

1 **California Code of Regulations**
2 **Title 22. Social Security**
3 **Division 9. Prehospital Emergency Medical Services**
4 **Chapter 2. Emergency Medical Technician**

5
6 The Emergency Medical Services Authority has illustrated changes to the original text in
7 the following manner:

- 8 • Additions to the original text = underlined
- 9 • Deletions to the original text = ~~strikeout~~

10 **ARTICLE 1. DEFINITIONS**

11
12 **§ 100056. No change.**

13 **§ 100056.1. No change.**

14 **§ 100056.2. No change.**

15 **§ 100057. Emergency Medical Technician Approving Authority.**

16 (a) “Emergency Medical Technician (EMT) approving authority” means an agency or
17 person authorized by this Chapter to approve an EMT training program, as follows:

18
19 ~~(a)~~ (1) The EMT approving authority for an EMT training program conducted by a
20 qualified statewide public safety agency shall be the director of the Emergency Medical
21 Services Authority (Authority).

22
23 ~~(b)~~ (2) The EMT approving authority for any other EMT training programs not included in
24 subsection ~~(a)~~ (1) shall be the local EMS agency (LEMSA) within that jurisdiction.

25
26 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
27 Code. Reference: Sections 1797.94, 1797.109, 1797.170 and 1797.208, Health and
28 Safety Code.

29
30 **§ 100057.1. High Fidelity Simulation**

31 High Fidelity Simulation means using computerized mannequins that are operated by a
32 technologist from another location to produce audible sounds and to alter and manage
33 physiological changes within the mannequins to include, but not be limited to, altering
34 the heart rate, respirations, chest sounds, and saturation of oxygen.
35

36 **§ 100058. No change.**

37 **§ 100059. EMT Certifying Written Examination.**

1 “EMT Certifying Written Examination” means the National Registry of Emergency
2 Medical Technicians EMT-Basic Written Examination to test an individual applying for
3 certification as an EMT. ~~Examination results will be valid for application purposes two~~
4 ~~(2) years from the date of examination.~~

5
6 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
7 and Safety Code. Reference: Sections 1797.63, 1797.170, 1797.175, 1797.184,
8 1797.210 and 1797.216, Health and Safety Code.

9
10 **§ 100059.1. EMT Certifying Skills Examination.**

11 “Certifying Skills Examination” means the National Registry of Emergency Medical
12 Technicians EMT-Basic Skills Examination to test an individual applying for certification
13 as an EMT. ~~Examination results will be valid for one (1) year for the purpose of being~~
14 ~~eligible for the National Registry of Emergency Medical Technicians EMT-Basic Written~~
15 ~~Examination.~~

16
17 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
18 and Safety Code. Reference: Sections 1797.63, 1797.170, 1797.175, 1797.184,
19 1797.210 and 1797.216, Health and Safety Code.

20
21 **§ 100059.2. EMT Optional Skills Medical Director.**

22 “EMT Optional skills medical director” means a Physician and Surgeon licensed in
23 California who is certified by or prepared for certification by either the American Board
24 of Emergency Medicine or the Advisory Board for Osteopathic Specialties and is
25 appointed by the LEMSA medical director to be responsible for any of the EMT Optional
26 and basic Skills that are listed in Sections 100063(b) and 100064 of this Chapter
27 including medical control. Waiver of the board-certified requirement may be granted by
28 the LEMSA medical director if such physicians are not available for approval.

29
30 Note: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.
31 Reference: Sections 1797.52, 1797.90, 1797.107, 1797.170, 1797.176 and 1797.202,
32 Health and Safety Code.

33
34 **§ 100060. No change.**

35 **§ 100061. EMT Local Accreditation.**

36 “Local accreditation” or “accreditation” or “accredited to practice” as used in this
37 Chapter, means authorization by the LEMSA to practice the optional skill(s) specified in
38 Section 100064. Such authorization assures that the EMT has been oriented to the
39 LEMSA and trained in the optional skill(s) necessary to achieve the treatment standard
40 of the jurisdiction.

1 Note: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.
2 Reference: Sections 1797.7, 1797.170, 1797.176, 1797.177, 1797.178, 1797.200,
3 1797.204, 1797.206, 1797.210 and 1797.214, Health and Safety Code.
4

5 **§ 100061.1. No change.**

6 **§ 100061.2. No change.**

7 ARTICLE 2. GENERAL PROVISIONS

8

9 **§ 100062. Application of Chapter to ~~Operation of Ambulances.~~**

10 (a) Except as provided herein, the attendant on an ambulance operated in emergency
11 service, or the driver if there is no attendant, shall possess a valid and current California
12 EMT certificate. This requirement shall not apply during officially declared states of
13 emergency and under conditions specified in Health and Safety Code, Section
14 1797.160.

15

16 (b) The requirements for EMT certification of ambulance attendants shall not apply,
17 unless the individual chooses to be certified, to the following:

18

19 (1) Physicians currently licensed in California.

20

21 (2) Registered nurses currently licensed in California.

22

23 (3) Physicians' assistants currently licensed in California.

24

25 (4) Paramedics currently licensed in California.

26

27 (5) Advanced Emergency Medical Technicians (Advanced EMTs) currently certified in
28 California.

29

30 (c) EMTs who are not currently certified in California may temporarily perform their
31 scope of practice in California, when approved by the medical director of the LEMSA, in
32 order to provide emergency medical services in response to a request, if all the
33 following conditions are met:

34

35 (1) The EMTs are registered by the National Registry of Emergency Medical
36 Technicians or licensed or certified in another state or under the jurisdiction of a branch
37 of the Armed Forces including the Coast Guard of the United States, National Park
38 Service, United States Department of the Interior - Bureau of Land Management, or the
39 United States Forest Service; and

40

41 (2) The EMTs restrict their scope of practice to that for which they are licensed or
42 certified.

1
2 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
3 Code. Reference: Sections 1797.160 and 1797.170, Health and Safety Code.
4

5 **§ 100063. Basic Scope of Practice of Emergency Medical Technician.**

6 (a) During training, while at the scene of an emergency, during transport of the sick or
7 injured, or during interfacility transfer, a certified EMT or supervised EMT student is
8 authorized to do any of the following:
9

10 (1) Evaluate the ill and injured.
11

12 (2) Render basic life support, rescue and emergency medical care to patients.
13

14 (3) Obtain diagnostic signs to include, but not be limited to, temperature, blood
15 pressure, pulse and respiration rates, pulse oximetry, level of consciousness and pupil
16 status.
17

18 (4) Perform cardiopulmonary resuscitation (CPR), including the use of mechanical
19 adjuncts to basic cardiopulmonary resuscitation.
20

21 (5) Administer oxygen.
22

23 (6) Use the following adjunctive airway and breathing aids:
24

25 (A) Oropharyngeal airway;
26

27 (B) Nasopharyngeal airway;
28

29 (C) Suction devices;
30

31 (D) Basic oxygen delivery devices for supplemental oxygen therapy including, but not
32 limited to, humidifiers, partial rebreathers, and venturi masks; and
33

34 (E) Manual and mechanical ventilating devices designed for prehospital use including
35 continuous positive airway pressure.
36

37 (7) Use various types of stretchers and spinal motion restriction (immobilization)
38 devices.
39

40 (8) Provide initial prehospital emergency care of trauma, including, but not limited to:
41

42 (A) Bleeding control through the application of tourniquets;
43

44 (B) Use of hemostatic dressings from a list approved by the Authority;

- 1
2 (C) Spinal motion restriction (immobilization);
3
4 (D) Seated spinal motion restriction (immobilization);
5
6 (E) Extremity splinting; and
7
8 (F) Traction splinting.
9
10 ~~(9) Administer over the counter medications when approved by the medical director of~~
11 ~~the LEMSA, including, but not limited to:~~
12
13 ~~(A)~~(G) Administer Oral glucose or sugar solutions,
14
15 ~~(B)~~(H) Administer Aspirin
16
17 ~~(40)~~ (I) Extricate entrapped persons.
18
19 ~~(41)~~ (J) Perform field triage.
20
21 ~~(42)~~ (K) Transport patients.
22
23 ~~(43)~~ (L) Mechanical patient restraint.
24
25 ~~(44)~~ (M) Set up for ALS procedures, under the direction of an Advanced EMT or
26 Paramedic.
27
28 ~~(45)~~ (N) Perform automated external defibrillation.
29
30 ~~(46)~~ (O) Assist patients with the administration of physician-prescribed devices
31 including, but not limited to, patient-operated medication pumps, sublingual
32 nitroglycerin, and self-administered emergency medications, including epinephrine
33 devices.
34
35 (b) In addition to the activities authorized by subdivision (a) of this Section, the medical
36 director of the LEMSA may also establish policies and procedures to allow a certified
37 EMT or a supervised EMT student in the prehospital setting and/or during interfacility
38 transport as part of an organized EMS system within the jurisdiction where the EMT is
39 employed to:
40
41 (1) Monitor intravenous lines delivering glucose solutions or isotonic balanced salt
42 solutions including Ringer's lactate for volume replacement. Monitor, maintain, and
43 adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of
44 intravenous fluid;
45

