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

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

- Additions to the original text = underline
- Deletions to the original text = strikeout

Article 1. Definitions

§ 100005. Automated External Defibrillator or AED.
“Automated External Defibrillator or AED” means an external defibrillator capable of cardiac rhythm analysis which will charge and deliver a shock either automatically or by user interaction after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.


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

§ 100007. Cardiopulmonary Resuscitation.
“Cardiopulmonary resuscitation” or “CPR” (CPR) means establishing and maintaining an open airway, ensuring adequate respiration, either spontaneously or by use of rescue breathing, and ensuring adequate circulation either spontaneously or by means of closed chest cardiac compression, according to standards promulgated by the American Heart Association’s (AHA) Emergency Cardiovascular Care (ECC) Guidelines, and/or the American Red Cross.


§ 100008. Firefighter. (no change)

§ 100009. Public Safety First Aid.
“Public Safety First aid” means the recognition of and immediate care for injury or sudden illness, including medical emergencies, prior to the availability of medical care by licensed or certified health care professionals.

§ 100010. Lifeguard. (no change)

§ 100011. Peace Officer. (no change)

§ 100012. Primarily Clerical or Administrative. (no change)

§ 100013. Qualified Instructor.

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


§ 100014. Regularly Employed.

“Regularly employed” means being given wages, salary, or other remuneration for the performance of those duties normally carried out by lifeguards, firefighters, or peace officers.


§ 100015 100013. Application and Scope.

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

(a1) lifeguard;
(b2) firefighter;
(c3) peace officer.

(b) The requirements in subsection (a) may be met by successfully completing training described in section 100020 at least every two years in Public Safety first aid and CPR/AED or EMR, current California certification or licensure as an EMT, Advanced EMT, Paramedic, Registered Nurse, Physician Assistant, Physician or by maintaining current and valid EMR, EMT, AEMT or Paramedic registration from the National Registry of EMT’s.


§ 100016 100014. Training Programs In Operation.

Training programs in operation prior to the effective date of these regulations shall submit evidence of compliance with this Chapter to the appropriate approving Authority as specified in Section 100026 100021 of this Chapter within six (6) months after the effective date of these regulations.
§ 100017 Time Limitation for Initial Training.
The initial training requirements specified in Section 100016 of this Chapter shall be satisfactorily completed within one (1) year from the effective date of the individual’s initial employment and, whenever possible, prior to assumption of regular duty in one of the personnel categories set forth in Section 400046 100013 of this Chapter.

