Public Comments on the Proposed Revisions to the Emergency Medical Technician Regulations
Chapter 2, Division 9, Title 22 of the California Code of Regulations
December 2, 2016 – January 15, 2017
2nd 45-Day Comment Period

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
Section 100057(a)(2) Page 1 Line 29	ICEMA	Replace "area" with "County"	Comment acknowledged, change made
Section 100057(a)(2) Page 1 Line 29	Kern County EMS	Replace "area" with "County"	Comment acknowledged, change made
Section 100057(a)(2) Page 1 Line 29	LA County EMS Agency	Replace "area" with "County"	Comment acknowledged, change made
§100062(c)(1), p.4, l.4-5	Contra Costa EMS	The intent of the proposed language is supported. However, the language should provide further clarity to avoid the requirement that EMTs and paramedics hold dual licensure or certificates and should be amended to read: "A licensed paramedic employed as an EMT or working at the EMT level while employed as a paramedic, shall not be required to obtain an EMT certificate to perform any activity identified in the scope of practice of an EMT."	Comment refers to §100062 (d), pg. 4, line 7 Comment acknowledged, Comment accepted, the proposed language will be struck in the draft EMT Regulations.
Section 100062(d) Page 4 Lines 7	Steve Carroll Ventura County EMS Agency	Revise to read: "An individual licensed as a paramedic may function as an EMT, unless identified by LEMSA policy, with no further testing or certification required. If an EMT certificate is required, the certifying entity shall abide by the certification, renewal or	Comment acknowledged, Comment accepted, the proposed language will be struck in the draft EMT Regulations.

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		recertification process as specified in this Chapter." Add 1798 to Authority cited at the end of this subsection. The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS agency, which we believe includes the discretion to require certification of personnel directly working within a local organized EMS system.	
100062(d) Page 4 Line 7	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	An emergency medical services system shall be under the medical control of the medical director of the local EMS agency, which EMSAAC believes includes the discretion to require certification of personnel directly working within a local organized EMS system. Proposed wording should be revised to read: "An individual licensed as a paramedic may function as an EMT, unless identified by LEMSA policy, with no further testing or certification required. If an EMT certificate is required, the certifying entity shall abide by the certification, renewal or recertification process as specified in this Chapter." Add 1798 to Authority cited at the end of this subsection.	Comment acknowledged, Comment accepted, the proposed language will be struck in the draft EMT Regulations.

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Section 100062(d) Page 4 Lines 7-8	LA County EMS Agency	Revise to read: "An individual licensed as a paramedic may function as an EMT, unless identified by LEMSA policy, with no further testing or certification required. If an EMT certificate is required, the certifying entity shall abide by the certification, renewal or recertification process as specified in this Chapter." Add 1798 to Authority cited at the end of this subsection. The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS agency.	Comment acknowledged, Comment accepted, the proposed language will be struck in the draft EMT Regulations.
Section 100062(d) Page 4 Lines 7-8	ICEMA	Revise to read: "An individual licensed as a paramedic may function as an EMT, unless identified by LEMSA policy, with no further testing or certification required. If an EMT certificate is required, the certifying entity shall abide by the certification, renewal or recertification process as specified in this Chapter." Add 1798 to Authority cited at the end of this subsection. The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS	Comment acknowledged, Comment accepted, the proposed language will be struck in the draft EMT Regulations.

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		agency.	
Section 100062(d) Page 4 Lines 7-8	Kern County EMS	Revise to read: "An individual currently licensed as a paramedic in California may function as an EMT, unless identified by LEMSA policy, with no further testing or certification required. If an EMT certificate is required, the certifying entity shall abide by the certification, renewal or recertification process as specified in this Chapter." Add 1798 to Authority cited at the end of this subsection. The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS agency.	Comment acknowledged, Comment accepted, The proposed language will be struck in the draft EMT Regulations.
Section 100062(d) Page 4 Lines 7-8	Riverside County EMS Agency (REMSA)	Revise to read: "An individual licensed as a paramedic may function as an EMT, with no further testing or certification required. When employed in an EMT capacity as part of an approved emergency response system, the jurisdictional LEMSA may require an EMT certificate to be obtained and renewed per the processes specified in this Chapter. This first part of this text more closely mimics the text in the paramedic regulations. The 2nd part meets the requirement that the management	Comment acknowledged, Comment accepted. The proposed language will be struck in the draft EMT Regulations.

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		and medical control of the LEMSA be under the control of the local Medical Director	
§100062(g)(5), p.4, l.37	Contra Costa EMS	The proposed language throughout the regulations should be consistent to read "certificate" instead of "card." This information shall be entered into the Central Registry by the certifying entity who issued the EMT ~~card~~ certificate~~.~~	Comment acknowledged, Change accepted.
Section 100063 Page 5 Line 3	Kern County EMS	Add to the end of line 3: "according to the policies and procedures established by the LEMSA within the jurisdiction where the EMT is employed as part of an organized system." Regulations have continually expanded the EMT scope of practice with little to no oversight of the medical care provided such as mechanical ventilating devices and CPAP. EMTs are contracted in a variety of settings with medical care expectations which at times exceed their scope of practice. An organized system requires documentation of	Comment acknowledged, no change. The EMT basic scope of practice is valid throughout the state. Under the suggested language, a LEMSA could limit an EMT's scope of practice through local policy. Rejecting the suggested language does not interfere with the LEMSA's authority for local medical control under Section 1798 of the Health and Safety Code. Comment acknowledged, no change. The EMT Basic Scope is valid statewide. If an EMT practices outside his/her scope of practice they could be subject to certification action. The proposed regulations require that certain tier scope items (such as naloxone, epi-pen, glucometer, interfacility transfer items, etc.) may only be

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		care where the non-organized system EMT has no documentation requirements or ability for follow-up regardless of changes in statute or regulation.	authorized in an organized EMS system.
Section 100063 Page 5 Line 3	ICEMA	Add to the end of line 3: "according to the policies and procedures established by the LEMSA within the jurisdiction where the EMT is employed as part of an organized system."	Comment acknowledged, no change. The EMT basic scope of practice is valid throughout the state. Under the suggested language, a LEMSA could limit an EMT's scope of practice through local policy. Rejecting the suggested language does not interfere with the LEMSA's authority for local medical control under Section 1798 of the Health and Safety Code.
Section 100063 Page 5 Line 3	LA County EMS Agency	Add to the end of line 3: "according to the policies and procedures established by the LEMSA within the jurisdiction where the EMT is employed as part of an organized system." Regulations have continually expanded the EMT scope of practice with little to no oversight of the medical care provided such as	Comment acknowledged, no change. The EMT basic scope of practice is valid throughout the state. Under the suggested language, a LEMSA could limit an EMT's scope of practice through local policy. Rejecting the suggested language does not interfere with the LEMSA's authority for local medical control under Section 1798 of the Health and Safety Code. Comment acknowledged, no change. The EMT Basic Scope is valid statewide. If an EMT practices outside his/her scope of practice they could be subject

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		mechanical ventilating devices and CPAP. EMTs are contracted in a variety of settings with medical care expectations which at times exceed their scope of practice. An organized system requires documentation of care where the non-organized system EMT has no documentation requirements or ability for follow-up regardless of changes in statute or regulation.	to certification action. The proposed regulations require that certain tier scope items (such as naloxone, epi-pen, glucometer, interfacility transfer items, etc.) may only be authorized in an organized EMS system.
100063(a)(8)(N) Page 6 Line 27	Steve Carroll Ventura County EMS Agency	Revise the end of the sentence "including inhaled or nebulized albuterol and epinephrine devices." Albuterol is the first-line therapy for asthma and national guidelines recommend sick asthmatic patients receive three albuterol treatments within the first hour of an acute exacerbation. Albuterol via nebulizer is used in many EMS systems by BLS providers. Allowing administration of albuterol by BLS providers can allow more rapid treatment of some asthmatics in the field, who would otherwise need to await ALS arrival or transport to the hospital to begin the treatment. Studies have demonstrated accuracy of BLS providers in assessing bronchospasm and safety of albuterol administration by BLS providers. Furthermore, studies have raised concern that absence of protocols	Comment acknowledged, no change. The administration of albuterol is included in the "assist patients with the administration of physician prescribed devices".

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		emphasizing use of albuterol can lead to inadequate treatment of asthma in the field and increased use of medications with less favorable side-effect profiles. Given current regulations authorize use of epinephrine for severe asthma by BLS providers, the lack of albuterol as a therapeutic option at the BLS level may result in administration of epinephrine in patients who would have responded to albuterol treatment.	
Section 100063(a)(8)(N) Page 6 Line 27	LA County EMS Agency	Revise the end of the sentence "including inhaled or nebulized albuterol and epinephrine devices." LA County recognizes the list is identified as an including but not limited to. However, albuterol is the first-line therapy for asthma and national guidelines recommend sick asthmatic patients receive three albuterol treatments within the first hour of an acute exacerbation. Albuterol via nebulizer is used in many EMS systems by BLS providers. Allowing administration of albuterol by BLS providers can allow more rapid treatment of some asthmatics in the field, who would otherwise need to await ALS arrival or transport to the hospital to begin the treatment. Studies have demonstrated accuracy of BLS providers in assessing	Comment acknowledged, no change. The administration of albuterol is included in the "assist patients with the administration of physician prescribed devices".

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		bronchospasm and safety of albuterol administration by BLS providers. Furthermore, studies have raised concern that absence of protocols emphasizing use of albuterol can lead to inadequate treatment of asthma in the field and increased use of medications with less favorable side-effect profiles. Given current regulations authorize use of epinephrine for severe asthma by BLS providers, the lack of albuterol as a therapeutic option at the BLS level may result in administration of epinephrine in patients who would have responded to albuterol treatment.	
Section 100063(a)(8)(N) Page 6 Line 27	REMSA	Add the following: ". . . but not limited to, patient-operated medication pumps, *medication inhalers and nebulizers,* sublingual nitrogylcerin, and self-administered . . ." as these are very common medical devices and essential in respiratory situations	Comment acknowledged, no change. The administration of albuterol is included in the "assist patients with the administration of physician prescribed devices".
Section 100063(b) Page 7	Kern County EMS	Add "Administer beta-2 specific bronchodilators by inhaled or nebulized routes for suspected asthma." Albuterol/atrovent is the first-line therapy for asthma and national guidelines recommend sick asthmatic patients receive three albuterol treatments within the first hour of an acute exacerbation.	Comment acknowledged, no change. EMTs may assist a patient with the administration of albuterol as it is included in the "assist patients with the administration of physician prescribed devices". Training in the administration of albuterol is not mandated for all EMTs and the intent is not to create "scope creep" as was done in the past

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		Albuterol/atrovent via nebulizer is used in many EMS systems by BLS providers. Allowing administration of albuterol/atrovent by BLS providers can allow more rapid treatment of some asthmatics in the field, who would otherwise need to await ALS arrival or transport to the hospital to begin the treatment. Studies have demonstrated accuracy of BLS providers in assessing bronchospasm and safety of albuterol administration by BLS providers. Furthermore, studies have raised concern that absence of protocols emphasizing use of albuterol can lead to inadequate treatment of asthma in the field and increased use of medications with less favorable side-effect profiles. Given current regulations authorize use of epinephrine for severe asthma by BLS providers, the lack of albuterol as a therapeutic option at the BLS level may result in administration of epinephrine in patients who would have responded to albuterol treatment. Inhaled and/or nebulized albuterol is commonly prescribed to patients for treatment in home.	that led to the Advanced EMT Regulations.
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	REMSA	Place the ability to monitor preexisting vascular access devices and intravenous lines with certain common and already EMSA-approved medications under Medical	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions

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		Director oversight instead of in the optional scope. Compile and include this list of EMSA-approved medications to include such things as low-dose potassium (20KCl), "banana bags" and other such items which have already been approved by EMSA to the individual LEMSAs and are being widely used	remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight, instead of in Optional Scope. Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality improvement monitoring. The process of accreditation for additives with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to optional scope of practice will result in needless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive multiple	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.