1 ~~(2) Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow~~
2 ~~and turn off the flow of intravenous fluid;~~
3

4 ~~(3)(2) Transfer a patient, who is deemed appropriate for transfer by the transferring~~
5 ~~physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley~~
6 ~~catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding~~
7 ~~arterial lines; and~~
8

9 ~~(4) Monitor preexisting vascular access devices and intravenous lines delivering fluids~~
10 ~~with additional medications pre-approved by the Director of the Authority. Approval of~~
11 ~~such medications shall be obtained pursuant to the following procedures:~~
12

13 ~~(A) The medical director of the LEMSA shall submit a written request, Form #EMSA-~~
14 ~~0391, revised March 18, 2003, and obtain approval from the director of the Authority,~~
15 ~~who shall consult with a committee of LEMSA medical directors named by the~~
16 ~~Emergency Medical Services Medical Directors' Association of California, Inc.~~
17 ~~(EMDAC), for any additional medications that in his/her professional judgment should~~
18 ~~be approved for implementation of Section 100063(b)(4).~~
19

20 ~~(B) The Authority shall, within fourteen (14) working days of receiving the request, notify~~
21 ~~the medical director of the LEMSA submitting the request that the request has been~~
22 ~~received, and shall specify what information, if any, is missing.~~
23

24 ~~(C) The director of the Authority shall render the decision to approve or disapprove the~~
25 ~~additional medications within ninety (90) calendar days of receipt of the completed~~
26 ~~request.~~
27

28 (3) Administer naloxone or other opioid antagonist by intranasal and/or intramuscular
29 routes for suspected narcotic overdose.
30

31 (4) Administer epinephrine by auto-injector for suspected anaphylaxis and/or severe
32 asthma.
33

34 (5) Perform finger stick blood glucose testing when appropriate authorization is obtained
35 from State and Federal agencies, including from the Centers for Medicare and Medicaid
36 Services pursuant to the Clinical Laboratory Improvement Amendments (CLIA),
37

38 (c) The medical director of the LEMSA shall implement policies, procedures and
39 protocols for the administration of naloxone and finger stick glucose testing. The
40 policies, procedures and protocols shall, at a minimum, include those items listed in
41 Section 100064 (b)(c)(d)(e)(f)(g)(h)(i).
42

43 ~~(e) (d)~~The scope of practice of an EMT shall not exceed those activities authorized in
44 this Section, Section 100064, and Section 100064.1.
45

1 (e) During a mutual aid response into another jurisdiction, an EMT may utilize the scope
2 of practice for which s/he is trained and authorized according to the policies and
3 procedures established by the LEMSA within the jurisdiction where the EMT is
4 employed as part of an organized EMS system.

5
6 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
7 Code. Reference: Sections 1797.170, 1797.197 and 1797.221, Health and Safety Code.

8
9 **§ 100063.1. No change.**

10 **§ 100064. EMT Optional Skills.**

11 (a) In addition to the activities authorized by Section 100063 of this Chapter, LEMSA
12 may establish policies and procedures for local accreditation of an EMT student or
13 certified EMT to perform any or all of the following optional skills specified in this
14 section. Accreditation for EMTs to practice optional skills shall be limited to those whose
15 EMT certificate is active and are employed within the jurisdiction of the LEMSA by an
16 employer who is part of the organized EMS system.

17
18 ~~(1) Accreditation for EMTs to practice optional skills shall be limited to those whose~~
19 ~~certificate is active and are employed within the jurisdiction of the LEMSA by an~~
20 ~~employer who is part of the organized EMS system.~~

21
22 ~~(b)(1)~~ Use of perilaryngeal airway adjuncts.

23
24 ~~(4)~~ (A) Training in the use of perilaryngeal airway adjuncts shall consist of not less than
25 five (5) hours to result in the EMT being competent in the use of the device and airway
26 control. Included in the above training hours shall be the following topics and skills:

27
28 (A)~~1~~ Anatomy and physiology of the respiratory system.

29
30 (B)~~2~~ Assessment of the respiratory system.

31
32 (C)~~3~~ Review of basic airway management techniques, which includes manual and
33 mechanical.

34
35 (D)~~4~~ The role of the perilaryngeal airway adjuncts in the sequence of airway control.

36
37 (E)~~5~~ Indications and contraindications of the perilaryngeal airway adjuncts.

38
39 (F)~~6~~ The role of pre-oxygenation in preparation for the perilaryngeal airway adjuncts.

40
41 (G)~~7~~ perilaryngeal airway adjuncts insertion and assessment of placement.

42
43 (H)~~8~~ Methods for prevention of basic skills deterioration.

44

- 1 ~~(1)9~~ Alternatives to the perilyngeal airway adjuncts.
2
3 ~~(2) 10~~ At the completion of initial training a student shall complete a competency-based
4 written and skills examination for airway management which shall include the use of
5 basic airway equipment and techniques and use of perilyngeal airway adjuncts.
6
7 ~~(3) 11~~ A LEMSA shall establish policies and procedures for skills competency
8 demonstration that requires the accredited EMT to demonstrate skills competency at
9 least every two (2) years, or more frequently as determined by EMSQIP.
10
11 ~~(c) Administration of naloxone for suspected narcotic overdose.~~
12
13 ~~(1) Training in the administration of naloxone shall consist of no less than two (2) hours~~
14 ~~to result in the EMT being competent in the administration of naloxone and managing a~~
15 ~~patient of a suspected narcotic overdose. Included in the training hours listed above~~
16 ~~shall be the following topics and skills:~~
17
18 ~~(A) Common causative agents~~
19
20 ~~(B) Assessment findings~~
21
22 ~~(C) Management to include but not be limited to:~~
23
24 ~~(D) Need for appropriate personal protective equipment and scene safety awareness~~
25
26 ~~(E) Profile of Naloxone to include, but not be limited to:~~
27
28 ~~1. Indications~~
29
30 ~~2. Contraindications~~
31
32 ~~3. Side/adverse effects~~
33
34 ~~4. Routes of administration~~
35
36 ~~5. Dosages~~
37
38 ~~(F) Mechanisms of drug action~~
39
40 ~~(G) Calculating drug dosages~~
41
42 ~~(H) Medical asepsis~~
43
44 ~~(I) Disposal of contaminated items and sharps~~
45

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

3
4 ~~(A) Assessment of when to administer naloxone,~~

5
6 ~~(B) Managing a patient before and after administering naloxone,~~

7
8 ~~(C) Using universal precautions and body substance isolation procedures during~~
9 ~~medication administration,~~

10
11 ~~(D) Demonstrating aseptic technique during medication administration,~~

12
13 ~~(E) Demonstrate preparation and administration of parenteral medications by a route~~
14 ~~other than intravenous.~~

15
16 ~~(F) Proper disposal of contaminated items and sharps.~~

17
18 ~~(3) A LEMSA shall establish policies and procedures for skills competency~~
19 ~~demonstration that requires the accredited EMT to demonstrate skills competency at~~
20 ~~least every two (2) years, or more frequently as determined by EMSQIP.~~

21
22 ~~(d) (b) Administration of epinephrine by prefilled syringe and drawing up the proper drug~~
23 ~~dose for suspected anaphylaxis and/or severe asthma.~~

24
25 ~~(1) Training in the administration of epinephrine by prefilled syringe and drawing up the~~
26 ~~proper drug dose for suspected anaphylaxis and/or severe asthma shall consist of no~~
27 ~~less than two (2) hours to result in the EMT being competent in the use and~~
28 ~~administration of epinephrine by prefilled syringe and drawing up the proper drug dose~~
29 ~~and managing a patient of a suspected anaphylactic reaction and/or experiencing~~
30 ~~severe asthma symptoms. Included in the training hours listed above shall be the~~
31 ~~following topics and skills:~~

32
33 ~~(A) Common causative agents~~

34
35 ~~(B) Assessment findings~~

36
37 ~~(C) Management to include but not be limited to:~~

38
39 ~~(1) 1. Need for appropriate personal protective equipment and scene safety awareness~~

40
41 ~~(D) Profile of epinephrine to include, but not be limited to:~~

42
43 ~~(A) Names~~

44
45 ~~1. (B) Indications~~

46

- 1 ~~2.~~ (C) Contraindications
2
3 (D) Complications
4
5 ~~3.~~ (E) Side/adverse effects
6
7 (F) Interactions
8
9 4. (G) Routes of Administration by auto-injector
10
11 ~~5.~~ (H) Calculating Dosages
12
13 ~~6.~~ (I) Mechanisms of drug actions
14
15 (E) Medical asepsis
16
17 (F) Disposal of contaminated items and sharps
18
19 (2) At the completion of this training, the student shall complete a competency based
20 written and skills examination for the use and administration of epinephrine by prefilled
21 syringe and drawing up the proper drug dose which shall include:
22
23 (A) Assessment of when to administer epinephrine,
24
25 (B) Managing a patient before and after administering epinephrine,
26
27 (C) Using universal precautions and body substance isolation procedures during
28 medication administration,
29
30 (D) Demonstrating aseptic technique during medication administration,
31
32 (E) Demonstrate preparation and administration of epinephrine by prefilled syringe and
33 drawing up the proper drug dose.
34
35 (F) Proper disposal of contaminated items and sharps.
36
37 ~~(3) A LEMSA shall establish policies and procedures for skills competency~~
38 ~~demonstration that requires the accredited EMT to demonstrate skills competency at~~
39 ~~least every two (2) years, or more frequently as determined by EMSQIP.~~
40
41 (3)(e) Administer the medications listed in this subsection.
42
43 ~~(4)(A)~~ Using prepackaged products, the following medications may be administered:
44
45 (A)1 Atropine
46