§ 100018 Scope of Course Public Safety First Aid and CPR/AED Course Content.
(a) The initial course of instruction shall at a minimum consist of not less than fifteen (15) hours in first aid and six (6) hours in cardiopulmonary resuscitation twenty-four (24) hours in first aid and CPR/AED.
(b) The course of instruction shall include, but need not be limited to, the following scope of courses which shall prepare personnel specified in Section 400046 100013 of this Chapter to recognize the injury or illness of the individual and render assistance:
(c) The content of the training course shall include recognition and treatment of at least the following topics and shall be skill oriented:
   (1) Emergency action principles which describe the basic problems of decision making in first aid; Role of the Public Safety First Aid provider;
      (A) Personal safety;
      (B) Body substance isolation, including removing contaminated gloves;
      (C) Legal considerations;
      (D) Emergency Medical Services (EMS) access;
      (E) Integration with EMS personnel;
   (F) Minimum equipment and First Aid kits;
   (2) Heart attack and sudden cardiac arrest;
      (A) Respiratory and circulatory systems;
      (B) Heart attack;
      (C) Sudden cardiac arrest and early defibrillation;
      (D) Chain of survival;
   (3) CPR and AED for adults, children, and infants, following current AHA ECC Guidelines at the Healthcare provider level;
      (A) Chest compressions and CPR;
      (B) Rescue breathing;
      (C) Automated External Defibrillators (AED);
      (i) Basic AED operation;
      (ii) Using the AED;
      (iii) Troubleshooting and other considerations;
      (D) Single rescuer CPR/AED on adult;
      (E) Two rescuer CPR/AED on adult;
One rescuer CPR on infant;
Recovery position;
Management of foreign body airway obstruction on adults, children, and infants;
Conscious patients;
Unconscious patients;
Examination and assessment of adult and pediatric patients for both medical and traumatic emergencies;
Performing a primary assessment;
Perform physical assessment;
Obtaining a patient history;
Medical Emergencies;
Pain, severe pressure, or discomfort in chest (Heart Attack);
Breathing difficulties, including asthma and COPD;
Allergic reactions and anaphylaxis;
Altered mental status;
Stroke;
Diabetic emergencies;
Seizures;
Alcohol and drug emergencies;
Severe abdominal pain;
Obstetrical emergencies;
Sudden Infant Death Syndrome (SIDS);
Trauma Emergencies;
Soft tissue injuries and wounds;
Control of bleeding, including direct pressure, tourniquet, and hemostatic dressings;
Amputations and impaled objects;
Chest and abdominal injuries;
Internal bleeding;
Head, neck, or back injury;
Spinal immobilization;
Musculoskeletal trauma and splinting;
Recognition and treatment of shock;
Burns;
Thermal burns;
Chemical burns;
Electrical burns;
Facial Injuries;
Objects in the eye;
Chemical in the eye;
Nosebleed;
Dental emergencies;
Environmental Emergencies;
Heat emergencies;
Cold emergencies;
Drowning;
(11) Bites and Stings;
(A) Bites and stings;
(B) Animal and human bites;
(12) Poisoning;
(A) Ingested poisoning;
(B) Inhaled poisoning;
(C) Exposure to chemical, biological, or radiological substances;
(D) Poison control system;
(13) Psychological Emergencies;
(14) Patient Movement;
(A) Emergency movement of patients;
(B) Lifts and carries;
(15) Tactical and Rescue First Aid Principles Applied to Special Circumstances;
(A) Principles of tactical emergency casualty care;
(B) Extrication and movement of patients;
(C) Basic airway management;
(D) Medical threat assessment and planning;
(E) Integration between EMS and law enforcement for active shooter incidents;
(16) Orientation to the EMS System, including:
(A) 9-1-1 access;
(B) Interaction with EMS personnel.
(d) Training in the use of hemostatic dressings shall consist of not less than one (1) hour to result in the public safety first aid provider being competent in the use of the dressing. Included in the training shall be the following topics and skills:
(1) Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressings;
(2) Review treatment of open chest wall injuries;
(3) Types of hemostatic dressings; and
(4) Importance of maintaining normal body temperature.
(2) First aid for medical emergencies, including sudden illnesses;
(3) Cardiac and respiratory emergencies, including cardiac and/or respiratory failures in victims of all ages;
(4) First aid for traumatic injuries including wounds, and life-threatening bleeding;
(5) First aid for specific injuries, including care for specific injuries to different parts of the body;
(6) Bandaging, including materials and guidelines used in bandaging;
(7) First aid for environmental emergencies including burns, heat and chemical burns, electrical emergencies and exposure to radiation, or climatic changes;
(8) First aid for injuries to bones, muscles, and joints;
(9) Emergency rescue and transfer;
(10) First aid for obstetrical emergencies.
Note: Authority cited: Section 1797.107 and 1797.193, Health and Safety Code.
Reference: Sections 1797.176, 1797.182 and 1797.183, Health and Safety Code; and
Section 13518, Penal Code.

§ 100019. Required Topics.
The content of the training course shall include at least the following topics and shall be skill-oriented:

(a) Examination and assessment of the victim;
(b) Orientation to the EMS system;
(c) Suspected heart attack or stroke;
(d) Fainting, convulsions, and/or suspected drug abuse;
(e) Heat exhaustion, heat stroke, hypothermia and frost bite;
(f) Mouth-to-mouth breathing and care for choking victims whether conscious or unconscious;
(g) Types of wounds and control of bleeding;
(h) Shock, and its causes, infection and closed wounds;
(i) Eye, face, scalp, jaw and ear injuries;
(j) Injuries of the head, neck, back, trunk, arms and legs;
(k) Exposure to toxic substances;
(l) Bites and stings by snakes, marine life and insects;
(m) Bandaging techniques, first aid kits and supplies;
(n) Determination of the severity of burns, including first, second, and third degree burns;
(o) Fractures, both open and closed, splinting, and care for fractures, sprains, strains and dislocated joints;
(p) Techniques of cardiopulmonary resuscitation; and
(q) Obstetrical emergencies.


