR hours is to allow for more instructor flexibility when determining those elements of training to be included in the newly labeled "Public Safety First Aid" course. Yet all elements of instruction are required. The instructor has only two alternatives: (1) reduce or eliminate some mandated areas of review or (2) expand the length of the course in order to meet existing standards for first aid and CPR along with the newly proposed elements.</p> <p>EMSA met with state agencies that employ firefighters and lifeguards. However, the Bureau of Labor Statistics indicates firefighters employed by state government are only ranked fourth among industries with the highest levels of firefighters employed while state employment of lifeguards is not even among the top 5 employers. The point here is that EMSA has not met with those local agencies which employ the bulk of firefighters and lifeguards to determine the economic impact on these proposed regulatory changes. EMSA has provided no evidence in "Necessity" that the public also expects lifeguards and firefighters to be trained in</p>	

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		<p>these military readiness skills that are appropriate for law enforcement. Indeed, the legislature separated peace officers from firefighters and lifeguards in 1978 and that separation exists to this day even though there is a common requirement for training in First Aid and CPR.</p> <p>EMSA is stuck with the general category of public safety personnel but the need to expand the skills of peace officers to include elements of military readiness does not mean that lifeguards and firefighters are also appropriately trained in these skills or that the legislature intended the requirement for basic first aid and CPR to be modified or, even more absurd, to mandate that lifeguards be prepared to be first responders to single shooter episodes.</p> <p>Newly numbered §10021 also proposes deleting first aid courses "sponsored and/or approved" by the American Red Cross or a CPR course "sponsored and/or approved " by the American Heart Association (AHA) from fulfilling the Public Safety First Aid requirements. It is especially puzzling that the AHA sponsored course would be disallowed since § 100016 (c)(3) specifies AHA ECC Guidelines for CPR for adults, children, and infants as a required standard. It would seem sufficient to specify that CPR at the Healthcare Provider Level is necessary to meet the CPR standard along with the American Red Cross first aid course.</p>	

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		<p>Although we do not believe that EMSA has made a case for the modification of basic first aid and CPR to include new elements such as "Tactical First Aid" and a single shooter response standard, none of the three levels of EMT training under EMSA's authority appears to have been modified to reflect these new elements and yet all of these courses fulfill the requirement for Public Safety First Aid. In addition, as the American Red Cross currently offers a "Title 22" first aid course for lifeguards that course content would need to be modified impacting this humanitarian organization dependent upon health and safety classes to support important disaster and blood banking services.</p>	
<p>100021 Page 14 Line 32-35</p>	<p>North Coast EMS</p>	<p>Making all courses be approved through the LEMSA, including those taught by the Red Cross or AHA, will put an additional unfunded workload on the LEMSA, including developing policies, procedures, training approval processes, test development and monitoring to ensure they meet current updates. This will be difficult for the smaller LEMSAs.</p>	<p>Comment acknowledged. No change recommended. EMSA will consider developing a course review standard to assist local EMS agencies in reviewing and approving courses are in compliance with regulations as adopted.</p>
<p>100021 Page 14</p>	<p>San Mateo County EMS Agency and California State Emergency Nurses Association</p>	<p>All courses approved courses should include use of the AED. That change is suggested in 100016</p>	<p>Comment acknowledged. No change recommended. AED will remain an optional scope item to allow flexibility for departments to utilize this skill if local need exists and if approved by the local EMS medical director.</p>
<p>100021 Page 14</p>	<p>Riverside County EMS Agency</p>	<p>In section 100007, p1, line 20, you removed the option of an American Red Cross (ARC)</p>	<p>Comment acknowledged. Suggestion will be adopted to</p>