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		applications for approval of a specific additive, if each LEMSA requested. **In the 2nd comment draft now:** § 100063. Basic Scope of Practice of Emergency Medical Technician. (b) In addition to the activities authorized by subdivision (a) of this Section, **the medical director of the LEMSA may also establish policies and procedures** to allow a certified EMT or a supervised EMT student who is part of the organized EMS system and in the prehospital setting and/or during interfacility transport as part of an organized EMS system within the jurisdiction where the EMT is employed to: (1) Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid; (2)Transfer a patient, who is deemed appropriate for transfer by the transferring 44 physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley 45 catheters, tracheostomy tubes and/or indwelling vascular	

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		access lines, excluding 46 arterial lines; So this is basic still, just requires protocols, which is appropriate for accountability.	
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	ICEMA	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight instead of in the optional scope. Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality improvement monitoring. The process of accreditation for additives with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to optional scope of practice will result in needless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive 31 applications for approval of a specific additive if each LEMSA requested.	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.

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Section 100063(b)(4)(A-C) Page 7 Lines 2-19	Steve Carroll Ventura County EMS Agency	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight instead of in the optional scope. Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality improvement monitoring. The process of accreditation for additives with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to optional scope of practice will result in needless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive 31 applications for approval of a specific additive if each LEMSA requested.	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	LA County EMS Agency	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight instead of in the optional scope.	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these

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		Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality improvement monitoring. The process of accreditation for additives with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to optional scope of practice will result in needless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive 31 applications for approval of a specific additive if each LEMSA requested.	provisions were moved to another section to clarify the additional request and approval requirements.
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	Kern County EMS	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight instead of in the optional scope. Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.

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		improvement monitoring. The process of accreditation for additives with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to optional scope of practice will result in needless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive 31 applications for approval of a specific additive if each LEMSA requested.	
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	ICEMA	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA, similar to EMSA's preapproved hemostatic dressings list on EMSA's website. Maintain the approved list of additives approved within the basic scope of practice with LEMSA Medical Director oversight to prevent multiple LEMSAs from formally applying to authorize an EMT to transport a patient with an additive the EMSA Medical Director has already approved in another jurisdiction.	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to be approved separately a standardized list is unfeasible.
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	LA County EMS Agency	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA, similar to EMSA's preapproved hemostatic dressings list on EMSA's website. Maintain the approved list of additives approved within the basic scope of practice with	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to

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		LEMSA Medical Director oversight to prevent multiple LEMSAs from formally applying to authorize an EMT to transport a patient with an additive the EMSA Medical Director has already approved in another jurisdiction.	be approved separately a standardized list is unfeasible.
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	Kern County EMS	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA, similar to EMSA's preapproved hemostatic dressings list on EMSA's website. Maintain the approved list of additives approved within the basic scope of practice with LEMSA Medical Director oversight to prevent multiple LEMSAs from formally applying to authorize an EMT to transport a patient with an additive the EMSA Medical Director has already approved in another jurisdiction.	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to be approved separately a standardized list is unfeasible.
Section 100064(a)(1) Pages 8-9 Lines 21-44 & 2-8	ICEMA	Delete the use of perilaryngeal airway adjuncts as an optional scope of practice skill NHTSA's National EMS Education Standards and the National EMS Scope of Practice identify this to be within the scope of practice for the AEMT. This is a high risk, low frequency skill which has increasingly shown to have little benefit and potentially causing additional harm in certain subsets of patients. Bag-mask ventilation has been proven to be safe and effective in the field	Comment acknowledged, no change. The approval for the use of perilaryngeal airways is at the discretion of the local EMS agency medical director. Previous attempts to delete perilaryngeal airways from the EMT optional scope were opposed by local EMS agencies who approved this skill in their EMS systems.

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		setting. If a LEMSA wishes to incorporate perilaryngeal airway adjuncts in the EMT scope of practice, the trial study mechanism exists.	
Section 100064(a)(1) Pages 8-9 Lines 21-44 & 2-8	LA County EMS Agency	Delete the use of perilaryngeal airway adjuncts as an optional scope of practice skill NHTSA's National EMS Education Standards and the National EMS Scope of Practice identify this to be within the scope of practice for the AEMT. This is a high risk, low frequency skill which has increasingly shown to have little benefit and potentially causing additional harm in certain subsets of patients. Bag-mask ventilation has been proven to be safe and effective in the field setting. If a LEMSA wishes to incorporate perilaryngeal airway adjuncts in the EMT scope of practice, the trial study mechanism exists.	Comment acknowledged, no change. The approval for the use of perilaryngeal airways is at the discretion of the local EMS agency medical director. Previous attempts to delete perilaryngeal airways from the EMT optional scope were opposed by local EMS agencies who approved this skill in their EMS systems.
Section 100064 EMT Optional Skills Page 8, line 9 Page 10, line 20	Scott Schultz Fire Captain/Paramedic Orange County Fire Authority	Ms. Fishman, I am making my "Public Comment" on the proposed state changes to the EMT skills. I am referring to the "Optional" changes in section 100064, page 8, line 9 and page 10, line 20. The optional changes I'm concerned about are the 1) perilaryngeal airways and 2) Epinephrine drawn from a vial/ampule for SQ or IM administration.	Comment acknowledged, no change. The approval for the use of perilaryngeal airways and drawing up epinephrine is at the discretion of the local EMS agency medical director. Previous attempts to delete perilaryngeal airways from the EMT optional scope were opposed by local EMS agencies who approved this skill in their

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		My name is Scott Schultz and I am a Fire Captain / Paramedic for the Orange County Fire Authority. I've been a paramedic for 13 years and was an EMT for 7. With 20 years experience as an EMT and EMT/P…… I DO NOT THINK IT IS A GOOD IDEA TO PASS OR IMPLEMENT THESE TWO CHANGES. Dealing with a patient that is in need of an advanced airway or needing an airway adjunct like an LMA is a very challenging situation. Also, dealing with a patient in anaphylaxis that needs epinephrine is a very challenging situation. Both of these medical emergencies requires the education, training, skill and experience of an advanced paramedic and should not be delegated to EMT's.	EMS systems.
§ 100063.1, p.10, 20-21	Contra Costa EMS	Contra Costa EMS strongly opposes allowing EMTs to draw up epinephrine. There is data to suggest that paramedics make medication errors by not fully understanding the difference between doses (1:1000, 1:10000). This is a skill that requires training and the skill should be left to the paramedic level. The committee notes on the first public comment period suggests EMTs are not allowed to obtain a glucose because it is an "invasive skill" but will allow an EMT to draw up a medication and administer it through injection? This	Comment acknowledged, no change. This option is being offered as an alternative to the high cost of epinephrine auto injectors and would still require additional training and approval by the local EMS agency medical director.

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		seems to contradict the purpose behind denying EMTs the scope to obtain BGL before glucose administration, or alternatively, supports that EMTs should not be authorized to perform invasive skills. Recommend leaving the use of auto-injectors for EMT scope of practice. If EMSA chooses to adopt the proposed language, recommend adding to § 100074 that administration of medication by IM injection be included in the required clinical experience.	Comment acknowledged. Comment acknowledged, no change. Approval and training is discretionary upon the local EMS agency medical director and may not be utilized statewide.
Section 100064(a)(2) Pages 10-11 Lines 20-45 & 1-36	ICEMA	Move training and scope of practice for administration of epinephrine using a prefilled syringe and drawing up the proper drug for all primary training programs and currently certified EMTs.	Comment acknowledged, no change. Approval and training is discretionary upon the local EMS agency medical director and may not be utilized statewide.
Section 100064(a)(2) Pages 10-11 Lines 20-45 & 1-36	LA County EMS Agency	Move training and scope of practice for administration of epinephrine using a prefilled syringe and drawing up the proper drug for all primary training programs and currently certified EMTs. The EMT workgroup discussed the risks and benefits of additional training for drawing up epinephrine. As EMTs will be trained in drawing up of naloxone, the increase in training	Comment acknowledged, no change. Approval and training is discretionary upon the local EMS agency medical director and may not be utilized statewide. Comment acknowledged, no change. Those factors need to be considered when making the decision to utilize this optional scope.

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		for epinephrine for all EMTs would be minimal. Whereas, the time and costs associated to re-train personnel to administer medication in an alternative route are substantial. Epi-pen costs are extremely high, especially over the last few years and include very short expiry dates. Other states have implemented epinephrine by intramuscular injection for EMTs safely and effectively. The scope of practice should be in Section 100063(b) of this regulation and at the discretion of the LEMSA medical director.	
Section 100064(b)(3) Pages 11-12 Lines 42-46 and 2-41	LA County EMS Agency	Move Atropine and Pralidoxime (Duo-dote/Mark-I) into Section 100063(b) of this regulation. The National EMS Education Standards for EMR incorporate this pharmacologic intervention as part of the EMR basic competency. Section 100019(e) of Chapter 1.5, First Aid and CPR Standards and Training for Public Safety Personnel – authorize the administration of auto-injectors of Atropine and Pralidoxime (Duo-dote/Mark-I) for self or peer care. Basic first aid responders may be authorized to administer but an EMT is not unless the provider and LEMSA go through a much more tedious procedure of approval and monitoring in order to administer said medication to self or peers.	Comment acknowledged, no change. The administration of atropine and pralidoxime are not part of the EMT's basic training, therefore, if the LEMSA approves this optional skill, the EMT needs to complete focused training and competency testing.