1 ~~(B)~~2 Pralidoxime Chloride

2

3 ~~(2)~~~~(B)~~ This training shall consist of no less than two (2) hours of didactic and skills
4 laboratory training. In addition, a basic weapons of mass destruction training is
5 recommended. Training in the profile of medications listed in subsections (A) ~~(A and B)~~
6 shall include, but not be limited to:

7

8 ~~(A)~~1 Indications

9

10 ~~(B)~~2 Contraindications

11

12 ~~(C)~~3 Side/adverse effects

13

14 ~~(D)~~4 Routes of administration

15

16 ~~(E)~~5 Dosages

17

18 ~~(F)~~6 Mechanisms of drug action

19

20 ~~(G)~~7 Disposal of contaminated items and sharps

21

22 ~~(H)~~8 Medication administration.

23

24 ~~(3)~~~~(C)~~ At the completion of this training, the student shall complete a competency based
25 written and skills examination for the administration of medications listed in this
26 subsection which shall include:

27

28 ~~(A)~~1 Assessment of when to administer these medications,

29

30 ~~(B)~~2 Managing a patient before and after administering these medications,

31

32 ~~(C)~~3 Using universal precautions and body substance isolation procedures during
33 medication administration,

34

35 ~~(D)~~4 Demonstrating aseptic technique during medication administration,

36

37 ~~(E)~~5 Demonstrate the preparation and administration of medications by the
38 intramuscular route.

39

40 ~~(F)~~6 Proper disposal of contaminated items and sharps.

41

42 (4) Monitor preexisting vascular access devices and intravenous lines delivering fluids
43 with additional medications pre-approved by the Director of the Authority. Approval of
44 such medications shall be obtained pursuant to the following procedures:

45

1 (A) The medical director of the LEMSA shall submit a written request, Form #EMSA-
2 0391, revised 07/16, herein incorporated by reference, and obtain approval from the
3 director of the Authority, who shall consult with a committee of LEMSA medical directors
4 named by the Emergency Medical Services Medical Directors' Association of California,
5 Inc. (EMDAC), for any additional medications that in his/her professional judgment
6 should be approved for implementation of Section 100064(a)(3)~~100063(b)(4)~~.
7

8 (B) The Authority shall, within fourteen (14) working days of receiving the request, notify
9 the medical director of the LEMSA submitting the request that the request has been
10 received, and shall specify what information, if any, is missing.
11

12 (C) The director of the Authority shall render the decision to approve or disapprove the
13 additional medications within ninety (90) calendar days of receipt of the completed
14 request.
15

16 ~~(4)(c)~~ A LEMSA shall establish policies and procedures for skills competency
17 demonstration that requires the accredited EMT to demonstrate skills competency at
18 least every two (2) years, or more frequently as determined by EMSQIP.
19

20 ~~(f)(d)~~ The medical director of the LEMSA shall develop a plan for each optional skill
21 allowed. The plan shall, at a minimum, include the following:
22

23 (1) A description of the need for the use of the optional skill.
24

25 (2) A description of the geographic area within which the optional skill will be utilized,
26 except as provided in Section 100064~~(f)~~. (j).

27
28 (3) A description of the data collection methodology which shall also include an
29 evaluation of the effectiveness of the optional skill.
30

31 (4) The policies and procedures to be instituted by the LEMSA regarding medical
32 control and use of the optional skill.
33

34 (5) The LEMSA shall develop policies for accreditation action, pursuant to Chapter 6 of
35 this Division, for individuals who fail to demonstrate competency.
36

37 ~~(g)(e)~~ A LEMSA medical director who accredits EMTs to perform any optional skill shall:
38

39 (1) Establish policies and procedures for the approval of service provider(s) utilizing
40 approved optional skills.
41

42 (2) Approve and designate selected base hospital(s) as the LEMSA deems necessary
43 to provide direction and supervision of accredited EMTs in accordance with policies and
44 procedures established by the LEMSA.
45

1 (3) Establish policies and procedures to collect, maintain and evaluate patient care
2 records.

3
4 (4) Establish an EMSQIP. EMSQIP means a method of evaluation of services provided,
5 which includes defined standards, evaluation of methodology(ies) and utilization of
6 evaluation results for continued system improvement. Such methods may include, but
7 not be limited to, a written plan describing the program objectives, organization, scope
8 and mechanisms for overseeing the effectiveness of the program.

9
10 (5) Establish policies and procedures for additional training necessary to maintain
11 accreditation for each of the optional skills contained in this section, if applicable.

12
13 (h)(f) The LEMSA medical director may approve an optional skill medical director to be
14 responsible for accreditation and any or all of the following requirements.

15
16 (1) Approve and monitor training programs for optional skills including refresher training
17 within the jurisdiction of the LEMSA.

18
19 (2) Establish policies and procedures for continued competency in the optional skill
20 which will consist of organized field care audits, periodic training sessions and/or
21 structured clinical experience.

22
23 (i)(g) The optional skill medical director may delegate the specific field care audits,
24 training, and demonstration of competency, if approved by the LEMSA medical director,
25 to a Physician, Registered Nurse, Physician Assistant, Paramedic, or Advanced EMT,
26 licensed or certified in California or a physician licensed in another state immediately
27 adjacent to the LEMSA jurisdiction.

28
29 (j)(h) An EMT accredited in an optional skill may assist in demonstration of competency
30 and training of that skill.

31
32 ~~(k)(i)~~ In order to be accredited to utilize an optional skill, an EMT shall demonstrate
33 competency through passage, by pre-established standards, developed and/or
34 approved by the LEMSA, of a competency-based written and skills examination which
35 tests the ability to assess and manage the specified condition.

36
37 ~~(l)(j)~~ During a mutual aid response into another jurisdiction, an EMT may utilize the
38 scope of practice for which s/he is trained, certified and accredited according to the
39 policies and procedures established by his/her certifying or accrediting LEMSA.

40
41 Note: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.
42 Reference: Sections 1797.8, 1797.52, 1797.58, 1797.90, 1797.170, 1797.173,
43 1797.175, 1797.176, 1797.202, 1797.208, 1797.212, 1798, 1798.2, 1798.100, 1798.102
44 and 1798.104, Health and Safety Code.

45
46 **§ 100064.1. EMT Trial Studies.**

1 An EMT may perform any prehospital emergency medical care treatment procedure(s)
2 or administer any medication(s) on a trial basis when approved by the medical director
3 of the LEMSA and the director of the Authority. The medical director of the LEMSA shall
4 review the medical literature on the procedure or medication and determine in his/her
5 professional judgment whether a trial study is needed.

6
7 (a) The medical director of the LEMSA shall review a trial study plan which, at a
8 minimum, shall include the following:

9
10 (1) A description of the procedure(s) or medication(s) proposed, the medical conditions
11 for which they can be utilized, and the patient population that will benefit.

12
13 (2) A compendium of relevant studies and material from the medical literature.

14
15 (3) A description of the proposed study design, including the scope of study and method
16 of evaluating the effectiveness of the procedure(s) or medication(s), and expected
17 outcome.

18
19 (4) Recommended policies and procedures to be instituted by the LEMSA regarding the
20 use and medical control of the procedure(s) or medication(s) used in the study.

21
22 (5) A description of the training and competency testing required to implement the
23 study. Training on subject matter shall be consistent with the related topic(s) and skill(s)
24 specified in Section 100159, Chapter 4 (Paramedic regulations), Division 9, Title 22,
25 California Code of Regulations.

26
27 (b) The medical director of the LEMSA shall appoint a local medical advisory committee
28 to assist with the evaluation and approval of trial studies. The membership of the
29 committee shall be determined by the medical director of the LEMSA, but shall include
30 individuals with knowledge and experience in research and the effect of the proposed
31 study on the EMS system.

32
33 (c) The medical director of the LEMSA shall submit the proposed study and a copy of
34 the proposed trial study plan at least forty-five (45) calendar days prior to the proposed
35 initiation of the study to the director of the Authority for approval in accordance with the
36 provisions of Section 1797.221 of the Health and Safety Code. The Authority shall
37 inform the Commission on EMS of studies being initiated.

38
39 (d) The Authority shall notify the medical director of the LEMSA submitting its request
40 for approval of a trial study within fourteen (14) working days of receiving the request
41 that the request has been received.