§ 100017. Scope of Practice for Public Safety First Aid Providers
(a) A Public Safety First Aid provider during training, or while at the scene of an emergency, is authorized to do any of the following:
(1) Evaluate the ill and injured;
(2) Provide treatment for shock.
(3) Use the following techniques to support airway and breathing:
(A) Manual airway opening methods, including head-tilt chin lift and/or jaw thrust;
(B) Manual methods to remove an airway obstruction in adults, children, and infants;
(C) Use oropharyngeal (oral) airways (OPAs) and nasopharyngeal (nasal) airways (NPAs);
(D) Use the recovery position.
(4) Use the following during emergency care:
(A) Spinal immobilization;
(B) Splinting of extremities;
(C) Emergency eye irrigation;
(D) Assist with administration of oral glucose;
(E) Assist in emergency childbirth;
(F) Hemorrhage control using direct pressure, pressure bandages, pressure points, tourniquets, and/or hemostatic dressings when approved by the LEMSA Medical Director and from the list approved by the EMS Authority;
(G) Chest seals and dressings;
(H) Simple decontamination techniques and equipment.
(5) Perform medical care including, but not limited to, CPR and AED.
(b) The scope of practice of a Public Safety First Aid provider shall not exceed those activities authorized in this section.

§ 100020 100018. Optional Skills.
(a) In addition to the activities authorized by Section 100019 100017 of this Chapter, public safety personnel may perform any or all of the following optional skills specified in this section when the public safety first aid provider has been trained and tested to demonstrate competence following initial instruction and when authorized by the Medical Director of the LEMSA.
(b) A LEMSA shall establish policies and procedures that require public safety first aid personnel to demonstrate trained optional skills competency at least every two years, or more frequently as determined by EMSQIP. AED when authorized by a public safety AED service provider.
(c) Administration of epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma.
(1) Training in the administration of epinephrine shall consist of no less than two (2) hours to result in the public safety first aid provider being competent in the administration of epinephrine and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training hours listed above shall be the following topics and skills:
(A) Common causative agents;
(B) Assessment findings;
(C) Management to include but not be limited to;
(D) Need for appropriate personal protective equipment and scene safety awareness;
(E) Profile of epinephrine to include, but not be limited to:
1. Class;
2. Mechanisms of drug action;
3. Indications;
4. Contraindications;
5. Dosage and route of administration;
6. Side/ adverse effects;
(F) Administration of epinephrine by auto-injector;
1. Site selection and administration;
2. Medical asepsis;
3. Disposal of contaminated items and sharps,
(2) At the completion of this training, the student shall complete a competency based written and skills examination for administration of epinephrine which shall include:
(A) Assessment of when to administer epinephrine;
(B) Managing a patient before and after administering epinephrine;
(C) Using universal precautions and body substance isolation procedures during medication administration;
(D) Demonstrating aseptic technique during medication administration;
(E) Demonstrate preparation and administration of epinephrine by auto-injector;
(F) Proper disposal of contaminated items and sharps.
(d) Supplemental oxygen therapy using a non-rebreather face mask or nasal cannula,
and bag-valve-mask ventilation.
(1) Training in the administration of oxygen shall consist of no less than two (2) hours to
result in the individual being competent in the administration of supplemental oxygen
and use of bag-valve-mask ventilation for patient requiring oxygen administration and
ventilation. Included in the training hours listed above shall be the following topics and
skills:
(A) Integrating the use of supplemental oxygen by non-rebreather mask or nasal
cannula based upon local EMS protocols;
(B) Assessment and management of patients with respiratory distress;
(C) Profile of Oxygen to include, but not be limited to:
   1. Class;
   2. Mechanism of Action;
   3. Indications;
   4. Contraindications;
   5. Dosage;
   6. Side/ adverse effects;
   (D) Oxygen Delivery Systems;
      1. Percent of relative oxygen delivered by type of mask;
      2. Oxygen delivery for a breathing patient, including non-rebreather mask and nasal
cannula;
      3. Bag-Valve-Mask and Oxygen delivery for a non-breathing patient;
   (E) Safety precautions.
(2) At the completion of the training, the student shall complete a competency based
written and skills examination for the administration of oxygen which shall include the
topics listed above and:
(A) Assessment of when to administer supplemental oxygen and ventilation with a bag-
valve-mask;