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Section 100064(b)(3) Pages 11-12 Lines 42-46 and 2-41	Kern County EMS	Move Atropine and Pralidoxime (Duo-dote/Mark-I) into Section 100063(b) of this regulation. The National EMS Education Standards for EMR incorporate this pharmacologic intervention as part of the EMR basic competency. Section 100019(e) of Chapter 1.5, First Aid and CPR Standards and Training for Public Safety Personnel – authorize the administration of auto-injectors of Atropine and Pralidoxime (Duo-dote/Mark-I) for self or peer care. Basic first aid responders may be authorized to administer but an EMT is not unless the provider and LEMSA go through a much more tedious procedure of approval and monitoring in order to administer said medication to self or peers.	Comment acknowledged, no change. The administration of atropine and pralidoxime are not part of the EMT's basic training, therefore, if the LEMSA approves this optional skill, the EMT needs to complete focused training and competency testing.
Section 100064(b)(4) Pages 12-13 Lines 43-45 and 1-14	Steve Carroll Ventura County EMS Agency	Recommend deletion – See above comment on 100063(b)(4)(A-C)	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.
Section 100064(b)(4) Pages 12-13 Lines 43-45 and 1-14	LA County EMS Agency	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions

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		instead of in the optional scope. Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality improvement monitoring. The process of accreditation for additives with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to the Optional Scope of Practice will result in senseless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive 31 applications for approval of a specific additive if each LEMSA requested.	remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.
Section 100064(b)(4) Pages 12-13 Lines 43-45 and 1-14	ICEMA	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight instead of in the optional scope. Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.

Section/Page/Line	Commenter's Name	Comments/ Suggested Revisions	Response
		procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality improvement monitoring. The process of accreditation for additives with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to the Optional Scope of Practice will result in senseless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive 31 applications for approval of a specific additive if each LEMSA requested.	
Section 100064(b)(4) Pages 12-13 Lines 43-45 and 1-14	Kern County EMS	Reinstate the scope of practice and approval process for monitoring preexisting vascular access devices and intravenous lines within the LEMSA medical director oversight instead of in the optional scope. Moving to the Optional Scope of Practice requires accreditation and should be reserved for significant advanced medical procedures/therapies which a select group of individuals or organizations within a system receive extensive training, competency, and quality improvement monitoring. The process of accreditation for additives	Comment acknowledged, no change. This does not change medical director oversight as the process to request approval for different additives to IV solutions remains the same. The only difference is that these provisions were moved to another section to clarify the additional request and approval requirements.

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		with no vasoactive agents will result in additional significant costs and time for LEMSAs, EMS personnel, and provider agencies without a significant added benefit. Moving the additives to optional scope of practice will result in needless Paramedic transports when the patient only required EMT level of care. In addition, EMSA has the potential to receive 31 applications for approval of a specific additive if each LEMSA requested.	
Section 100063(b)(4)(A-C) Page 7 Lines 2-19	ICEMA	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA, similar to EMSA's preapproved hemostatic dressings list on EMSA's website. Maintain the approved list of additives approved within the basic scope of practice with LEMSA Medical Director oversight to prevent multiple LEMSAs from formally applying to authorize an EMT to transport a patient with an additive the EMSA Medical Director has already approved in another jurisdiction.	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to be approved separately a standardized list is unfeasible.
Section 100064(b)(4) Pages 12-13 Lines 43-45 and 1-14	LA County EMS Agency	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA, similar to EMSA's preapproved hemostatic dressings list on EMSA's website. Maintain the approved list of additives approved within the basic scope of practice with LEMSA Medical Director oversight to	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to be approved separately a

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		prevent multiple LEMSAs from formally applying to authorize an EMT to transport a patient with an additive the EMSA Medical Director has already approved in another jurisdiction.	standardized list is unfeasible.
Section 100064(b)(4) Pages 12-13 Lines 43-45 and 1-14	ICEMA	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA, similar to EMSA's preapproved hemostatic dressings list on EMSA's website. Maintain the approved list of additives approved within the basic scope of practice with LEMSA Medical Director oversight to prevent multiple LEMSAs from formally applying to authorize an EMT to transport a patient with an additive the EMSA Medical Director has already approved in another jurisdiction.	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to be approved separately a standardized list is unfeasible.
Section 100064(b)(4) Pages 12-13 Lines 43-45 and 1-14	Kern County EMS	Add a standardized list of approved medications/additives which LEMSA's have previously received approval from EMSA, similar to EMSA's preapproved hemostatic dressings list on EMSA's website. Maintain the approved list of additives approved within the basic scope of practice with LEMSA Medical Director oversight to prevent multiple LEMSAs from formally applying to authorize an EMT to transport a patient with an additive the EMSA Medical Director has already approved in another jurisdiction.	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to be approved separately a standardized list is unfeasible.

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Section 100064(b)(4) Pages 12 Lines 43-45	Riverside County EMS Agency (REMSA)	Revise to read: "Monitor preexisting vascular access devices and intravenous lines delivering fluids with ~~additional medications~~ *a medication other than one included on the approved list. Any such medication must be* pre-approved by the Director of the Authority. Approval of such medications . . . . "	Comment acknowledged, no change. Each local EMS agency needs to submit a separate request for approval for each approved additive to verify that EMTs receive the correct training and competency testing. Due to each additive needing to be approved separately a standardized list is unfeasible.
Section 100073(a)(3) Page 21 Line 35	Kern County EMS	Revise the Challenge provision as a requirement for all training programs to be optional but if programs desires to offer a challenge program to meet the requirements set forth. Many EMT programs lack sufficient resources or are institutionally prevented to offer a challenge process. The elements of a challenge option should remain for approval by the LEMSA.	Comment acknowledged, no change. The approved EMT training program needs to have a challenge examination in order receive approval. This could be the training program's final written and skills examinations given at the end of each course. These challenge exams are necessary for higher level healthcare providers, such as a registered nurse, to obtain EMT certification.
Section 100073(a)(3) Page 21 Line 35	ICEMA	Revise the Challenge provision as a requirement for all training programs to be optional but if programs desires to offer a challenge program to meet the requirements set forth. Many EMT programs lack sufficient resources or are institutionally prevented to offer a challenge process. The components of the challenge option should remain as written for approval by the LEMSA if	Comment acknowledged, no change. The approved EMT training program needs to have a challenge examination in order receive approval. This could be the training program's final written and skills examinations given at the end of each course. These challenge exams are necessary for higher level healthcare providers, such as a registered nurse, to obtain EMT

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		the program elects to have a challenge option.	certification.
Section 100073(a)(3) Page 21 Line 35	LA County EMS Agency	Revise the Challenge provision as a requirement for all training programs to be optional but if programs desires to offer a challenge program to meet the requirements set forth. Many EMT programs lack sufficient resources or are institutionally prevented to offer a challenge process. The components of the challenge option should remain as written for approval by the LEMSA if the program elects to have a challenge option.	Comment acknowledged, no change. The approved EMT training program needs to have a challenge examination in order receive approval. This could be the training program's final written and skills examinations given at the end of each course. These challenge exams are necessary for higher level healthcare providers, such as a registered nurse, to obtain EMT certification.
Section 100075(d) Pages 24-25 Lines 15-43 and 1-16	LA County EMS Agency	Reinstate the epinephrine training in the required course content. Administration of epinephrine for anaphylaxis/severe respiratory distress is not incorporated in the National EMS Education Standards nor the National EMS Scope of Practice model. Training in assisting patients with their own emergency medications has existed for a significant amount of time but varies from textbook to textbook and LEMSA to LEMSA. Training EMTs to assess and determine to provider impression and initiate a pharmacologic intervention is a different process which currently does not exist. The only medication which this training exists is the administration of oral glucose for suspected hypoglycemia	Comment acknowledged Change made

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		and more recently administration of aspirin.	
Section 100075(d) Pages 24-25 Lines 15-43 and 1-16	ICEMA	Reinstate the epinephrine training in the required course content.	Comment acknowledged change made
Section 100075(d) Pages 24-25 Lines 15-43 and 1-16	Kern County EMS	Reinstate the epinephrine training in the required course content. Administration of epinephrine for anaphylaxis/severe respiratory distress is not incorporated in the National EMS Education Standards nor the National EMS Scope of Practice model. Training in assisting patients with their own emergency medications has existed for a significant amount of time but varies from textbook to textbook and County to County. Training EMTs to assess and determine to provider impression and initiate a pharmacologic intervention is a different process which currently does not exist. The only medication which this training exists is the administration of oral glucose for suspected hypoglycemia and more recently administration of aspirin.	Comment acknowledged change made
Section 100075(e) Pages 26-37 Lines 18(p26) - 37(p37)	LA County EMS Agency	Delete or Revise Tactical Casualty Care principles to an overview and core content.	Comment Acknowledged. No change. The proposed tactical content in the EMT Regulations is consistent with the course content approved by the California Tactical EMS Advisory Committee.

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		Listed content requirements are copied and pasted from a guideline currently in a taskforce/workgroup and public comment. Subject matter experts in tactical casualty care within the workgroup are still debating the content included in the guideline. The content exceeds the knowledge and skills required for an EMT to care for an individual as part of a rescue task force managing patients within the warm zone. The content should not exceed the requirements outlined in Chapter 1.5 of Title 22, First Aid and CPR Standards and Training for Public Safety Personnel. With the guideline is still in process of development and approval, we recommend deletion of requirement. The training is also not included in EMT recertification requirements which will result in thousands of EMTs who are not required to attain this training.	Public Safety Personnel are non-certified, non- licensed and thus are not required to train on the additional topics required by EMTs, as EMTs will provide a higher level of care during these types of incidents.
Section 100075(e) Pages 26-37 Lines 18(p26) - 37(p37)	Kern County EMS	Delete or Revise Tactical Casualty Care principles to an overview and core content. Listed content requirements are copied and pasted from a guideline currently in a taskforce/workgroup	Comment Acknowledged. No change. The proposed tactical content in the EMT Regulations is consistent with the course content approved by the California Tactical EMS Advisory Committee. Public Safety Personnel are non-certified, non- licensed and thus are not required to train on