42
43 (e) The Director of the Authority shall render the decision to approve or disapprove the
44 trial study within forty-five (45) calendar days of receipt of all materials specified in
45 subsections (a) and (b) of this section.
46

1 (f) Within eighteen (18) months of the initiation of the procedure(s) or medication(s), the
2 medical director of the LEMSA shall submit to the Commission on EMS a written report
3 which includes at a minimum the progress of the study, number of patients studied,
4 beneficial effects, adverse reactions or complications, appropriate statistical evaluation,
5 and general conclusion.

6
7 (g) The Commission on EMS shall review the above report within two (2) meetings and
8 advise the Authority to do one of the following:

9
10 (1) Recommend termination of the study if there are adverse effects or if no benefit from
11 the study is shown.

12
13 (2) Recommend continuation of the study for a maximum of eighteen (18) additional
14 months if potential but inconclusive benefit is shown.

15
16 (3) Recommend the procedure or medication be added to the EMT scope of practice.

17
18 (h) If option (g)(2) is selected, the Commission on EMS may advise continuation of the
19 study as structured or alteration of the study to increase the validity of the results.

20
21 (i) At the end of the additional eighteen (18) month period, a final report shall be
22 submitted to the Commission on EMS with the same format as described in (f) above.

23
24 (j) The Commission on EMS shall review the final report and advise the Authority to do
25 one of the following:

26
27 (1) Recommend termination or further extension of the study.

28
29 (2) Accept the study recommendations.

30
31 (3) Recommend the procedure or medication be added to the EMT scope of practice.

32
33 (k) The Authority may require a trial study(ies) to cease after thirty-six (36) months.

34
35 Note: Authority cited: Section 1797.107 and 1797.170, Health and Safety Code.
36 Reference: Sections 1797.170 and 1797.221, Health and Safety Code.

37
38 ARTICLE 3. PROGRAM REQUIREMENTS FOR EMT TRAINING PROGRAMS

39
40 **§ 100065. No change.**

41 **§ 100066. No change.**

42 **§ 100067. No change.**

1 **§ 100068. No change.**

2 **§ 100069. EMT Training Program Notification.**

3 ~~(a) In accordance with Section 100057 the EMT Approving Authority shall notify the~~
4 ~~training program submitting its request for training program approval within seven (7)~~
5 ~~working days of receiving the request that:~~

6 ~~(1) The request has been received,~~

7 ~~(2) The request contains or does not contain the information requested in Section~~
8 ~~100066 of this Chapter and,~~

9 ~~(3) What information, if any, is missing from the request.~~

10 ~~(b) (a)~~ Program approval or disapproval shall be made in writing by the EMT approving
11 authority to the requesting training program within a reasonable period of time after
12 receipt of all required documentation. This time period shall not exceed three (3)
13 months.

14 ~~(c) (b)~~ The EMT approving authority shall establish the effective date of program
15 approval in writing upon the satisfactory documentation of compliance with all program
16 requirements.

17 ~~(d) (c)~~ The EMT training Pprogram approval effective date shall be the day the approval
18 is issued. The approval shall be valid for four (4) years following the effective date of
19 ~~program approval ending on the last day of the month in which it was issued and may~~
20 be renewed every four (4) years subject to the procedure for program approval specified
21 in this Chapter. section.

22 ~~(e) (d)~~ Approved EMT training programs shall also receive approval as a continuing
23 education CE provider effective the same date as the EMT training program approval.
24 The CE program expiration date shall be the same expiration date as the EMT training
25 program. The CE provider shall comply with all of the requirements contained in
26 Chapter 11 of this Division.

27 ~~(f) (e)~~ The LEMSA shall notify the Authority concurrently with the training program of
28 approval, renewal of approval, or disapproval of the training program, and include the
29 effective date. This notification is in addition to the name and address of training
30 program, name of the program director, phone number of the contact person, frequency
31 and cost for both basic and refresher courses, student eligibility, and program approval/
32 expiration date of program approval.

33 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
34 Code. Reference: Sections 1797.109, 1797.170, 1797.173 and 1797.208, Health and
35 Safety Code.

36

37 **§ 100070. No change.**

38 **§ 100071. No change.**

39 **§ 100072. Withdrawal of EMT Training Program Approval.**

40 ~~(a) Noncompliance with any criterion required for program approval, use of any~~
41 ~~unqualified teaching personnel, or noncompliance with any other applicable Failure to~~
42 ~~comply with the provisions of this Chapter may result in denial, probation, suspension or~~
43 revocation of program approval by the EMT training program approving authority.

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

3
4 (b) The requirements for training program noncompliance notification and actions are
5 as follows:

6
7 (1) An EMT training program approving authority shall provide written notification of
8 noncompliance ~~notify the approved EMT training program course director in writing, by~~
9 ~~registered mail, of the provisions of this Chapter with which to~~ the EMT training program
10 provider found in violation. The notification shall be in writing and sent by certified mail
11 to the EMT training program course director. ~~is not in compliance.~~

12
13 (2) Within fifteen (15) working days ~~of~~ from receipt of the noncompliance notification ~~of~~
14 ~~noncompliance~~, the approved EMT training program shall submit in writing, by certified
15 registered mail, to the EMT training program approving authority one of the following:

16
17 (A) Evidence of compliance with the provisions of this Chapter, or

18
19 (B) A plan ~~for meeting compliance with~~ to comply with the provisions of this Chapter
20 within sixty (60) calendar days from the day of receipt of the notification of
21 noncompliance.

22
23 (3) Within fifteen (15) working days ~~of~~ from receipt of the ~~response from the approved~~
24 ~~EMT training program's response~~, or within thirty (30) calendar days from the mailing
25 date of the noncompliance notification if no response is received from the approved
26 EMT training program, the EMT training program approving authority shall issue a
27 decision letter by certified mail to notify the Authority and the approved EMT training
28 program. ~~in writing, by registered mail, of the~~ The letter shall identify the EMT training
29 program approving authority's decision to: ~~accept the evidence of compliance, accept~~
30 ~~the plan for meeting compliance, place on probation, suspend or revoke the EMT~~
31 ~~training program approval.~~

32
33 (A) Accept the evidence of compliance provided, or

34
35 (B) Accept the plan for meeting compliance, and/or

36
37 (C) Place the training program on probation, or

38
39 (D) Suspend or revoke the training program approval.

40
41 (4) The decision letter shall also include, but not be limited to, the following:

42
43 (A) Date of the program training approval authority decision;

44
45 (B) Specific provisions found noncompliant by the training approval authority, if
46 applicable;

1
2 (C)The probation or suspension effective and ending date, if applicable;

3
4 (D) The terms and conditions of the probation or suspension, if applicable;

5
6 (E)The revocation effective date, if applicable;

7
8 (5) If the training program found noncompliant of this Chapter does not comply with
9 subsection (2) of this Section, the paramedic training program approving authority may
10 uphold the noncompliance finding and initiate probation, suspension, or revocation
11 action of the training program approval, as described in subsection (3) of this Section.

12 ~~(4)-(6) The EMT training program approving authority shall establish the probation,~~
13 ~~suspension, or revocation effective dates no sooner than sixty (60) days after the date~~
14 ~~of the decision letter, as described in subsection (3) of this Section. If the EMT training~~
15 ~~program approving authority decides to suspend, revoke, or place an EMT training~~
16 ~~program on probation the notification specified in subsection (a)(3) of this section shall~~
17 ~~include the beginning and ending dates of the probation or suspension and the terms~~
18 ~~and conditions for lifting of the probation or suspension or the effective date of the~~
19 ~~revocation, which may not be less than sixty (60) calendar days from the date of the~~
20 ~~EMT training program approving authority's letter of decision to the Authority and the~~
21 ~~EMT training program.~~

22
23 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
24 Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code;
25 and Section 11505, Government Code.
26

27 **§ 100073. Components of an Approved Program.**

28 (a) An approved EMT training program shall consist of all of the following:

29
30 (1) The EMT course, including clinical experience;

31
32 (2) Periodic and a final written and skill competency examinations;

33
34 (3) A challenge examination; and

35
36 (4) A refresher course required for recertification.

37
38 (b) The LEMSA approving authority may approve a training program that offers only
39 refresher course(s).

40
41 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
42 and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and
43 Safety Code.
44

1 **§ 100074. EMT Training Program Required Course Hours.**

2 (a) The EMT course shall consist of not less than one hundred Seventy-four (174) ~~(160)~~
3 hours. These training hours shall be divided into:

4
5 (1) A minimum of one hundred fifty (150) ~~thirty-six (136)~~ hours of didactic instruction and
6 skills laboratory; and

7
8 (2) A minimum of twenty-four (24) hours of supervised clinical experience. The clinical
9 experience shall include a minimum of ten (10) documented patient contacts wherein a
10 patient assessment and other EMT skills are performed and evaluated.

11
12 (A) When available up to six (6) hours of supervised clinical experience and up to three
13 (3) documented patient contacts as described above may be satisfied through the use
14 of high fidelity simulation patient contacts as defined in Section 100057.1.

15
16 (3) Existing EMT training programs approved prior to the effective date of this chapter
17 shall have a maximum of twelve (12) months from the date that this provision becomes
18 effective to meet the minimum hourly requirements specified in this Section.

19
20 (b) The minimum hours shall not include the examinations for EMT certification.