(B) Managing a patient before and after oxygen administration;
(C) Demonstrating preparation of the oxygen delivery system;
(D) Demonstrating application of supplemental oxygen by non-rebreather mask and
nasal cannula on a breathing patient;
(E) Demonstrating use of bag-valve-mask on a non-breathing patient.
(e) 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.
(1) Training in the administration of auto-injectors containing atropine and pralidoxime
shall consist of no less than two (2) hours, to result in the individual being competent in
the administration of auto-injectors for nerve agent intoxication. Included in the training
hours listed above shall be the following topics and skills:
(A) Integrating the use of auto-injectors for nerve agent intoxication based upon local
EMS protocols;
(B) Assessment and recognition of patients with nerve agent intoxication;
(C) Management of patients with nerve agent exposure, including the need for appropriate personal protective equipment, decontamination principles, and scene safety awareness;
(D) Profile of atropine and pralidoxime chloride to include, but not be limited to:
  1. Class;
  2. Mechanism of action;
  3. Indications;
  4. Contraindications;
  5. Dosage and route of administration;
  6. Side/ adverse effects;
(E) Auto-Injector delivery and types (ie Duo-Dote, Mark I)
  1. Medical asepsis;
  2. Site selection and administration;
  3. Disposal of contaminated items and sharps;
  4. Safety precautions.
(2) At the completion of the training, the student shall complete a competency based written and skills examination for the administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent intoxication which shall include the topics listed above and:
(A) Assessment of when to administer nerve agent auto-injector;
(B) Managing a patient before and after auto-injector administration;
(C) Demonstrating preparation, site selection, and administration of the auto-injector;
(D) Demonstrating universal precautions and body substance isolation procedure during medication administration;
(E) Demonstrating aseptic technique during medication administration;
(F) Proper disposal of contaminated items and sharps.
(1) Training for the AED shall consist of not less than four (4) hours and shall include the following topics and skills:
(A) Proper use, maintenance and periodic inspection of the AED.
(B) The importance of cardiopulmonary resuscitation (CPR), defibrillation, advanced life support (ALS), adequate airway care, and internal emergency response system, if applicable.
(C) Overview of the EMS system, the local EMS system’s medical control policies, 9-1-1 access, and interaction with EMS personnel.
(D) Assessment of an unconscious patient, to include evaluation of airway, breathing, and circulation to determine cardiac arrest.
(E) Information relating to AED safety precautions to enable the individual to administer a shock without jeopardizing the safety of the patient or rescuers or other nearby persons.
(F) Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.
(G) Rapid, accurate assessment of the patient’s post-shock status.
(H) The appropriate continuation of care following a successful defibrillation.
(b) In order to be authorized to utilize the defibrillator, an individual shall pass a written and skills examination with a pre-established standard, which tests the ability to assess and manage the specified conditions listed in subsection (a) of this section.
(e) A local EMS agency that approves public safety AED service providers shall:

1. Approve and monitor training programs including refresher training within its jurisdiction to assure compliance with this Chapter.

2. Approve the written and skills exam required for AED training course completion.

3. Develop policies and procedures for approval of AED instructors by the local EMS agency medical director. To be authorized to instruct public safety personnel in the use of an AED, an AED instructor shall either:

   (A) Complete an American Red Cross or American Heart Association recognized instructor course (or equivalent) including instruction and training in the use of an AED,

   or (B) Be approved by the local EMS agency director and meet the following requirements:

   1. Be AED accredited or able to show competency in the proper utilization of an AED, and

   2. Be able to demonstrate competency in adult teaching methodologies.

4. Establish policies and procedures for medical control pursuant to Section 1798 of the Health and Safety Code.

5. Establish policies and procedures for the approval and designation of public safety AED service provider(s) which will include requirements that public safety AED service providers have policies and procedures, approved by the local EMS agency medical director, to

   (A) provide orientation of AED accredited personnel to the AED,

   (B) ensure continued competency of AED accredited personnel, and

   (C) collect and report data to the local EMS agency, pursuant to Section 100021.