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		and public comment. Subject matter experts in tactical casualty care within the workgroup are still debating the content included in the guideline. The content exceeds the knowledge and skills required for an EMT to care for an individual as part of a rescue task force managing patients within the warm zone. The content should not exceed the requirements outlined in Chapter 1.5 of Title 22, First Aid and CPR Standards and Training for Public Safety Personnel. With the guideline is still in process of development and approval, we recommend deletion of requirement. The training is also not included in EMT recertification requirements which will result in thousands of EMTs who are not required to attain this training.	the additional topics required by EMTs, as EMTs will provide a higher level of care during these types of incidents.. Comment Acknowledged. No change. This training is discretionary on the EMTs and their employers.
Section 100075(e) Pages 26-37 Lines 18(p26) - 37(p37)	REMSA	Tactical Casualty Care This is significant content to be added to basic training, yet there are no mandates or provisions for the 1000s of current EMTs to receive this training, resulting in an EMT population that is split between the haves and have nots, with no way to determine the difference. If it is that important to have, then there needs to be provisions made for current EMTs to receive it.	Comment Acknowledged. No change. This training is discretionary on the EMTs and their employers.
100075 Page 30 Line 39	Steve Carroll Ventura County EMS Agency	Appears to be numbered incorrectly - (g) should be (f)	Comment acknowledged Change made

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§ 100079, p.31	Contra Costa EMS	This section remains unclear and confusing. First, the definition of cognitive and psychomotor examination is used inter-changeably with "NREMT examination" in other sections of the regulations. Recommend defining the examination as the NREMT examination for consistently and clarity through the regulations. Second, subsection (1) contradicts subsection (4): Why would someone take the NREMT exams and be required to also have a valid course completion when subsection (4) requires merely an NREMT registration certificate. If you have met the requirements for subsection (1), you have by default met the requirements and meet the criteria for certification under subsection 4, and vice versa. Recommend eliminating the superfluous language of subsection (1) and merely require candidates to demonstrate they have an NREMT registration certificate and have attended an approved EMT training program. Eliminate subsection (4) and replace subsection (1) with the following	 Comment Acknowledged. No change. Sections 100059 and 100059.1 define the NREMT as the certifying cognitive and psychomotor examinations. A review of the chapter showed that all NREMT Examinations, Skills Exams, and Written exams had been updated to be consistent. Comment acknowledged, no change. These different subsections allow for different pathways for eligibility for EMT certification. Subsection (1) applies to recent primary EMT training and subsection (4) applies to those individuals who completed their primary training greater than two years ago but hold a current NREMT certificate.

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		language: (1) Possess a current and valid Nationally Registration EMT, advanced EMT, or paramedic registration certificate and proof of completion of an approved EMT or paramedic training program.	
100079(b) Page 32 Line 37	Steve Carroll Ventura County EMS Agency	Appears to be numbered incorrectly - (8) should be (9)	Comment acknowledged Change made
§ 100079, p.39	Contra Costa EMS	The phrase "The certifying entity shall receive the State and Federal criminal background check results before issuing a certification" is repeated several times through the proposed certification and recertification regulations. This sentence should be removed and placed in the section about updating central registry (see § 100343.1) and should read: "the certifying entity shall not issue an EMT certificate or renew an expired EMT certificate unless the certifying entity has received the results of a Department of Justice criminal offender record information (CORI) background check and verified that the applicant is not prohibited from certification."	Comment acknowledged, no change. Chapter 10, the California EMT Central Registry Chapter of Regulations is not open for public comment at this time. This provision is added to clarify the certifying entity's role to determine eligibility for EMT certification and to protect the public's health and safety. Several EMT certifying entities have issued EMT certifications prior to receiving and reviewing criminal background checks only to discover some EMTs were precluded from certification.
100080 Page 35 Line 24	Steve Carroll Ventura County EMS Agency	Delete skill requirement as written and reinstate skills verification and form as described below in next comment.	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original

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		The current language as written cannot be enforced or verified with providers across the State for the purposes of recertification and validation of competency.	language. The Form will be revised based on comments received below.
Section 100080(a) Pages 35-36 Lines 43-46 and 1-8	Steve Carroll Ventura County EMS Agency	Reinstate and Revise: "Submit a completed skills competency verification form, EMSA-SCV (09/16). Form EMSA-SCV (09/16) is herein incorporated by reference.	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
		Skills competency shall be verified by authorized personnel from an approved California EMS training program (EMT, AEMT, or Paramedic) or authorized personnel from a California EMS CE provider that is approved for skills verification by the LEMSA where the CE provider is located. Approval shall be recognized state-wide.	The commenter has not demonstrated that there is a problem that would require restricting competency verification to approved training programs (EMT, AEMT, Paramedic) or continuing education providers. Requiring only LEMSA approval where the training program or CE provider is located disproportionally impacts statewide public safety agencies because the EMS Authority approves statewide public safety agency's EMT training programs.
		Program and authorized personnel verification shall be obtained from the Authority's training programs database.	Comment acknowledged, no change. The suggestion would require a statewide information technology project approval

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			process requiring funding that is currently not available.
		Verification of skills competency shall be valid during the current certification cycle." EMT skills are the foundation of care in EMS and should continue to maintain a level skill competency.	Comment acknowledged, no change. Two years coincides with the current EMT certification cycles. If an EMT recertifies prior to expiration, they will be required to submit a completed skills competency verification form per the recertification requirements in this chapter.
100080 Page 35 Line 24	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Delete skill requirement as written and reinstate skills verification and form as described below in next comment. The current language as written cannot be enforced or verified with providers across the State for the purposes of recertification and validation of competency.	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
Section 100080(a) Pages 35-36 Lines 43-46 and 1-8	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Reinstate and Revise: "Submit a completed skills competency verification form, EMSA-SCV (09/16). Form EMSA-SCV (09/16) is herein incorporated by reference. Skills competency shall be verified by authorized personnel from an approved California EMS training program (EMT, AEMT, or Paramedic) or authorized personnel from a California EMS CE provider that is approved for skills verification by the LEMSA where the CE provider is	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		located. Approval shall be recognized state-wide. Program and authorized personnel verification shall be obtained from the Authority's training programs database. Verification of skills competency shall be valid during the current certification cycle." EMSAAC does not believe the skills competency verification is "broken." However, the process which the Regulations authorized skill competency to be verified is. EMT skills are the foundation of care in EMS and a vocational trade which should continue to maintain a level skill competency.	
Section 100080(a)(2)(B)2 Page 35 Lines 24-25	Kern County EMS	Delete skill requirement as written and reinstate skills verification and form as described below in next comment. The current language as written cannot be enforced or verified with providers across the State for the purposes of recertification and validation of competency.	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
Section 100080(a) Pages 35-36 Lines 43-46 and 1-8	Kern County EMS	Reinstate and Revise: "Submit a completed skills competency verification form, EMSA-SCV (09/16). Form EMSA-SCV (09/16) is herein incorporated by reference. Skills competency shall be verified by	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below. The commenter has not

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		an approved California EMS training program (EMT, AEMT, or Paramedic) or a California EMS CE provider approved for skills verification by the LEMSA which the entity is headquartered. Approval shall be recognized state-wide.	demonstrated that there is a problem that would require restricting competency verification to approved training programs (EMT, AEMT, Paramedic) or continuing education providers. Requiring only LEMSA approval where the training program or CE provider is located disproportionally impacts statewide public safety agencies because the EMS Authority approves statewide public safety agency's EMT training programs.
		Program verification shall be obtained from the Authority's training programs database. Verification of skills competency shall be valid during the current certification cycle." Kern County does not believe the skills competency verification is "broken." However, the process which the Regulations authorized skill competency to be verified is. EMT skills are the foundation of care in EMS and a vocational trade which should continue to maintain a level skill competency.	Comment acknowledged, no change. The suggestion would require a statewide information technology project approval process requiring funding that is currently not available.
Section 100080(a)(2)(B)2 Page 35 Lines 24-25	LA County EMS Agency	Delete skill requirement as written and reinstate skills verification and form as described below in next comment. The current language as written cannot be enforced or verified with	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments

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		providers across the State for the purposes of recertification and validation of competency.	received below.
Section 100080(a) Pages 35-36 Lines 43-46 and 1-8	LA County EMS Agency	Reinstate and Revise: "Submit a completed skills competency verification form, EMSA-SCV (09/16). Form EMSA-SCV (09/16) is herein incorporated by reference.	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
		Skills competency shall be verified by an approved California EMS training program (EMT, AEMT, or Paramedic) or a California EMS CE provider approved for skills verification by the LEMSA where the entity is headquartered. Approval shall be recognized state-wide.	The commenter has not demonstrated that there is a problem that would require restricting competency verification to approved training programs (EMT, AEMT, Paramedic) or continuing education providers. Requiring only LEMSA approval where the training program or CE provider is located disproportionally impacts statewide public safety agencies because the EMS Authority approves statewide public safety agency's EMT training programs.
		Program verification shall be obtained from the Authority's training programs database. Verification of skills competency shall be valid during the current certification cycle." LA County does not believe the skills competency verification is "broken."	Comment acknowledged, no change. The suggestion would require a statewide information technology project approval process requiring funding that is currently not available.

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		However, the process which the Regulations authorized skill competency to be verified is broken. EMT skills are the foundation of care in EMS and a vocational trade which should continue to maintain an established standard of skill competency.	
Section 100080(a)(5) et al Page 36 Lines 12-13	Kern County EMS	Revise to read "…by an approved EMT training program or EMS CE provider approved by the LEMSA to provide the following training:" All EMT and EMS CE programs should be eligible to provide the training as long as the training is reviewed and approved by the LEMSA to provide training opportunities for every EMT in the State to meet the new requirements. EMT programs may lack sufficient resources or are institutionally/organizationally prevented to offer training to EMTs outside of their personnel or provide EMS continuing education.	Comment acknowledged, no change. The commenter has not demonstrated a problem that would justify requiring the training programs or CE providers to go through an additional approval process. Providing these courses is at the discretion of the training programs and CE providers. If they lack resources, it's the programs choice to not provide the course. Restricting the approval would also disproportionately affect statewide programs as they are approved by EMSA.
Section 100080(a) Pages 35-36 Lines 43-46 and 1-8	Orange County EMS Agency	Reinstate and Revise: "Submit a completed skills competency verification form, EMSA-SCV (09/16). Form EMSA-SCV (09/16) is herein incorporated by reference. Skills competency shall be verified by an approved California EMS training program (EMT, AEMT, or Paramedic) or a California EMS CE provider approved for skills verification by the LEMSA where the entity is	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		headquartered. Approval shall be recognized state-wide. Program verification shall be obtained from the Authority's training programs database. Verification of skills competency shall be valid during the current certification cycle." Orange County does not believe the skills competency verification is "broken." However, the process which the Regulations authorized skill competency to be verified is broken. EMT skills are the foundation of care in EMS and a vocational trade which should continue to maintain an established standard of skill competency.	
Section 100080(a)(5) et al Page 36 Lines 12-13	LA County EMS Agency	Revise to read "…by an approved EMT training program or EMS CE provider approved by the LEMSA to provide the following training:" All EMT and EMS CE programs should be eligible to provide the training as long as the training is reviewed and approved by the LEMSA to provide training opportunities for every EMT in the State to meet the new requirements. EMT programs may lack sufficient resources or are institutionally/organizationally prevented to offer training to EMTs outside of their personnel or provide EMS continuing education.	Comment acknowledged, no change. The commenter has not demonstrated a problem that would justify requiring the training programs or CE providers to go through an additional approval process. Providing these courses is at the discretion of the training programs and CE providers. If they lack resources, it's the programs choice to not provide the course. Restricting the approval would also disproportionately affect statewide programs as they are approved by EMSA.