21
22 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
23 Code. Reference: Sections 1797.170 and 1797.208, Health and Safety Code.

24
25 **§ 100075. Required Course Content.**

26 (a) The content of an EMT course shall meet the objectives contained in the U.S.
27 Department of Transportation (DOT) National EMS Education Standards (DOT HS 811
28 077A, January 2009), incorporated herein by reference, to result in the EMT being
29 competent in the EMT basic scope of practice specified in Section 100063 of this
30 Chapter. The U.S. DOT National EMS Education Standards (DOT HS 811 077A,
31 January 2009) can be accessed through the U.S. DOT National Highway Traffic Safety
32 Administration at the following website address: <http://ems.gov/pdf/811077a.pdf>

33
34 (b) Training in the use of hemostatic dressings shall ~~consist of not less than one (1)~~
35 ~~hour to~~ result in the EMT being competent in the use of the dressing. Included in the
36 training shall be the following topics and skills:

37
38 (1) Review of basic methods of bleeding control to include but not be limited to direct
39 pressure, pressure bandages, tourniquets, and hemostatic dressings;

40
41 (2) Review treatment of open chest wall injuries;

42
43 (3) Types of hemostatic dressings; and
44

1 (4) Importance of maintaining normal body temperature.
2

3 (5)(e) At the completion of initial training, a student shall complete a competency-based
4 written and skills examination for controlling bleeding and the use of hemostatic
5 dressings.
6

7 (c) Training in the administration of naloxone or other opioid antagonist shall result in
8 the EMT being competent in the administration of naloxone and managing a patient of a
9 suspected narcotic overdose and shall include the following topics and skills:
10

11 (1) Common causative agents
12

13 (2) Assessment findings
14

15 (3) Management to include but not be limited to:
16

17 (A) Need for appropriate personal protective equipment and scene safety awareness
18

19 (4) Profile of Naloxone to include, but not be limited to:
20

21 (A) Indications
22

23 (B) Contraindications
24

25 (C) Side/adverse effects
26

27 (D) Routes of administration
28

29 (E) Dosages
30

31 (F) Mechanisms of drug action
32

33 (G) Calculating drug dosages
34

35 (H) Medical asepsis
36

37 (I) Disposal of contaminated items and sharps
38

39 (5) At the completion of this training, the student shall complete a competency based
40 written and skills examination for administration of naloxone which shall include:
41

42 (A) Assessment of when to administer naloxone,
43

44 (B) Managing a patient before and after administering naloxone.
45

- 1 (C) Using universal precautions and body substance isolation procedures during
2 medication administration.
3
- 4 (D) Demonstrating aseptic technique during medication administration.
5
- 6 (E) Demonstrate preparation and administration of parenteral medications by intranasal
7 and intramuscular routes.
8
- 9 (F) Proper disposal of contaminated items and sharps.
10
- 11 (d) Training in the administration of epinephrine for suspected anaphylaxis and/or
12 severe asthma shall result in the EMT being competent in the use and administration of
13 epinephrine by auto-injector and managing a patient of a suspected anaphylactic
14 reaction and/or experiencing severe asthma symptoms. Included in the training shall be
15 the following topics and skills:
16
- 17 (1) Common causative agents
18
- 19 (2) Assessment findings
20
- 21 (3) Management to include but not be limited to:
22
- 23 (A) Need for appropriate personal protective equipment and scene safety awareness
24
- 25 (4) Profile of epinephrine to include, but not be limited to:
26
- 27 (A) Indications
28
- 29 (B) Contraindications
30
- 31 (C) Side/adverse effects
32
- 33 (D) Mechanisms of drug action
34
- 35 (5) Administration by auto-injector
36
- 37 (6) Medical asepsis
38
- 39 (7) Disposal of contaminated items and sharps
40
- 41 (8) At the completion of this training, the student shall complete a competency based
42 written and skills examination for the use and administration of epinephrine by auto-
43 injector which shall include:
44
- 45 (A) Assessment of when to administer epinephrine.
46

- 1 (B) Managing a patient before and after administering epinephrine,
2
3 (C) Using universal precautions and body substance isolation procedures during
4 medication administration,
5
6 (D) Demonstrating aseptic technique during medication administration
7
8 (E) Demonstrate preparation and administration of epinephrine by auto-injector
9
10 (F) Proper disposal of contaminated items and sharps
11
12 (e) Training in the use of finger stick blood glucose testing shall result in the EMT being
13 competent in the use of a glucometer and managing a patient with a diabetic
14 emergency. Included in the training shall be the following topics and skills:
15
16 (1) Blood glucose determination
17
18 (A) Assess blood glucose level
19
20 (B) Indications
21
22 1 Decreased level of consciousness in the suspected diabetic
23
24 2 Decreased level of consciousness of unknown origin
25
26 (C) Procedure for use of finger stick blood glucometer
27
28 1 Cleaning the site
29
30 2 Refer to manufacturer's instructions for device being used
31
32 (D) Disposal of sharps
33
34 (E) Limitations
35
36 1 Lack of calibration
37
38 (F) Interpretation of results
39
40 (G) Patient assessment
41
42 (H) Managing a patient before and after finger stick glucose testing
43
44 (2) At the completion of this training, the student shall complete a competency based
45 written and skills examination for finger stick blood glucose testing which shall include:
46

- 1 (A) Assessment of when to test blood glucose using a finger stick glucometer,
2
3 (B) Managing a patient before and after blood glucose testing,
4
5 (C) Using universal precautions and body substance isolation procedures during blood
6 glucose testing,
7
8 (D) Demonstrating aseptic technique,
9
10 (E) Proper disposal of contaminated items and sharps.
11
12 (f) In addition to the above, the content of the training course shall include eight (8)
13 hours of tactical casualty care (TCC) principles applied to violent circumstances with at
14 least the following topics and skills and shall be competency based:
15
16 (1) History and Background of Tactical Casualty Care
17
18 (A) History of Tactical Combat Casualty Care (TCCC)
19
20 (B) History of Tactical Emergency Casualty Care (TECC)
21
22 (C) Roles and responsibilities of first responders
23
24 (D) Integration with EMS and Local active shooter policies
25
26 (E) California Law and Regulations regarding Tactical EMS and Tactical Medicine
27
28 (F) Scope of Practice and Authorized Skills by level of training, certification, and
29 licensure zone
30
31 (2) Terminology and definitions
32
33 (3) Coordination Command and Control
34
35 (A) Incident Command System (ICS) /National Incident Management System (NIMS)
36
37 (B) Mutual Aid considerations
38
39 (C) Unified Command
40
41 (D) Communications, including radio interoperability
42
43 (E) Command post
44
45 (4) Tactical Operations
46

- 1 (5) Rescue Operations
- 2
- 3 (A) Integrated police/fire/EMS movement and coordination
- 4
- 5 (B) Formation of Rescue Task Force (RTF)
- 6
- 7 (C) Force protection
- 8
- 9 (D) Casualty collection points
- 10
- 11 (F) Other local methods for tactical operation and EMS integration (i.e. rescue corridor,
- 12 shrink Hot Zone)
- 13
- 14 (6) Demonstrate the following medical treatment skills:
- 15
- 16 (A) Bleeding control
- 17
- 18 1. Apply Tourniquet
- 19
- 20 a. Self-Application
- 21
- 22 b. Application on others
- 23
- 24 2. Apply Direct Pressure
- 25
- 26 3. Apply Pressure with Emergency Bandage
- 27
- 28 4. Apply Pressure Dressing
- 29
- 30 5. Apply Hemostatic Dressing with Wound Packing, utilizing California EMSA-approved
- 31 products
- 32
- 33 (B) Airway and Respiratory management
- 34
- 35 1. Perform Chin Lift/Jaw Thrust Maneuver
- 36
- 37 2. Place casualty in the Recovery Position
- 38
- 39 3. Place casualty in the Sitting Up/Lean Forward Airway Position
- 40
- 41 4. Insert Nasopharyngeal Airway, if approved by the Local EMS agency
- 42
- 43 5. Chest/torso wounds
- 44
- 45 a. Apply Vented and Non-Vented Chest Seals
- 46

- 1 (C) Recognition and Treatment of Shock
- 2
- 3 (D) Prevention of Hypothermia
- 4
- 5 (E) Penetrating Eye Injuries
- 6
- 7 1. Cover Eye with Rigid Shield
- 8
- 9 (F) Evacuation and Patient Movement
- 10
- 11 1. Drags
- 12
- 13 a. Demonstrate Modified Fireman's – Hawes Carry (1 person)
- 14
- 15 b. Demonstrate Shoulder-Belt drag – Seal Team 3 Carry (2 Person)
- 16
- 17 c. Demonstrate Rapid Shoulder-to-Shoulder drag (2 person)
- 18
- 19 2. Lifts and Carries
- 20
- 21 a. Demonstrate Fore-Aft Carry (2 Person)
- 22
- 23 b. Demonstrate Side-by-Side Carry (2 person)
- 24
- 25 c. Demonstrate Side-by-Side Carry (3 person)
- 26
- 27 3. Patient Movement
- 28
- 29 a. Use Soft-Litter
- 30
- 31 b. Use local movement devices
- 32
- 33 (G) Triage procedures (START or SALT)
- 34
- 35 (7) Medical Planning and Threat Assessment
- 36
- 37 (8) At the completion of this training, the student shall complete a competency based
- 38 practical skills/scenario examination that shall include:
- 39
- 40 (A) Medical skills
- 41
- 42 1. Bleeding control
- 43
- 44 2. Airway management
- 45
- 46 3. Respiratory Care, including open chest wounds

1
2 (B) Patient extrication and evacuation

3
4 (C) Self and Buddy Care scenarios in hot and warm zones

5
6 (D) Coordinated law enforcement/fire/EMS response with formation of Rescue Task
7 Force, following ICS and unified command principles

8
9 (g) Training programs in operation prior to the effective date of these regulations shall
10 submit evidence of compliance with this Chapter to the appropriate approving authority
11 as specified in Section 100057 of this Chapter within twelve (12) months after the
12 effective date of these regulations.