6. Establish policies and procedures to collect, maintain and evaluate patient care records.

7. Report annually to the EMS Authority on:

   (A) The total number of patients, defibrillated, who were discharged from the hospital alive, and

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

Note: Authority cited: Section 1797.107 and 1797.197, Health and Safety Code.

Reference: Sections 1797.52, 1797.58, 1797.74, 1797.90, 1797.175, 1797.176, 1797.182, 1797.183, 1798, 1798.2, 1798.4, 1798.100, 1798.102 and 1797.104, Health and Safety Code; and Section 13518, Penal Code.

§Section 100021.100019. Public Safety AED Service Provider.

A public safety AED service provider is an agency or organization that employs individuals as defined in Section 400045.100013, and who obtain AEDs for the purpose of providing AED services to the general public.

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

(b) Public safety AED service provider approval may be revoked or suspended for failure to maintain the requirements of this section.
(c) A public safety AED service provider applicant shall be approved if they meet and provide the following:

(1) Provide orientation of AED authorized personnel to the AED;
(2) Ensure maintenance of AED equipment;
(3) Ensure initial training and continued competency of AED authorized personnel;
(4) Patient Care Reports (PCRs) shall document information required by and consistent with local EMS agency requirements. Collect and report to the local EMS agency where the defibrillation occurred, as required by the local EMS agency but no less than annually, data that includes, but is not limited to:
   (A) The number of patients with sudden cardiac arrest receiving CPR prior to arrival of emergency medical care.
   (B) The total number of patients on whom defibrillatory shocks were administered, witnessed (seen or heard) and not witnessed; and
   (C) The number of these persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation.
(5) Authorize personnel and maintain a listing of all public safety AED service provider authorized personnel and provide upon request to the local EMS agency or the EMS Authority.

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


§ 100022. Testing.
(a) The course of instruction shall include a written and skills examination which tests the ability to assess and manage all the conditions listed in Sections 100018 and 100019 of this Chapter.
(b) A passing standard shall be established by the training agency before administration of the examination.


§ 100023. Training Instructor Requirements.
(a) Training in first aid and CPR for the personnel specified in Section 100016 of this Chapter shall be conducted by an instructor who is:
(1) Proficient in the skills taught; and
(2) qualified to teach by education and/or experience.
(b) Determination of the instructor’s qualifications shall be the responsibility of the agency whose training program has been approved by the Authority pursuant to Section 100026 of this Chapter.


§ 100024. Validation of Course Completion.
(a) Each trainee who successfully completes an approved course of instruction and successfully passes a proficiency test shall be given written verification to that effect by the institution, organization or agency which provides the instruction.

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

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


§ 100025 100020. Public Safety First Aid and CPR/AED Retraining Requirements.

(a) The retraining requirements of this Chapter shall be satisfied by successful completion of either:

1. An approved retraining course which includes a review of the topics and demonstration of skills prescribed in this Chapter and which consists of no less than twelve (12) hours eight (8) hours of first aid and CPR/AED every two (2) years; or
2. Peace Officers may successfully complete a competency based written and skills pretest of the topics and skills prescribed in this Chapter with the following restrictions:
   A. That appropriate retraining be provided on those topics indicated necessary by the pretest, in addition to any new developments in first aid and CPR;
   B. A final test be provided covering those topics included in the retraining for those persons failing to pass the pretest; and
   C. The hours for the retraining may be reduced to those hours needed to cover the topics indicated necessary by the pretest.

(b) The entire retraining course or pretest may be offered to Peace Officers yearly by the training agency, but in no event shall the retraining course or pretest be offered less than once every three (3) years.


Article 4. Public Safety First Aid and CPR/AED Course Approval Requirements

Training Approval Options

§ 100026-100021. Public Safety First Aid and CPR/AED Approved Courses.