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§ 100080(2)(a), p.35, l-6-7	Contra Costa EMS	Section currently states "A) Successfully complete a twenty-four (24) hour refresher course from an approved EMT training program within the 24 months prior to applying for renewal."	Comment acknowledged, no change. The current subsection allows for two options, completion of a 24-hour refresher course or complete 24-hours of continuing education. Proposed amendments to this subsection clarify refresher course or continuing education.
		The language proposed in this section is confusing and contradicts the CE requirement section of the regulations. For example, if an applicant has been expired for 10 years this section could be interpreted that completing a refresher program is the only requirement for renewal. If this is the intent, the section undermines the value of current education for emergency responders (EMTs) and the fact that EMS is continually progressing new skills and minimum didactic knowledge for EMTs.	The requirements for reinstating (aka renewing an expired certificate) are addressed in the next section, 100081, Reinstatement of an Expired California EMT Certification.
		This should read something to the effect of: "Successfully complete a twenty-four (24) hour refresher course from an approved EMT training program within the current certification cycle or within 12 months of expiration of the current EMT certificate."	Comment acknowledged, no change. Course completion records, either a refresher course or continuing education, are valid for two years.
§ 100080(B)(1), p.35, l.20-22.	Contra Costa EMS	This provision is vague and overbroad as to the phrase "may be used to	Comment acknowledged, no change. As indicated in Sub-

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		renew multiple licensure/certification types."	Section 100080 (a) (2) (B), continuing education units need to be from an approved EMS CE provider. The intent of this amendment is to allow an individual to use EMS CEs for their EMT certification and paramedic license renewals, if the individual holds separate credentials to avoid the burden of requiring an individual from taking CE separately for different credentials.
		This provision should be moved to the CE regulations and should not be contained in the recertification regulations.	Comment acknowledged, no change. The CE Regulations are not open for amendment.
		What license or certificate can they be used to renew? EMR? First Aid? Can a paramedic take an EMT refresher and receive credit for paramedic renewal? If so, does this mean that a paramedic is never again required to obtain CE at the paramedic level and can reduce their level of continuing education to the EMT level for the duration of their career?	Comment acknowledged, no change. As long as the CE is obtained from an EMS approved CE provider, the CE could be valid. Currently there is no distinction in regulations for advanced or basic CEs for either EMTs or paramedics to renew their certification or license.
100080/35/24	North Coast EMS	We are not clear how an EMT that is not affiliated with a provider will be able to show any skills competency. As worded if an EMT is not working for a provider they will not have to show any skills maintenance or competency. We still feel that the	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		skills verification form is the easiest way to show skills competency for all EMT.	
Section 100080(a)(2)(B)2 Page 35 Lines 24-25	ICEMA	Delete skill requirement as written and reinstate skills verification and form as described below in next comment. The current language as written cannot be enforced or verified with providers across the State for the purposes of recertification and validation of competency.	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
100080(a)(2)(B)2 p.35 Line 24-25	Contra Costa EMS	This section is confusing, provides no specific direction or guidance on what is a minimum competency requirement statewide, and allows for serious disparity in EMT skills maintenance throughout the state and more significantly, within each EMS system who has multiple EMS providers with different QIPs. EMTs are state certified. Allowing EMS service providers to determine the method, manner and criteria for skills competency and maintenance and a local level and at the discretion of each EMS service provider would create a wide variation in EMT skills competency throughout the state and the local EMS systems; there would be no state baseline for determining EMT skills competency. In other words, an EMT who was determined to be competent in skills in Santa	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		Clara may not be deemed competent in their skills in Los Angeles, and vice versa. Moreover, this would have serious implications with respect to determining gross negligence and incompetency as defined in Health and Safety Code §1798.200(c) because there would be no standard even within the same community because each EMS service provider is determining what competency is and how it will be determined. This proposed language would also require an EMT to be employed as an EMT by an EMS service provider before they could renew their EMT certificate since the only way they could obtain skills verification is to be "actively employed" by am "EMS service provider" who has a QIP. What if an EMT is not employed by an EMS service provider? How do they obtain skills competency then? What about EMTs who work for a water park or senior living center who are not a part of an EMS system but practice as an EMT? How do we determine they have maintained their skills competency? This previous version that has strike through (section B) should be	

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		reinstated or an alternative method ensuring a statewide standard and baseline for EMT skills competency and maintenance should be proposed rather than leaving the determination of competency to the individual EMS service providers and local levels. If EMSAAC is determined to have the current proposed language requiring EMS service providers to determine EMT skills competency, then this LEMSA would recommend that the regulations go to the way it was before the proposed changes and reincorporate a skills competency verification form.	
100080 EMT Certification Renewal (B)(2) + multiple additional sections Page 35	Daniel Peck	Clarify which skills require proof of competency, or is the skills competency meant to be generic and is up to the EMS service providers? Can the LEMSA dictate the skills that require competency proof and the methods of proof?	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
100080 Page 35 Line 24	James Salvante Coastal Valleys EMS Agency	Define "EMS service provider" and the expectations of such providers in verifying skills competency. If EMS Service providers are verifying competency for statewide certification, clear expectations at the state level are needed to maintain consistency. Each "EMS service provider" may have a different idea about what "competency" means. EMSQIPs are not consistent across	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		the state, so competency requirements should be in regulations. (2)Skills maintenance and competency shall be met either: (A)Through documented verification of competency from an EMS Service Provider where the EMT is employed as part of the organized EMS System. EMS Service Providers verifying competency must attest to the competency of the EMT consistent with those competencies documented on the skills competency verification form, EMSA-SCV. Form EMSA-SCV is herein incorporated by reference. Any EMS Service Provider attesting to skills competency of an EMT shall submit proof of verified competency upon the request of the EMT's certifying entity. (B) By completing an EMT refresher program incorporating the required skills competency verification competencies as documented on the skills competency verification form, EMSA-SCV. Form EMSA-SCV is herein incorporated by reference. EMS Training Programs shall maintain records of skills competency verification documented on EMSA-SCV and shall submit proof of verified competency upon the request of the EMT's certifying entity.	

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Section 100080(a) Pages 35 Lines 24-25	REMSA	Delete	Comment acknowledged Comment accepted The EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
§ 100080, p.35, l.39-41.	Contra Costa EMS	This section has superfluous language and should be revised as follows: Starting 24 months after the effective date of these regulations, any EMT renewing a certificate for the first time, ~~following implementation,~~ shall submit verification ~~documentation~~ of successful completion by an approved EMT training program or approved CE provider ~~in~~ of the following training:	Comment refers to §100080 (a) (5), pg. 36, lines 10-13. Comment acknowledged, no change, suggested language does not provide anymore clarify than what is proposed.
Section 100080(a) Pages 35-36 Lines 43-46 and 1-8	REMSA	Maintain Skills Competency Verification (SCV) as it is in the current regulations with the change that "Skills competency shall be verified by direct observation ~~of an actual or . . . .~~" from an approved skills verifier. A list of approved verifiers shall be maintained by the LEMSA for their jurisdiction; approval will be recognized statewide. "Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification."	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below. The LEMSAs currently have the ability to create and maintain a list of skills verifiers. Mandating each of the 33 LEMSAs to create and maintain this list may be too burdensome for some LEMSAs and may not apply to

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			public safety EMT certifying entities.
Section 100080(a)(5) et al Page 36 Lines 12-13	ICEMA	Revise to read "…by an approved EMT training program or EMS CE provider approved by the LEMSA to provide the following training:"	Comment acknowledged, no change. The commenter has not demonstrated a problem that would justify requiring the training programs or CE providers to go through an additional approval process. Providing these courses is at the discretion of the training programs and CE providers. If they lack resources, it's the programs choice to not provide the course. Restricting the approval would also disproportionately affect statewide programs as they are approved by EMSA.
Section 100080(a) Pages 35-36 Lines 43-46 and 1-8	ICEMA	Reinstate and Revise: "Submit a completed skills competency verification form, EMSA-SCV (09/16). Form EMSA-SCV (09/16) is herein incorporated by reference. Skills competency shall be verified by an approved California EMS training program (EMT, AEMT, or Paramedic) or a California EMS CE provider approved for skills verification by the LEMSA where the entity is headquartered. Approval shall be recognized state-wide. Program verification shall be obtained from the Authority's training programs database. Verification of skills competency shall be valid during the	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		current certification cycle." ICEMA does not believe the skills competency verification is "broken." However, the process which the Regulations authorized skill competency to be verified is broken. EMT skills are the foundation of care in EMS and a vocational trade which should continue to maintain an established standard of skill competency.	
§ 100080(4), p.37, l.32-33.	Contra Costa EMS	What is a Commanding Officer? This section should not be left to the discretion of a clerk or EMT working at a certifying entity or LEMSA to decipher. Moreover, a CO may not have any idea about the medical or CE training the applicant received while on active duty or oversees. Furthermore, the CO may be oversees and unavailable to sign or verify such training. It is recommended that EMSA consider revising to the effect of: The verification of continuing education for active duty or deployed personnel shall be on a form approved by EMSA and signed by the person's training officer.	Comment acknowledged, no change. The intent of this provision is to require a high level of verification of training. This is not a new provision, it is merely broken out for clarification. The commenter has not demonstrated that the requirement of a commanding officer attestation is a problem.
100081(a)(1)(B)2 p.38 Line 21-22	Contra Costa EMS	This section is confusing, provides no specific direction or guidance on what is a minimum competency requirement statewide, and allows for serious disparity in EMT skills	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be

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		maintenance throughout the state and more significantly, within each EMS system who has multiple EMS providers with different QIPs. EMTs are state certified. Allowing EMS service providers to determine the method, manner and criteria for skills competency and maintenance and a local level and at the discretion of each EMS service provider would create a wide variation in EMT skills competency throughout the state and the local EMS systems; there would be no state baseline for determining EMT skills competency. In other words, an EMT who was determined to be competent in skills in Santa Clara may not be deemed competent in their skills in Los Angeles, and vice versa. Moreover, this would have serious implications with respect to determining gross negligence and incompetency as defined in Health and Safety Code §1798.200(c) because there would be no standard even within the same community because each EMS service provider is determining what competency is and how it will be determined. This proposed language would also require an EMT to be employed as an EMT by an EMS service provider	revised based on comments received below.