13
14 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
15 Code. Reference: Sections 1797.170 and 1797.173, Health and Safety Code.

16
17 **§ 100076. No change.**

18 **§ 100077. No change.**

19 **§ 100078. No change.**

20
21 ARTICLE 4. EMT CERTIFICATION

22
23 **§ 100079. EMT Initial Certification Requirements.**

24 (a) An individual who meets one of the following criteria shall be eligible for initial
25 certification upon fulfilling the requirements of subdivision (b) of this Section:

26
27 (1) Pass the written examination and skills examination specified in Sections 100059
28 and 100059.1 of this Chapter within the last two (2) years of applying for EMT
29 certification and have either: (A) A a valid EMT course completion record or other
30 documented proof of successful completion of any initial EMT course approved
31 pursuant to Section 100066 of this Chapter dated within the last two (2) years, or

32
33 (2B) Pass the written examination and skills examination specified in Sections 100059
34 and 100059.1 of this Chapter within the last two (2) years of applying for EMT
35 certification and have ~~D~~documentation of successful completion of an approved out-of-
36 state initial EMT training course, within the last two (2) years, that meets the
37 requirements of this Chapter, or

38
39 (3C) Pass the written examination and skills examination specified in Sections 100059
40 and 100059.1 of this Chapter within the last two (2) years of applying for EMT
41 certification and have ~~A~~a current and valid out-of-state EMT certificate, or
42

- 1 (~~42~~) Possess a current and valid National Registry EMT-~~Basic~~, Advanced EMT or
2 Paramedic registration certificate, or
3
- 4 (~~53~~) Possess a current and valid out-of-state ~~or National Registry~~ Advanced EMT-
5 Intermediate or Paramedic certificate, or
6
- 7 (~~64~~) Possess a current and valid California Advanced EMT ~~or EMT-II certification~~
8 certificate or a current and valid California Paramedic license.
9
- 10 (b) In addition to meeting one of the criteria listed in subdivision (a), to be eligible for
11 initial certification, an individual shall:
12
- 13 (1) Be eighteen (18) years of age or older;
14
- 15 (2) Complete the criminal history background check requirement as specified in Article
16 4, Chapter 10 of this Division. The certifying entity shall receive the State and Federal
17 criminal background check results before issuing an initial certification.
18
- 19 (3) Complete an application form that contains this statement: "I hereby certify **under**
20 **penalty of perjury** that all information on this application is true and correct to the best
21 of my knowledge and belief, and I understand that any falsification or omission of
22 material facts may cause forfeiture on my part of all rights to EMT certification in the
23 state of California. I understand all information on this application is subject to
24 verification, and I hereby give my express permission for this certifying entity to contact
25 any person or agency for information related to my role and function as an EMT in
26 California.";
27
- 28 (4) Disclose any certification or licensure action:
29
- 30 (A) Against an EMT or Advanced EMT, ~~or EMT-II~~ certificate, or any denial of
31 certification by a LEMSA, including any active investigations;
32
- 33 (B) Against a Paramedic license, or any denial of licensure by the Authority, including
34 any active investigations;
35
- 36 (C) Against any EMS-related certification or license of another state or other issuing
37 entity, including any active investigations; or
38
- 39 (D) Against any health-related license.
40
- 41 (5) Pay the established fee.
42
- 43 (6) Provide documentation of successful completion by an approved EMT training
44 program in the use and administration of naloxone or other opioid antagonist that meets
45 the standards and requirements of section 100075 subsection (c) and within twenty-
46 four (24) months after the effective date of these regulations.

1
2 (7) Provide documentation of successful completion by an approved EMT training
3 program in the use and administration of epinephrine by auto-injector that meets the
4 standards and requirements of section 100075 subsection (d) within twenty-four (24)
5 months after the effective date of these regulations.
6

7 (8) Provide documentation of successful completion by an approved EMT training
8 program in the use of a glucometer that meets the standards and requirements of
9 section 100075 subsection (e) within twenty-four (24) months after the effective date of
10 these regulations.
11

12 (9) Provide documentation of successful completion by an approved EMT training
13 program in tactical casualty care principles that meets the standards and requirements
14 of section 100075 subsection (f) within twenty-four (24) months after the effective date
15 of these regulations
16

17 (c) The EMT certifying entity shall issue a wallet-sized certificate card, pursuant to
18 Section 100344, subdivisions (c) and (d), of Chapter 10 of this Division, within forty-five
19 (45) days to eligible individuals who apply for an EMT certificate and successfully
20 complete the requirements of this Chapter.
21

22 (d) The effective date of initial certification shall be the day the certificate is issued.
23

24 (e) The expiration date for an initial EMT certificate shall be as follows:

25 (1) For an individual who meets the criteria listed in subdivisions (a)(1)(A) or (a)(2)(4)(B)
26 of this Section, the expiration date shall be the last day of the month two (2) years from
27 the effective date of the initial certification.
28

29 (2) For an individual who meets the criteria listed in subdivisions ~~(a)(1)(C), (a)(2), (a)(3),~~
30 ~~or (a)(4),~~ (a)(5) or (a)(6) of this Section, the expiration date shall be the ~~lesser of the~~
31 ~~following:~~ earliest date of the following to occur:
32

33 (A) The last day of the month two (2) years from the effective date of the initial EMT
34 certification; or
35

36 (B) The last day of the month in which ~~expiration date~~ of the certificate or license used
37 to establish eligibility under subdivision ~~(a)(3), (a)(4), (a)(5) or (a)(6)~~ of this Section
38 expires.
39

40 (f) The EMT shall be responsible for notifying the certifying entity of her/his proper and
41 current mailing address and shall notify the certifying entity in writing within thirty (30)
42 calendar days of any and all changes of the mailing address, giving both the old and the
43 new address, and EMT registry number.
44

1 (g) An EMT shall only be certified by one (1) certifying entity during a certification
2 period.

3
4 (h) California certified EMTs shall be recognized as an EMT on a statewide basis.

5
6 (i) If an EMT or Advanced EMT certification card is lost, destroyed, damaged, or there
7 has been a change in the name of the EMT, a duplicate certification card may be
8 requested. The request shall be in writing to the certifying entity that issued the EMT
9 certificate and include a statement identifying the reason for the request and, if due to a
10 name change, a copy of legal documentation of the change in name. The duplicate card
11 shall bear the original certification number and date of expiration as the replaced card.

12
13 (j) An individual currently certified as an EMT by the provisions of this section may
14 voluntarily deactivate their EMT certificate as long as the individual is not under
15 investigation or disciplinary action by a LEMSA medical director for violations of Health
16 and Safety Code Section 1798.200. An individual who has voluntarily deactivated, their
17 EMT certificate shall comply with the following:

18
19 (1) Discontinue all medical practice requiring an active and valid EMT certificate.

20
21 (2) Return the EMT certificate to the certifying entity.

22
23 (3) Notify the LEMSA to whom they are accredited as an EMT that their certification is
24 no longer valid.

25
26 (4) The reactivation of the EMT certificate shall be done in accordance with the
27 provisions of Section 100080 of this Chapter.

28
29 (5) This information shall be entered into the Central Registry by the certifying entity
30 who issued the EMT card.

31
32 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
33 and Safety Code. Reference: Sections 1797.61, 1797.62, 1797.63, 1797.109, 1797.118,
34 1797.175, 1797.177, 1797.185, 1797.210 and 1797.216, Health and Safety Code.

35 ARTICLE 5. MAINTAINING EMT CERTIFICATION AND RECERTIFICATION

36
37 **§ 100080. EMT Recertification. Certification Renewal**

38 (a) In order to renew certification ~~recertify~~, an EMT shall:

39
40 (1) Possess a current EMT Certification issued in California.