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Line 33		CPR course. It needs to either be removed here or replaced there.	clarify first aid training is based upon the standards of ARC, and CPR training may be based upon either ARC or AHA.
100021 Page 14 Line 29-35 & 41-43	Riverside County EMS Agency	<p>Since option (e), the DOT EMT course is suggested at a minimum of 48 hours, and you proceed in (g), (h) and (i) to name longer and longer courses(higher levels of training) , it makes sense to change (f) to (e) and (e) to (g). Subsection (j) should then become the new (f) but be reworded to state:</p> <p>(j) An EMR course approved by the Authority, and developed and authorized by CAL FIRE, POST, DPR, CHP or other Statewide public safety agency, as determined by the Authority.</p> <p>(f) An emergency medical responder (EMR) course of at least 21 hours in first aid and healthcare provider level CPR, developed by CAL FIRE, POST, DPR, CHP or other Statewide public safety agency in accordance with the course content contained in Section 100016 of this chapter and approved by the Authority;</p> <p>This wording not only retains congruity with other wording in this section, but retains CalFire,(et al)'s ability to develop their own EMR course, have the Authority approve it, and still meet the minimum requirements of Pub Safety First Aid as laid out in this Chapter.</p>	Comment acknowledged. No change recommended. This section outlines various courses and levels of training that will satisfy the training requirements, including those that are above the minimum required training hours and course content.
100021 Page 14 Lines 29-30 Lines 41-43	LA County EMS Agency	<p>Remove EMR Training Programs from regulation as a public safety first aid and CPR approved course.</p> <p>The training and scope of practice in this</p>	Comment acknowledged. No change recommended. This section outlines various courses and levels of training

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		regulation is for a first aid response while waiting for health care professionals. The standards of training and scope of practice created by this regulation for first aid exceed the National EMS Education Standards and the National Scope of Practice Model for EMR.	that will satisfy the training requirements, including those that are above the minimum required training hours and course content. Changes recommended to the basic course content will maintain the integrity of this chapter as providing public safety first aid, while offering optional skills with required training hours to fill locally identified needs.
100022 Page 15 Line 6	Riverside County EMS Agency	Add:(b2) Detailed course outline Rationale: the course outline submitted needs to be at least as detailed as the outline of course minimum requirements established in Section 100016	Comment acknowledged. Suggestion will be adopted.
100022 Page 15 Lines 1-15	LA County EMS Agency	Add language to this section to allow the approving authority to request additional materials and/or documentation as requested. There are no standardized curriculums and skills. Approving authorities will need more than an outline and exams to thoroughly review a program.	Comment acknowledged. Suggestion will be adopted.
100023 Page 15 Line 38	San Joaquin County EMS Agency	The current draft states: (b) Program approval or disapproval shall be made in writing by the approving authority to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed three (3) months. (Emphasis added.) Delete the line: "This time period shall not exceed three (3) months." The requirement that a decision be made	Comment acknowledged. The request to eliminate a specified timeframe would reduce accountability and transparency, however the time period will be lengthened from 3 months to 4 months, and can include an extended review period not to exceed a total of 6 months if the applicant is notified of such in

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		<p>within a “reasonable period” is sufficient accountability. Requiring a definitive timeframe by which a local EMS agency must make a decision is essentially an unfunded local mandate. Regardless of higher competing priorities (e.g. trauma, transportation, accreditation, certification) LEMSAs will be forced to shift limited resources to meet the arbitrary timeframe established in regulation.</p>	writing.
100025 Page 16 Line 39-41	Brendalyn Val Bilotti RN Alameda County Sheriff's Office Regional Training Center	<p>The requirement to add additional documentation of skills verification is redundant for law enforcement. Current written-pre-test, posttest, skills check off sheets and skills competence check off forms to document skills tested is current and present in POST courses. This additional form should be optional and not required. It may serve some providers but is not a necessary tool for all. It adds an added administrative cost to the course that does not increase outcomes and support paper reduction. There is an economical impact that does not provide a valued benefit.</p> <p>Additionally: The verification form EMSA-PSSCV (05/2014) is in conflict with Section 100027 / page 17 / line 24-25. The instruction for the form state “Verification of skills competency shall be valid for a maximum of two year from the date of verification. The regulation states “3 years”.</p>	Comment acknowledged. Suggestion will be adopted to not require completion of a skills verification form.
100025 Page 16 Line 35-36	Riverside County EMS Agency	Add:(b) A passing standard shall be established by the training agency before administration of the examination and shall be in compliance with the standard	Comment acknowledged. Suggestion will be adopted.

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		submitted to and approved by the approving authority as per section 100022.	
100027 Page 17 Lines 5-7	Riverside County EMS Agency	This is in conflict with Section 100027, renumbered to 100027, p. 14, line 10 which states that the names and qualifications of instructors are to be submitted to the approving authority for their approval as part of the course approval process. This should be reworded to say: b) Validation Determination of the instructor's qualifications shall be the responsibility of . . ."	Comment acknowledged. Suggestion will be adopted.