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		before they could renew their EMT certificate since the only way they could obtain skills verification is to be "actively employed" by am "EMS service provider" who has a QIP. What if an EMT is not employed by an EMS service provider? How do they obtain skills competency then? What about EMTs who work for a water park or senior living center who are not a part of an EMS system but practice as an EMT? How do we determine they have maintained their skills competency? This previous version that has strike through (section B) should be reinstated or an alternative method ensuring a statewide standard and baseline for EMT skills competency and maintenance should be proposed rather than leaving the determination of competency to the individual EMS service providers and local levels. If EMSAAC is determined to have the current proposed language requiring EMS service providers to determine EMT skills competency, then this LEMSA would recommend that the regulations go to the way it was before the proposed changes and reincorporate a skills competency verification form.	

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Section 100081 Page 38 Lines 21-22	Riverside County EMS Agency (REMSA)	Delete	Comment acknowledged Comment accepted The EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
Section 100081 Page 38 & 39 Lines 40-49 & Lines 1-5	REMSA	Revise to read: (E) Submit a skills competency verification form, EMSA-SCV (08/10), completed as per the process described in Section 100080	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
100081(a)(2)(B)2 p.40 Line 11-12	Contra Costa EMS	This section is confusing, provides no specific direction or guidance on what is a minimum competency requirement statewide, and allows for serious disparity in EMT skills maintenance throughout the state and more significantly, within each EMS system who has multiple EMS providers with different QIPs. EMTs are state certified. Allowing EMS service providers to determine the method, manner and criteria for skills competency and maintenance and a local level and at the discretion of each EMS service provider would create a wide variation in EMT skills competency throughout the state and	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		the local EMS systems; there would be no state baseline for determining EMT skills competency. In other words, an EMT who was determined to be competent in skills in Santa Clara may not be deemed competent in their skills in Los Angeles, and vice versa. Moreover, this would have serious implications with respect to determining gross negligence and incompetency as defined in Health and Safety Code §1798.200(c) because there would be no standard even within the same community because each EMS service provider is determining what competency is and how it will be determined. This proposed language would also require an EMT to be employed as an EMT by an EMS service provider before they could renew their EMT certificate since the only way they could obtain skills verification is to be "actively employed" by am "EMS service provider" who has a QIP. What if an EMT is not employed by an EMS service provider? How do they obtain skills competency then? What about EMTs who work for a water park or senior living center who are not a part of an EMS system but practice as an EMT? How do we determine they have maintained their	

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		skills competency? This previous version that has strike through (section B) should be reinstated or an alternative method ensuring a statewide standard and baseline for EMT skills competency and maintenance should be proposed rather than leaving the determination of competency to the individual EMS service providers and local levels. If EMSAAC is determined to have the current proposed language requiring EMS service providers to determine EMT skills competency, then this LEMSA would recommend that the regulations go to the way it was before the proposed changes and reincorporate a skills competency verification form.	
Section 100081 Page 40 Lines 11-12	REMSA	Delete	Comment acknowledged Comment accepted The EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
Section 100081 Page 40 Lines 32-43	REMSA	Revise to read: (E) Submit a skills competency verification form, EMSA-SCV (08/10), completed as per the process described in Section 100080	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments

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			received below.
100081(a)(3)(B)2 p.41 Line 3-4	Contra Costa EMS	This section is confusing, provides no specific direction or guidance on what is a minimum competency requirement statewide, and allows for serious disparity in EMT skills maintenance throughout the state and more significantly, within each EMS system who has multiple EMS providers with different QIPs. EMTs are state certified. Allowing EMS service providers to determine the method, manner and criteria for skills competency and maintenance and a local level and at the discretion of each EMS service provider would create a wide variation in EMT skills competency throughout the state and the local EMS systems; there would be no state baseline for determining EMT skills competency. In other words, an EMT who was determined to be competent in skills in Santa Clara may not be deemed competent in their skills in Los Angeles, and vice versa. Moreover, this would have serious implications with respect to determining gross negligence and incompetency as defined in Health and Safety Code §1798.200(c) because there would be no standard	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.

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		even within the same community because each EMS service provider is determining what competency is and how it will be determined. This proposed language would also require an EMT to be employed as an EMT by an EMS service provider before they could renew their EMT certificate since the only way they could obtain skills verification is to be "actively employed" by am "EMS service provider" who has a QIP. What if an EMT is not employed by an EMS service provider? How do they obtain skills competency then? What about EMTs who work for a water park or senior living center who are not a part of an EMS system but practice as an EMT? How do we determine they have maintained their skills competency? This previous version that has strike through (section B) should be reinstated or an alternative method ensuring a statewide standard and baseline for EMT skills competency and maintenance should be proposed rather than leaving the determination of competency to the individual EMS service providers and local levels. If EMSAAC is determined to have the current proposed language requiring	

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		EMS service providers to determine EMT skills competency, then this LEMSA would recommend that the regulations go to the way it was before the proposed changes and reincorporate a skills competency verification form.	
Section 100081 Page 42 Lines 3-4	REMSA	Delete	Comment acknowledged Comment accepted The EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
100081/41/28	North Coast EMS	This section states that for a lapse of 12 months or more but doesn't give a cut off date, so it implies that any expired EMT is eligible for reinstatement by meeting these requirements. As we interpret this, an EMT that has been expired for 20 years could reinstate by simply meeting these new regulations. We suggest keeping the wording "but less than twenty-four (24) months lapsed" in this section.	Comment acknowledged, no change. The intent of this change was to remove the cutoff date so that all EMT certifications lapsed over 12 months will be processed the same. The NREMT psychomotor and cognitive exams are developed to test for entry level competency and are required for a lapse of over 12 months. This amendment was also made to be consistent with the NREMT re-entry process.
§100081(a)(3), p.41, l.28-29	Contra Costa EMS	This section allows an EMT who has been expired, for example for 5 years or more, to challenge the NREMT exam and complete 48 hours of CE without taking an EMT course. The curriculum and content of courses is	Comment acknowledged, no change. The intent of this change was to remove the cutoff date so that all EMT certifications lapsed over 12 months will be processed the

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		evolving and to allow an EMT to return to an EMS service with an EMT certificate after having been out of the industry for many years poses a threat to the public health and safety. EMTs should be required to attend another EMT training program after being expired for more than 24 months. Moreover, the proposed language requires EMTs to obtain skills maintenance and competency from an EMS service provider. If this is the intent, what EMT is going to be expired for more than 12 months but still working at an EMS service provider where they can obtain skills verification? See comments to EMT skills verification, supra.	same. The NREMT psychomotor and cognitive exams are developed to test for entry level competency and are required for a lapse of over 12 months. This amendment was also made to be consistent with the NREMT re-entry process. Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
Section 100081 Page 40 Lines 21-32	REMSA	Revise to read: (E) Submit a skills competency verification form, EMSA-SCV (08/10), completed as per the process described in Section 100080	Comment acknowledged, the EMT Skills Competency Verification section will be reinstated with the original language. The Form will be revised based on comments received below.
Section 100082(e) Page 44 Lines 22-26	ICEMA	Revise to read: "The local EMS agency shall develop and implement policies for the medical control and medical accountability of care rendered by the EMT. This shall include, but not be limited to, the EMT completing an electronic patient care record (ePCR) which is compliant with	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and

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		the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information Systems (NEMSIS) standards if the LEMSA collects EMT patient care data." Add 1797.227 to Authority cited at the end of this subsection.	provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols. Comment acknowledged, change made.
Section 100082(e) Page 44 Lines 22-26	Steve Carroll Ventura County EMS Agency	As this is already addressed in 1797.227, we feel the proposed language is unnecessary in the EMT Regulations and recommend deletion.	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
Section 100082(e) Page 44	Bryan Cleaver, President Emergency Medical	As this is already addressed in 1797.227, EMSAAC feels the	Comment acknowledged, the provision to require completion

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Lines 22-26	Administrators' Association of California (EMSAAC)	proposed language is unnecessary in the EMT Regulations and we recommend deletion.	of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
100082. Record Keeping (e) Page 44 line 22	James Salvante Coastal Valleys EMS Agency	Revise. Responsibility for completion of ePCRs should rest with the EMS service provider agency in conformity with LEMSA medical control policy. Variability across the state exists in regard to internet access and funding for compliant ePCR systems. All EMS care provided should be documented by those providing the care, and if data can be submitted it must be compliant with current standards. When electronic reporting is not possible, due to connectivity or technical issues, completion of a paper PCR should be allowed as an interim process. Suggest:	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.

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		"Any EMS Service Provider employing EMTs as part of the organized EMS system shall comply with Local EMS Agency polices for patient care report completion and electronic patient care record (ePCR) data submission compliant with current versions of the California Emergency Medical Services Information System (CEMSIS) and National Emergency Medical Services Information System (NEMSIS) standards." The Local EMS Agency shall develop and implement policies for medical control and medical accountability that shall include, but not be limited to, completion of patient care records and electronic patient care record (ePCR) data submission compliant with current versions of the California Emergency Medical Services Information System (CEMSIS) and National Emergency Medical Services Information System (NEMSIS) standards. The above would allow LEMSAs to address local issues and system challenges while maintaining the requirement to both report data in the required format when reporting and ensure all patient care provided by EMS Service Providers is documented even when ePCR systems are out-of-service or	

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		unavailable.	
Section 100082(e) Page 44 Lines 22-26	Kern County EMS	Revise to read: "The local EMS agency shall develop and implement policies for the medical control and medical accountability that shall include but not limited to, if the LEMSA collects EMT patient care data an electronic patient care record (ePCR) completed by the EMT compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information Systems (NEMSIS) standards).." The language must allow for the flexibility which current law only requires the LEMSA to be compliant with above said standards if patient care record data is collected by the LEMSA. Requiring compliance of all EMTs in California adds significant costs to providers and LEMSAs which have systems in place to meet the needs and requirements at the ALS level to collect patient care data and evaluate their system.	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
Section 100082(e) Page 44 Lines 22-26	LA County EMS Agency	Revise to read: "The local EMS agency shall develop and implement policies for the medical control and medical accountability of care rendered by the EMT. This shall include, but not be limited to, the EMT completing an electronic patient care	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of

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		record (ePCR) which is compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information Systems (NEMSIS) standards if the LEMSA collects EMT patient care data." Add 1797.227 to Authority cited at the end of this subsection. The language must allow for the flexibility as current law only requires the LEMSA to be compliant with above said standards if patient care record data for EMTs is collected by the LEMSA. Requiring compliance of all EMTs in California exceeds the interpretation of the Health and Safety code and adds significant costs to providers and LEMSAs which have systems in place to meet the needs and requirements at the ALS level to collect patient care data and evaluate their system.	the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols. Comment acknowledged Comment accepted
100082/44/22	North Coast EMS	Although we understand the value for all EMS responders utilizing electronic reporting, it is unrealistic, unfeasible and costly to expect rural, non-transporting providers and EMT responders to be e-PCR compliant.	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for

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		The North Coast EMS region alone has 58 responding fire providers, all but 7 of which are volunteer. These providers, who can be on scene with a patient for over an hour or more before arrival of transporting paramedics, are not reimbursed by federal or state resources, and unless the EMSA intends to pay all e-PCR costs, they cannot afford to participate in an e-PCR data system. Should this requirement be approved as written, we will likely experience a decrease in the number of non-transporting EMT responding providers. We also emphasize that most of the responding non-transporting providers function in areas without internet or cell phone connections, so they cannot begin an e-PCR on a tablet that then auto fills the transporting paramedics e-PCR or transmits to the hospital. We suggest adding wording that the e-PCR requirement applies to transporting providers only, or, that wording be added that gives the LEMSA the latitude to allow rural, non-transporting providers and EMT responders to use paper PCRs and have the responding transporting EMT or paramedic enter any relevant information on their e-PCR.	consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.