41
42 ~~(2) Obtain at least twenty-four (24) hours of continuing education hours (CEH) from an~~
43 ~~approved CE provider in accordance with the provisions contained in Chapter 11 of this~~
44 ~~Division, or successfully complete a twenty-four (24) hour refresher course from an~~

1 ~~approved EMT training program. An individual who is currently licensed in California as~~
2 ~~a Paramedic or certified as an Advanced EMT or EMT-II, or who has been certified~~
3 ~~within six (6) months of the date of application, may be given credit for CEH earned as a~~
4 ~~Paramedic, Advanced EMT or EMT-II to satisfy the CE requirement for EMT~~
5 ~~recertification as specified in this Chapter.~~

6
7 (2) Successfully complete a twenty-four (24) hour refresher course from an approved
8 EMT training program, or

9
10 (3) Meet continuing education requirements from an approved CE provider in
11 accordance with the provisions contained in Chapter 11 of this Division through
12 completion of one of the following:

13
14 (A) Obtain at least twenty-four (24) hours of continuing education (CE). Beginning
15 twenty-four (24) months after the effective date of these regulations, six (6) hours of the
16 required continuing education shall be taken in person and shall be skills based and
17 instructor led, or

18
19 (B) An individual who is currently licensed in California as a Paramedic or certified as an
20 Advanced EMT or who has been certified within six (6) months of the date of
21 application, may be given credit for CEH earned as a Paramedic or Advanced EMT to
22 satisfy the CE requirement for EMT renewal as specified in this Chapter. Beginning
23 twenty-four (24) months after the effective date of these regulations, six (6) hours of the
24 required continuing education shall be taken in person and shall be skills based and
25 instructor led.

26
27 ~~(3)~~ (4) Complete an application form and other processes as specified in Section
28 100079, subdivisions (b)(3)-(b)(5), of this Chapter.

29
30 ~~(4)~~ (5) Complete the criminal history background check requirements as specified in
31 Article 4, Chapter 10 of this Division when changing certifying entities. The certifying
32 entity shall receive the State and Federal criminal background check results before
33 issuing a certification.

34
35 ~~(5)~~ (6) Submit a completed skills competency verification form, EMSA-SCV (08/10).
36 Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall
37 be verified by direct observation of an actual or simulated patient contact. Skills
38 competency shall be verified by an individual who is currently certified or licensed as an
39 EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and
40 who shall be designated by an EMS approved training program (EMT training program,
41 AEMT training program, Paramedic training program or CE provider), or an EMS
42 service provider. EMS service providers include, but are not limited to, public safety
43 agencies, private ambulance providers and other EMS providers. Verification of skills
44 competency shall be valid for a maximum of two (2) years for the purpose of applying
45 for recertification. This subsection will remain in effect for 24 months after this chapter
46 takes effect and as of that date is repealed.

1
2 (7) Provide documentation of successful completion by an approved EMT training
3 program in the use and administration of naloxone or other opioid antagonist that meets
4 the standards and requirements of section 100075 subsection (c) and within twenty-
5 four (24) months after the effective date of these regulations.

6
7 (8) Provide documentation of successful completion by an approved EMT training
8 program in the use and administration of epinephrine by auto-injector that meets the
9 standards and requirements of section 100075 subsection (d) within twenty-four (24)
10 months after the effective date of these regulations.

11
12 (9) Provide documentation of successful completion by an approved EMT training
13 program in the use of a glucometer that meets the standards and requirements of
14 section 100075 subsection (e) within twenty-four (24) months after the effective date of
15 these regulations.

16
17 (10) Provide documentation of successful completion by an approved EMT training
18 program in tactical casualty care principles that meets the standards and requirements
19 of section 100075 subsection (f) within twenty-four (24) months after the effective date
20 of these regulations

21
22 (b) The EMT certifying entity shall issue a wallet-sized certificate card, pursuant to
23 Section 100344, subdivisions (c) and (d), of Chapter 10 of this Division, within forty-five
24 (45) days to eligible individuals who apply for EMT renewal ~~recertification~~ and
25 successfully complete the requirements of this Chapter.

26
27 (c) If the EMT renewal ~~recertification~~-requirements are met within six (6) months prior to
28 the current certification expiration date, the EMT Certifying entity shall make the
29 effective date of renewal ~~recertification~~ the date immediately following the expiration
30 date of the current certificate. The certification will expire the last day of the month two
31 (2) years from the day prior to the effective date.

32
33 (d) If the EMT renewal ~~recertification~~ requirements are met greater than six (6) months
34 prior to the expiration date, the EMT Certifying entity shall make the effective date of
35 renewal ~~recertification~~ the day the certificate is issued. ~~date the individual satisfactorily~~
36 ~~completes all certification requirements and has applied for recertification.~~ The
37 certification expiration date will be the last day of the month two (2) years from the
38 effective date.

39
40 (e) A California certified EMT who is a member of the Armed Forces of the United
41 States and whose certification expires while deployed on active duty, or whose
42 certification expires less than six (6) months from the date they return from active duty
43 deployment, with the Armed Forces of the United States shall have six (6) months from
44 the date they return from active duty deployment to complete the requirements of
45 Section 100080, subdivisions (a)(2)-(a)(~~5~~10). In order to qualify for this exception, the
46 individual shall: submit proof of their membership in the Armed Forces of the United

1 ~~States and documentation of their deployment starting and ending dates. Continuing~~
2 ~~education credit may be given for documented training that meets the requirements of~~
3 ~~Chapter 11 of this Division while the individual was deployed on active duty. The~~
4 ~~documentation shall include verification from the individual's Commanding Officer~~
5 ~~attesting to the training attended.~~

6
7 (1) Submit proof of their membership in the Armed Forces of the United States and

8
9 (2) Submit documentation of their deployment starting and ending dates.

10
11 (3) Continuing education credit may be given for documented training that meets the
12 requirements of Chapter 11 of this Division while the individual was deployed on active
13 duty.

14
15 (4) The continuing education documentation shall include verification from the
16 individual's Commanding Officer attesting to the training attended.

17
18 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
19 and Safety Code. Reference: Sections 1797.61, 1797.62, 1797.109, 1797.118,
20 1797.170, 1797.184, 1797.210 and 1797.216, Health and Safety Code; and United
21 States Code, Title 10, Subtitle A, Chapter 1, Section 101.

22
23 **§ 100081. Recertification of an Expired California EMT Certificate.**

24 (a) The following requirements apply to individuals who wish to be eligible for
25 recertification after their California EMT Certificates have expired:

26
27 (1) For a lapse of less than six (6) months, the individual shall: ~~complete the~~
28 ~~requirements of Section 100080, subdivisions (a)(2)-(a)(5).~~

29
30 (A) Successfully complete a twenty-four (24) hour refresher course from an approved
31 EMT training program, or

32
33 (B) Meet continuing education requirements from an approved CE provider in
34 accordance with the provisions contained in Chapter 11 of this Division through
35 completion of one of the following:

36
37 1. Obtain at least twenty-four (24) hours of continuing education (CE). Beginning
38 twenty-four (24) months after the effective date of these regulations, six (6) hours of the
39 required continuing education shall be taken in person and shall be skills based and
40 instructor led, or

41
42 2. An individual who is currently licensed in California as a Paramedic or certified as an
43 Advanced EMT or who has been certified within six (6) months of the date of
44 application, may be given credit for CEH earned as a Paramedic or Advanced EMT to
45 satisfy the CE requirement for EMT recertification as specified in this Chapter.

1 Beginning twenty-four (24) months after the effective date of these regulations, six (6)
2 hours of the required continuing education shall be in person and shall be skills based
3 and instructor led.

4
5 (C) Complete an application form and other processes as specified in Section 100079,
6 subdivisions (b)(3)-(b)(5), of this Chapter.

7
8 (D) Complete the criminal history background check requirements as specified in Article
9 4, Chapter 10 of this Division when the background check results are not on file with the
10 certifying entity that is processing the recertification. The certifying entity shall receive
11 the State and Federal criminal background check results before issuing a certification.

12
13 (E) Submit a completed skills competency verification form, EMSA-SCV (08/10). Form
14 EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be
15 verified by direct observation of an actual or simulated patient contact. Skills
16 competency shall be verified by an individual who is currently certified or licensed as an
17 EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and
18 who shall be designated by an EMS approved training program (EMT training program,
19 AEMT training program, Paramedic training program or CE provider), or an EMS
20 service provider. EMS service providers include, but are not limited to, public safety
21 agencies, private ambulance providers and other EMS providers. Verification of skills
22 competency shall be valid for a maximum of two (2) years for the purpose of applying
23 for recertification. This subsection will remain in effect for 24 months after this chapter
24 takes effect and as of that date is repealed.

25
26 (F) Provide documentation of successful completion by an approved EMT training
27 program in the use and administration of naloxone or other opioid antagonist that meets
28 the standards and requirements of section 100075 subsection (c) and within twenty-
29 four (24) months after the effective date of these regulations.

30
31 (G) Provide documentation of successful completion by an approved EMT training
32 program in the use and administration of epinephrine by auto-injector that meets the
33 standards and requirements of section 100075 subsection (d) within twenty-four (24)
34 months after the effective date of these regulations.