The training requirements of this Chapter may be satisfied by successfully completing any one of the following course options as determined by the employing agency:

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

(b) A course in public safety first aid, including CPR and AED, authorized by the Commission on Peace Officer’s Standards and Training (POST) and approved by the EMS Authority; or
(c) A course in public safety first aid, including CPR and AED, developed and authorized by the California Department of Parks and Recreation (DPR) and approved by the EMS Authority; or
(d) A course in first aid, including CPR, developed and authorized by the California Department of Forestry and Fire Protection and approved by the EMS Authority; or
(ed) A course in public safety first aid, including CPR and AED, developed and authorized by the Department of the California Highway Patrol (CHP) and approved by the EMS Authority; or
(f) A course in first aid, including CPR, sponsored and/or approved by the American Red Cross; or
(g) A course in first aid sponsored and/or approved by the American Red Cross and a course in CPR sponsored and/or approved by the American Heart Association; or
(h) The U.S. Department of Transportation’s first emergency medical responder (EMR) course which includes first aid practices and CPR and AED, approved by the local EMS agency; or
(i) A course of at least 24 hours in healthcare provider level first aid and/or CPR and AED equivalent to the standards of the American Red Cross and/or American Heart Association and approved by the local EMS agency; or
(j) An EMT-I course which has been approved pursuant to Chapter 2 of this division; or
(k) An Advanced EMT-II (AEMT) course which has been approved pursuant to Chapter 3 of this division; or
(l) An EMT-P Paramedic course which has been approved pursuant to Chapter 4 of this division; or
(m) An EMR course approved by the Authority, and developed and authorized by CalFire, POST, DPR, CHP or other Statewide public safety agency, as determined by the Authority.


§ 100027. Course Approval Process.
(a) For those courses requiring approval, the following shall be submitted to the approving authority as specified in section 100021 of this chapter when requesting approval:
(a1) Name of the sponsoring institution, organization, or agency;
(b2) A course outline;
(c3) A final written examination with pre-established scoring standards; and
(d4) Skill proficiency competency testing criteria, with pre-established scoring standards; and
(5) Name and qualifications of instructor(s).
(b) Course approval is valid for four (4) years from the date of approval, and shall be reviewed by the approving authority for approval every four (4) years.


§ 100028. Program Review.
All course outlines, written tests, and proficiency testing criteria used in an approved program shall be subject to periodic review as determined by the approving authority.


§ 100023. Withdrawal of Program Approval

(a) Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter may result in denial, probation, suspension or revocation of program approval by the training program approving authority.

Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:

(1) A training program approving authority shall notify the approved training program course director in writing, by registered mail, of the provisions of this Chapter with which the training program is not in compliance.

(2) Within fifteen (15) working days of receipt of the notification of noncompliance, the approved training program shall submit in writing, by registered mail, to the training program approving authority one of the following:

(A) Evidence of compliance with the provisions of this Chapter, or

(B) A plan for meeting compliance with the provisions of this Chapter within sixty (60) calendar days from the day of receipt of the notification of noncompliance.

(3) Within fifteen (15) working days of receipt of the response from the approved training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved training program, the training program approving authority shall notify the Authority and the approved training program in writing, by registered mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the training program approval.

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


§ 100024. Testing

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

(b) A passing standard shall be established by the training agency before administration of the examination.
§ 100025. Training Instructor Requirements.
(a) Training in Public Safety first aid and CPR/AED for the personnel specified in Section 100013 of this Chapter shall be conducted by an instructor who is:
(1) Proficient in the skills taught; and
(2) Qualified to teach by education and/or experience.
(b) Determination of the instructor’s qualifications shall be the responsibility of the agency whose training program has been approved by the approving authority pursuant to Sections 100021 and 100022 of this Chapter.

§ 100026. Validation of Course Completion.
(a) Each trainee who successfully completes an approved course of instruction and successfully passes the competency based written and skills exams shall be given a certificate or written verification to that effect by the institution, organization or agency which provides the instruction.
(b) Each certificate or written verification of course completion shall include the following information:
(1) Indicate initial or refresher training and number of training hours completed;
(2) Topics completed;
(3) Date of issue;
(4) Date of expiration, which shall be 2 years from date of issue.
(c) Each training program provider shall maintain a record of the names of trainees and the date(s) on which training courses have been completed for at least four (4) years.
(d) Such training records shall be made available for inspection by the local EMS agency or approving authority upon request.

§ 100027. Program Review.
All course outlines, written tests, and proficiency testing criteria used in an approved program shall be subject to periodic review as determined by the approving authority.