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Section 100082. Record Keeping Page 44	Joe Vasquez Fire Chief Happy Valley Fire Protection District	Hello, My name is Joe Vasquez and I am the fire chief for Happy Valley Fire Protection District. We are a small department in the north part of the state. Of our eighteen EMTs only three are payed members. The other fifteen EMTs are volunteers. I do not think this program will work for our department because volunteers have already been asked to much. With their jobs, families and the fire department their plate is full. This program will only drive more volunteers away from volunteering with our department and others. The PCR that we fill out on patients are given the the paramedic on the ambulance after each response. Requiring EMTs to to do the same thing does not make any since. I do not think requiring ePCR reporting is a good program and I hope that it is not approved. The other item I did not discuss is the startup and ongoing cost to run this program. We are a small district with a small budget and this would have a significant impact on us.	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
Section 100082. Record Keeping Page 44	Scott Corn CAL FIRE Battalion Chief/EMS Coordinator/LEO 2447 Shasta-Trinity Unit /Shasta County fire	Corrine, Thank you the opportunity to comment. Currently the Shasta County Fire Department has a small group of non-transporting EMT volunteer civilian Firefighters that respond to their rural communities for medical emergencies. Most of these communities have very limited	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and

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		internet access and often it goes down for extended periods of time. The EMTS currently complete a run report and a written patient care report. I fear that the mandatory completion of an ePCR may be impractical and in many cases not possible in some of these communities leading to unintentional noncompliance with 100082. With the exception of non-transports the majority of these patients end up being transferred to an ambulance company or higher level of care and transport. I would like to see an exemption for when the geographical location prohibits the completion of the ePCR or an exemption for call volume or lack off. Some of our volunteers respond to less than 10 requests for medical aid a year.	provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
Section 100082. Record Keeping Page 44	Steve Burroughs Chairman of the Board LaPorte Fire Protection District	We would like to comment on and express our disagreement with the proposed requirement that EMS agencies be required to submit electronic Patient Care Reports (ePCR). We are a very small fire department, all volunteer, with a very small limited budget and this would create a hardship for us financially. Our volunteers are over 60, some know how to turn on a computer, others run from it, and requiring us to complete ePCRs is not going to go over well with our medical responders. They have stated they	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's

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		won't fill out the forms electronically as they don't know how and they are not going to learn. We respond to calls in very remote areas and there is no internet access in these areas. So, we do not want to have to prepare ePCRs, we are doing just fine with the paper PCR.	ability to establish basic life support policies, procedures and protocols.
Section 100082. Record Keeping Chap. 2 EMT Art 6 Pg 44 Ln 24	Esther Kilian RN, EMT Fieldbrook Vol. F.D.	This proposed change is redundant as we already record information on calls made. If the patient is transported to the hospital, ambulance personnel submit an electronic report. Once again, this is an unfunded mandate that imposes a difficult, and for many small rural departments, literally an impossible financial burden. Internet and cell phone service is spotty or unavailable in many rural areas so this would be one more expensive, time consuming & unnecessary requirement. As it is, many departments lack & cannot afford the minimum equipment they need to respond adequately. Also, most rural departments are	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.

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		staffed by volunteers who often must leave work in order to respond. Additional paperwork may cause the volunteer an additional personal expense. We are trying to attract and keep EMTs, not drive them away. Electronic reports make the individuals personal medical information available to more people, often without a need to know, less private and less secure. Suggest: striking "electronic"	
Section 100082. Record Keeping Page 44	Richard H. Webb, Chief Linda Fire Protection District	I am writing to you today to register the Linda Fire Protection Districts opposition to the proposed revision of the California Code of Regulations, Division 9, Title 22, Chapter 2, Emergency Medical Technicians, Section 100082 Record Keeping (e). Specifically the proposed revision requiring the EMT to complete an electronic patient care record (ePCR). In the Yuba County Operational Area, there is an exclusive private ambulance provider who accomplishes ePCR's on each patient the fire service responds to. Requiring each fire service based EMT to accomplish an ePCR in addition to those being completed by the ambulance service will create an unnecessary duplication of service. No fire service agency in Yuba County currently utilizes vehicle	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.

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		based computers, mobile data terminals, or tablets, nor the software necessary to comply with the proposal. The implementation of the requirement for each EMT to complete an ePCR will create a significant financial burden, essentially creating another unfunded mandate by the State of California on the largely volunteer fire service struggling to make ends meet already. The time required for EMT's to accomplish an ePCR is an additional concern for the District. Responders are already required to complete an extensive computer based incident report for each response. Many times it takes longer to complete the incident report than the amount of time spent on-scene handling the incident. To add an additional, separate ePCR will create an additional burden to responders who have little time available as it is. In closing, I again urge you not to adopt this particular recordkeeping change. In the District's opinion there is no compelling reason to adopt this requirement as it creates a duplication of services with no corresponding benefit. There will be an unnecessary expense to the fire service in already financially tough times and a new time burden that is	

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		not warranted based on the lack of meaningful benefit.	
Section 100082 Record Keeping	Brandi Dudek, President Yuba County Fire Chiefs Association	On 12-5-16 the Yuba County Fire Chiefs Association met and reviewed the proposed changes to the California Code of Regulations, Division 9, Chapter 2. Emergency Medical Technicians. The Yuba County Fire Chiefs Association by a unanimous vote does not support the changes outlined in Section 100082 Record Keeping. The group feels this requirement to complete an electronic patient care report for all BLS contacts by fire agency personnel is a duplication of efforts as a EPCR is already completed by the transporting agency. This EPCR requirement will cause an undue financial burden on the Fire Agency responders in Yuba County.	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
Section 100082. Record Keeping Page 44	Gerry Gray Fire Chief City of Redding SCHMRT Operations Director CalChiefs Area 1 North Director	As a busy BLS municipal fire agency that staffs 80 EMTs, we respond to nearly 14,000 incidents each year. Our fire department, as do all fire departments in the nation, is required to report all incident data to the National Fire Incident Reporting System (NFIRS). To this end, every single incident that we handle, including EMS calls, generates an incident report, completed by the on-scene responders. Over the course of one year this obligates a significant number of documentation hours to	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further

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		our limited personnel. Section 100082 suggests that we will also complete a separate incident report for every EMS calls (nearly 9,000 incidents per year for us) which would substantially increase the documentation commitment on our responders. Essentially, if approved, we would need to complete two separate reports for the same EMS incident (NFIRS & ePCR). With limited staffing and resources I am concerned about the increased time burden this will impose on our personnel. I understand the intent of the proposed rule but would argue that our engine companies already document the specifics of each EMS call in the NFIRS-compatible incident reporting software. We do not have available time for additional reports, especially duplicate efforts. As an alternative, perhaps the commercially-available NFIRS-compatible reporting systems (we use Emergency Reporting) can incorporate the necessary ePCR elements into the respective EMS modules so that data need only be entered once for each EMS calls.	clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
§ 100082, Page 44, Lines 22-26	Sierra – Sacramento Valley EMS Agency	We are supportive of moving in this direction, however, language should encourage rather than mandate EMT	Comment acknowledged, the provision to require completion of an electronic health record

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		providers utilize NEMSIS compliant electronic patient care documentation software programs at this time.	(EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
100082/44/22	Humboldt Bay Fire Joint Powers Authority 533 C Street, Eureka, CA 95501 Bill Gillespie, Fire Chief	Although we understand the value for all EMS responders utilizing electronic reporting, it is unrealistic, unfeasible and costly to expect the small rural, non-transporting agencies to be e-PCR compliant. In the North Coast EMS jurisdiction alone there are 58 responding fire providers, and all but seven are volunteer. Humboldt County represents 40 of those departments. Humboldt Bay Fire is a non-transport fire department providing BLS and part time ALS response in the greater Eureka area. Our department typically interfaces with one of two private transport agencies, both of which already complete a patient ePCR. Additionally, on ALS responses where our paramedic assumes patient care	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.

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		and provides treatment, our paramedic is also completing an ePCR. Having EMT's on BLS responses fill out ePCR's in addition to those filled out by the transport agency causes significant hardship. First and foremost is the additional report writing time that will be required to fill out the ePCR, and also complete a separate NFIRS required incident report. In the case of our department, that would result in nearly 4000 additional reports having to be completed under the proposed language as I understand it. The associated costs would be very high and, because almost all patients seen by non-transporting EMS providers are transported in our area by a private transport agency, duplicate e-PCRs would result. We suggest adding language stating that the ePCR requirement applies to transporting providers only.	
100082/44/22	Humboldt County Fire Chiefs Association Bill Gillespie, Vice President	Although we understand the value for all EMS responders utilizing electronic reporting, it is unrealistic, unfeasible and costly to expect the small rural, non-transporting agencies to be e-PCR compliant. In the North Coast EMS jurisdiction alone there are 58 responding fire providers, and all but seven are volunteer. Humboldt County Fire Chiefs Association represents 40 of those departments. The associated costs would be very high and, because almost all patients	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been

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		seen by non-transporting EMS providers are transported in our area, duplicate e-PCRs would result. We suggest adding that the ePCR requirement applies to transporting providers only.	amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
100082 Record Keeping (a) Line 22 requiring EMTs to use an ePCR	Dan Spiess Nor-Cal EMS 530 229-3979 dspiess@norcalems.org	We have first responder agencies (non-transport) with no internet access either in the field or at their base of operation. This section would preclude EMTs from using their skills. Suggestion - Permit the LEMSA to exempt EMTs from this requirement but require the submittal of a written PCR to the LEMSA.	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols.
100082/44/22-26	Napa County EMS	We have BLS First Response Agencies (non-transport) with no internet access either in the field or at their base of operation. These include first responder agencies that are all volunteer organization. We suggest the regulations allow the LEMSA to exempt EMTs from this requirement but require the submittal of a written PCR to the LEMSA.	Comment acknowledged, the provision to require completion of an electronic health record (EHR) is absent in the current EMT Regulations and language needs to be added for consistency with §1797.227 of the Health and Safety Code and provide clarification of how this will be fulfilled. This subsection