35
36 (H) Provide documentation of successful completion by an approved EMT training
37 program in the use of a glucometer that meets the standards and requirements of
38 section 100075 subsection (e) within twenty-four (24) months after the effective date of
39 these regulations

40
41 (I) Provide documentation of successful completion by an approved EMT training
42 program in tactical casualty care principles that meets the standards and requirements
43 of section 100075 subsection (f) within twenty-four (24) months after the effective date
44 of these regulations

45

1 (2) For a lapse of six (6) months or more, but less than twelve (12) months, the
2 individual shall:

3
4 ~~(A) Complete the requirements of Section 100080, subdivisions (a)(2)-(a)(5), and~~
5 Successfully complete a twenty-four (24) hour refresher course from an approved EMT
6 training program, or

7
8 (B) Meet continuing education requirements from an approved CE provider in
9 accordance with the provisions contained in Chapter 11 of this Division through
10 completion of one of the following:

11
12 1. Obtain at least twenty-four (24) hours of continuing education (CE). Beginning
13 twenty-four (24) months after the effective date of these regulations, six (6) hours of the
14 required continuing education shall be taken in person and shall be skills based and
15 instructor led, or

16
17 2. An individual who is currently licensed in California as a Paramedic or certified as an
18 Advanced EMT or who has been certified within six (6) months of the date of
19 application, may be given credit for CE hours earned as a Paramedic or Advanced EMT
20 to satisfy the CE requirement for EMT recertification as specified in this Chapter.
21 Beginning twenty-four (24) months after the effective date of these regulations, six (6)
22 hours of the required continuing education shall be taken in person and shall be skills
23 based and instructor led.

24
25 ~~(B)~~ (C) Complete an additional twelve (12) hours of continuing education.

26
27 (D) Complete an application form and other processes as specified in Section 100079,
28 subdivisions (b)(3)-(b)(5), of this Chapter.

29
30 (E) Complete the criminal history background check requirements as specified in Article
31 4, Chapter 10 of this Division when the background check results are not on file with the
32 certifying entity that is processing the recertification. The certifying entity shall receive
33 the State and Federal criminal background check results before issuing a certification.

34
35 (F) Submit a completed skills competency verification form, EMSA-SCV (08/10). Form
36 EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be
37 verified by direct observation of an actual or simulated patient contact. Skills
38 competency shall be verified by an individual who is currently certified or licensed as an
39 EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and
40 who shall be designated by an EMS approved training program (EMT training program,
41 AEMT training program, Paramedic training program or CE provider), or an EMS
42 service provider. EMS service providers include, but are not limited to, public safety
43 agencies, private ambulance providers and other EMS providers. Verification of skills
44 competency shall be valid for a maximum of two (2) years for the purpose of applying
45 for recertification. This subsection will remain in effect for 24 months after this chapter
46 takes effect and as of that date is repealed.

1
2 (G) Provide documentation of successful completion by an approved EMT training
3 program in the use and administration of naloxone or other opioid antagonist that meets
4 the standards and requirements of section 100075 subsection (c) and within twenty-
5 four (24) months after the effective date of these regulations.

6
7 (H) Provide documentation of successful completion by an approved EMT training
8 program in the use and administration of epinephrine auto-injector that meets the
9 standards and requirements of section 100075 subsection (d) within twenty-four (24)
10 months after the effective date of these regulations.

11
12 (I) Provide documentation of successful completion by an approved EMT training
13 program in the use of a glucometer that meets the standards and requirements of
14 section 100075 subsection (e) within twenty-four (24) months after the effective date of
15 these regulations

16
17 (J) Provide documentation of successful completion by an approved EMT training
18 program in tactical casualty care principles that meets the standards and requirements
19 of section 100075 subsection (f) within twenty-four (24) months after the effective date
20 of these regulations

21
22 (3) For a lapse of twelve (12) months or more, ~~but less than twenty-four (24) months,~~
23 the individual shall:

24
25 ~~(A) Complete the requirements of Section 100080, subdivisions (a)(2)-(a)(5), and~~
26 Successfully complete a twenty-four (24) hour refresher course from an approved EMT
27 training program, or

28
29 (B) Meet continuing education requirements from an approved CE provider in
30 accordance with the provisions contained in Chapter 11 of this Division through
31 completion of one of the following:

32
33 1. Obtain at least twenty-four (24) hours of continuing education (CE). Beginning
34 twenty-four (24) months after the effective date of these regulations, six (6) hours of the
35 required continuing education shall be taken in person and shall be skills based and
36 instructor led, or

37
38 2. An individual who is currently licensed in California as a Paramedic or certified as an
39 Advanced EMT or who has been certified within six (6) months of the date of
40 application, may be given credit for CE hours earned as a Paramedic or Advanced EMT
41 to satisfy the CE requirement for EMT recertification as specified in this Chapter.
42 Beginning twenty-four (24) months after the effective date of these regulations, six (6)
43 hours of the required continuing education shall be taken in person and shall be skills
44 based and instructor led.

45

1 (C) Complete an application form and other processes as specified in Section 100079,
2 subdivisions (b)(3)-(b)(5), of this Chapter.

3
4 (D) Complete the criminal history background check requirements as specified in Article
5 4, Chapter 10 of this Division. The certifying entity shall receive the State and Federal
6 criminal background check results before issuing a certification.

7
8 (E) Submit a completed skills competency verification form, EMSA-SCV (08/10). Form
9 EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be
10 verified by direct observation of an actual or simulated patient contact. Skills
11 competency shall be verified by an individual who is currently certified or licensed as an
12 EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and
13 who shall be designated by an EMS approved training program (EMT training program,
14 AEMT training program, Paramedic training program or CE provider), or an EMS
15 service provider. EMS service providers include, but are not limited to, public safety
16 agencies, private ambulance providers and other EMS providers. Verification of skills
17 competency shall be valid for a maximum of two (2) years for the purpose of applying
18 for recertification. This subsection will remain in effect for 24 months after this chapter
19 takes effect and as of that date is repealed.

20
21 (F) Provide documentation of successful completion by an approved EMT training
22 program in the use and administration of naloxone or other opioid antagonist that meets
23 the standards and requirements of section 100075 subsection (c) and within twenty-
24 four (24) months after the effective date of these regulations.

25
26 (G) Provide documentation of successful completion by an approved EMT training
27 program in the use and administration of epinephrine by auto-injector that meets the
28 standards and requirements of section 100075 subsection (d) within twenty-four (24)
29 months after the effective date of these regulations.

30
31 (H) Provide documentation of successful completion by an approved EMT training
32 program in the use of a glucometer that meets the standards and requirements of
33 section 100075 subsection (e) within twenty-four (24) months after the effective date of
34 these regulations

35
36 (I) Provide documentation of successful completion by an approved EMT training
37 program in tactical casualty care principles that meets the standards and requirements
38 of section 100075 subsection (f) within twenty-four (24) months after the effective date
39 of these regulations

40
41 ~~(B)~~(J) Complete an additional twenty-four (24) hours of continuing education, and

42
43 ~~(C)~~(K) Pass the written and skills certification exams as specified in Sections 100059
44 and 100059.1 within two (2) years of applying for EMT certification unless the individual
45 possesses a current and valid EMT, AEMT or paramedic National Registry Certificate.
46

1 ~~(4) For a lapse of greater than twenty four (24) months the individual shall meet the~~
2 ~~requirements of Section 100079, subdivisions (b)(1)-(5) and one of the following: (a)~~
3 ~~and (b). (a)(1) or (a)(2) or (a)(3) or (a)(5) or (a)(6).~~
4

5 (b) For individuals who meet the requirements of Section 100081, subdivision (a)(1),
6 (a)(2), or (a)(3), the EMT certifying entity shall make the effective date of recertification
7 the day the certificate is issued. The certification expiration date will be the earliest date
8 of the following to occur:
9

10 (1) the last day of the month two (2) years from the effective date, ~~For individuals who~~
11 ~~meet the requirements of Section 100081, subdivision (a)(4), the EMT certifying entity~~
12 ~~shall make the certification effective and expiration dates consistent with Section~~
13 ~~100079, subdivisions (d) and (e). or~~
14

15 (2) the expiration date of the current National Registry Certificate.
16

17 (c) The EMT certifying entity shall issue a wallet-sized certificate card, pursuant to
18 Section 100344, subdivisions (c) and (d), of Chapter 10 of this Division, within forty-five
19 (45) days to eligible individuals who apply for EMT recertification and successfully
20 complete the requirements of this Chapter.
21

22 Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
23 and Safety Code. Reference: Sections 1797.61, 1797.62, 1797.109, 1797.118,
24 1797.170, 1797.175, 1797.184, 1797.210 and 1797.216, Health and Safety Code; and
25 United States Code, Title 10, Subtitle A, Chapter 1, Section 101.

26 ARTICLE 6. RECORD KEEPING AND FEES

27
28 **§ 100082. No change.**

29 **§ 100083. Fees.**

30 A LEMSA may establish a schedule of fees for EMT training program review approval,
31 EMT certification, EMT renewal and EMT recertification in an amount sufficient to cover
32 the reasonable cost of complying with the provisions of this Chapter.
33

34 Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
35 Code. Reference: Sections 1797.61, 1797.62, 1797.118, 1797.170, 1797.212, 1797.213
36 and 1798.217, Health and Safety Code.
37

38 **§ 100084. No change.**

39 **§ 100085. No change.**

40 **§ 100086. No change.**