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			will be moved to section 100062. Application of Chapter and language has been amended to provide further clarification on the LEMSA's ability to establish basic life support policies, procedures and protocols. .
EMSA SVC (8/10) Form 1a.	Kern County EMS	Add Signature of EMT	Comment acknowledged Change made
EMSA SVC (8/10) Form 1a.	LA County EMS Agency	Add Signature of EMT	Comment acknowledged Change made
EMSA SVC (8/10) Form 1a.	Steve Carroll Ventura County EMS Agency	Add Signature of EMT	Comment acknowledged Changes made
EMSA SVC (8/10) Form 1a.	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Add Signature of EMT	Comment acknowledged Change made
EMSA SVC (8/10) Form 1a.	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Revise to read "Name as shown on California EMT Certificate"	Comment acknowledged Change made
EMSA SVC (8/10) Form 1a.	Steve Carroll Ventura County EMS Agency	Revise to read "Name as shown on California EMT Certificate"	Comment acknowledged Change made
EMSA SVC (8/10) Form 1a.	LA County EMS Agency	Revise to read "Name as shown on California EMT Certificate"	Comment acknowledged Changes made
EMSA SVC (8/10) Form 1a.	Kern County EMS	Revise to read "Name as shown on California EMT Certificate"	Comment acknowledged Change made
EMSA SVC (8/10)	Kern County EMS	Revise "Authority" to "Entity"	Comment acknowledged

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Form 1c.			This section of the form has been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form 1c.	LA County EMS Agency	Revise "Authority" to "Entity"	Comment acknowledged This section of the form has been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form 1c.	Steve Carroll Ventura County EMS Agency	Revise "Authority" to "Entity"	Comment acknowledged This section of the form has been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form 1c.	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Revise "Authority" to "Entity"	Comment acknowledged This section of the form has been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form 1c.	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Add "California" to read "California Certifying Entity"	Comment acknowledged This section of the form has been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form 1c.	Steve Carroll Ventura County EMS Agency	Add "California" to read "California Certifying Entity"	Comment acknowledged This section of the form has been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form	LA County EMS Agency	Add "California" to read "California Certifying Entity"	Comment acknowledged This section of the form has

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1c.			been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form 1c.	Kern County EMS	Add "California" to read "California Certifying Entity"	Comment acknowledged This section of the form has been removed to avoid confusion as to which certifying entity should be provided as EMTs change certifying entities.
EMSA SVC (8/10) Form	Kern County EMS	Change "Affiliation" to "Name of California approved EMS CE or EMS training program.	Comment acknowledged The form has been updated to require the verifier to provide how they are approved to verify skills competency. The qualifications to be an approved skills verifier have been provided.
EMSA SVC (8/10) Form	LA County EMS Agency	Change "Affiliation" to "Name of California approved EMS CE or EMS training program.	Comment acknowledged The form has been updated to require the verifier to provide how they are approved to verify skills competency. The qualifications to be an approved skills verifier have been provided.
EMSA SVC (8/10) Form	Steve Carroll Ventura County EMS Agency	Change "Affiliation" to "Name of California approved EMS CE or EMS training program.	Comment acknowledged The form has been updated to require the verifier to provide how they are approved to verify skills competency. The qualifications to be an approved skills verifier have been provided.
EMSA SVC (8/10) Form	Bryan Cleaver, President Emergency Medical Administrators' Association of	Change "Affiliation" to "Name of California approved EMS CE or EMS training program.	Comment acknowledged The form has been updated to require the verifier to provide

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	California (EMSAAC)		how they are approved to verify skills competency. The qualifications to be an approved skills verifier have been provided.
EMSA SVC (8/10) Form Skill 1	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Trauma Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 1	Steve Carroll Ventura County EMS Agency	Change skill to "Trauma Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 1	LA County EMS Agency	Change skill to "Trauma Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 1	Kern County EMS	Change skill to "Trauma Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 2	Kern County EMS	Change skill to "Medical Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 2	LA County EMS Agency	Change skill to "Medical Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 2	Steve Carroll Ventura County EMS Agency	Change skill to "Medical Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 2	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Medical Assessment"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 3	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Bag-Mask Ventilation"	Comment acknowledged Skill will be changed to Bag-valve-mask ventilation for proper terminology.
EMSA SVC (8/10) Form	Steve Carroll Ventura County EMS Agency	Change skill to "Bag-Mask Ventilation"	Comment acknowledged Skill will be changed to Bag-

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Skill 3			valve-mask ventilation for proper terminology.
EMSA SVC (8/10) Form Skill 3	LA County EMS Agency	Change skill to "Bag-Mask Ventilation"	Comment acknowledged Skill will be changed to Bag-valve-mask ventilation for proper terminology.
EMSA SVC (8/10) Form Skill 3	Kern County EMS	Change skill to "Bag-Mask Ventilation"	Comment acknowledged Skill will be changed to Bag-valve-mask ventilation for proper terminology.
EMSA SVC (8/10) Form Skill 4	Kern County EMS	Change skill to "Oxygen Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 4	LA County EMS Agency	Change skill to "Oxygen Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 4	Steve Carroll Ventura County EMS Agency	Change skill to "Oxygen Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 4	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Oxygen Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 5	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Cardiac Arrest Management with AED"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 5	Steve Carroll Ventura County EMS Agency	Change skill to "Cardiac Arrest Management with AED"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 5	LA County EMS Agency	Change skill to "Cardiac Arrest Management with AED"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 5	Kern County EMS	Change skill to "Cardiac Arrest Management with AED"	Comment acknowledged Change made

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EMSA SVC (8/10) Form Skill 6	Kern County EMS	Change skill to "Hemorrhage Control and Shock management"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 6	LA County EMS Agency	Change skill to "Hemorrhage Control and Shock management"	Comment acknowledged Changes made
EMSA SVC (8/10) Form Skill 6	Steve Carroll Ventura County EMS Agency	Change skill to "Hemorrhage Control and Shock management"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 6	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Hemorrhage Control and Shock management"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 7	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Spinal Motion Restriction – Supine & Seated"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 7	Steve Carroll Ventura County EMS Agency	Change skill to "Spinal Motion Restriction – Supine & Seated"	Comment acknowledged Changes made
EMSA SVC (8/10) Form Skill 7	LA County EMS Agency	Change skill to "Spinal Motion Restriction – Supine & Seated"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 7	Kern County EMS	Change skill to "Spinal Motion Restriction – Supine & Seated"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 8	Kern County EMS	Change skill to "Penetrating Chest Injury"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 8	LA County EMS Agency	Change skill to "Penetrating Chest Injury"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 8	Steve Carroll Ventura County EMS Agency	Change skill to "Penetrating Chest Injury"	Comment acknowledged Change made

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EMSA SVC (8/10) Form Skill 8	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Penetrating Chest Injury"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 9	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Epinephrine and Naloxone Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 9	Steve Carroll Ventura County EMS Agency	Change skill to "Epinephrine and Naloxone Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 9	LA County EMS Agency	Change skill to "Epinephrine and Naloxone Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 9	Kern County EMS	Change skill to "Epinephrine and Naloxone Administration"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 10	Kern County EMS	Change skill to "Childbirth and Neonatal Resuscitation"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 10	LA County EMS Agency	Change skill to "Childbirth and Neonatal Resuscitation"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 10	Steve Carroll Ventura County EMS Agency	Change skill to "Childbirth and Neonatal Resuscitation"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skill 10	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Change skill to "Childbirth and Neonatal Resuscitation"	Comment acknowledged Change made
EMSA SVC (8/10) Form Skills	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Secondary Recommendation: Skills categories fixed for eight skills and replace Skill 8 & 9 with "LEMSA approved/Provider identified QI based skill"	Comment acknowledged No change, skills sheet has been updated.

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		Only recommending change if SVC form maintains the broad categories.	
EMSA SVC (8/10) Form Skills	Steve Carroll Ventura County EMS Agency	Secondary Recommendation: Skills categories fixed for eight skills and replace Skill 8 & 9 with "LEMSA approved/Provider identified QI based skill" Only recommending change if SVC form maintains the broad categories.	Comment acknowledged No change, skills sheet has been updated.
EMSA SVC (8/10) Form Skills	LA County EMS Agency	Secondary Recommendation: Skills categories fixed for eight skills and replace Skill 8 & 9 with "LEMSA approved/Provider identified QI based skill" Only recommending change if SVC form maintains the broad categories.	Comment acknowledged No change, skills sheet has been updated.
EMSA SVC (8/10) Form Skills	Kern County EMS	Secondary Recommendation: Skills categories fixed for eight skills and replace Skill 8 & 9 with "LEMSA approved/Provider identified QI based skill" Only recommending change if SVC form maintains the broad categories.	Comment acknowledged No change, skills sheet has been updated.
EMSA SVC (8/10) Form	Kern County EMS	Add statement "All skill categories must specify skills tested in each area" Only recommending change if SVC form maintains the broad categories.	Comment acknowledged No change, skills sheet has been updated.
EMSA SVC (8/10) Form	LA County EMS Agency	Add statement "All skill categories must specify skills tested in each area"	Comment acknowledged No change, skills sheet has been updated.

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		Only recommending change if SVC form maintains the broad categories.	
EMSA SVC (8/10) Form	Steve Carroll Ventura County EMS Agency	Add statement "All skill categories must specify skills tested in each area" Only recommending change if SVC form maintains the broad categories.	Comment acknowledged No change, skills sheet has been updated.
EMSA SVC (8/10) Form	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Add statement "All skill categories must specify skills tested in each area" Only recommending change if SVC form maintains the broad categories.	Comment acknowledged Comment acknowledged No change, skills sheet has been updated.
EMSA SVC (8/10) Form Instructions	Bryan Cleaver, President Emergency Medical Administrators' Association of California (EMSAAC)	Revise instructions to meet requested changes above	Comment acknowledged Change made
EMSA SVC (8/10) Form Instructions	Steve Carroll Ventura County EMS Agency	Revise instructions to meet requested changes above	Comment acknowledged Change made
EMSA SVC (8/10) Form Instructions	LA County EMS Agency	Revise instructions to meet requested changes above	Comment acknowledged Change made
EMSA SVC (8/10) Form Instructions	Kern County EMS	Revise instructions to meet requested changes above	Comment acknowledged Change made

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