

INITIAL STATEMENT OF REASONS CHAPTER 2. EMT REGULATIONS

PROBLEM STATEMENT

The Legislature passed SB 1438 (Pavley, Chapter 491, Statutes of 2014) amending Sections 1797.170, 1797.197, and 11601 of the Health and Safety Code (HSC) by adding the administration of naloxone to the basic scope of practice for all Emergency Medical Technicians (EMT). The Legislature found death from opioid overdoses to be a pervasive problem in the community and sought to ensure the EMT has access to and training in the use and administration of naloxone hydrochloride and other opioid antagonists in order to reduce the number of preventable deaths related to opioid overdose. The major provisions of 1797.170 and 1797.197 charge the EMSA with developing and adopting regulations and training standards to include the use and administration of naloxone hydrochloride and other opioid antagonists in the training and scope of practice for EMT certification, on or before July 1, 2016.

These regulations are proposing to further expand the EMT basic scope of practice to include the use of a glucometer, the administration of epinephrine by auto-injector and training in tactical casualty care (TCC). Under current regulations only advanced EMTs and paramedics are able to utilize a glucometer, which may delay patient assessment for diabetic emergencies. The administration of epinephrine by auto-injector is currently permitted as an optional skill, which presents a barrier for state wide accessibility for patients suffering from anaphylaxis. TCC has been added to the course content in response to AB1598 (Rodriguez, Chapter 668, Statute of 2014) to better prepare public safety personnel to provide TCC and coordinate with emergency medical services during terrorism and active shooter incidents. This is consistent with the public safety regulations (Chapter 1.5, Division 9, Title 22, CCR) that were revised to allow public safety personnel to be trained in elements of TCC.

PURPOSE

The purpose of these regulations is to protect the welfare, health and safety of the public by ensuring that all EMTs receive training in the administration of naloxone and other opioid antagonists in order to reduce the number of preventable deaths related to opioid overdose. The use and administration of epinephrine by auto-injector was added to the EMT basic scope of practice in response to the adoption of legislation (Huff, Chapter 725, Statutes of 2013) requiring EMSA to develop lay rescuer epinephrine regulations. Further, EMSA has revised the public safety regulations to allow public safety personnel to administer epinephrine as an optional skill. Each of these additions of epinephrine is intended to expand access and make epinephrine more readily available to all responders and the public. Glucometer testing was also added to allow additional levels of medical responders to test blood glucose levels to assist AEMTs and paramedics in providing more accurate and rapid treatment of patients. TCC was added to include the statutory elements found in AB1598 (Rodriguez, Chapter 668, Statutes of 2014) that provide for additional requirements regarding coordination between

emergency medical services personnel during terrorism incidents or active shooter events

BENEFIT

The regulations expand the basic scope of practice and required training for EMTs in the administration of naloxone, epinephrine by auto-injector, the use of a glucometer and TCC thereby improving the emergency medical service provided to the public. Expanding the basic scope of practice and training as proposed will enable EMTs to provide service to the public in a standardized and consistent manner as deemed necessary by the medical director of each local EMS agency. The proposed regulations also improve the clarity of EMT certification requirements, which will lead to consistent state wide application of the requirements.

PURPOSE AND NECESSITY OF AMENDMENTS

Section 100057. Emergency Technician Approving Authority

SPECIFIC PURPOSE

This section was amended to properly number the section content.

NECESSITY

The change is necessary to be consistent with the numbering standards and to provide clarity to the content.

Section 100057.1. High Fidelity Simulation

SPECIFIC PURPOSE

This section was added to include a definition for high fidelity simulation (HFS).

NECESSITY

This change is necessary because a portion of the minimum required student/patient clinical contact hours can now be replaced by the use of high fidelity simulation (HFS) when available. Providing a definition of HFS ensures clarity and consistency in what HFS encompasses and allows.

Section 100059. EMT Certifying Written Examination

SPECIFIC PURPOSE

This section was amended to remove a policy statement from a definition and place it in the appropriate sections: 100079 (a)(2)(3) and 100081(a)(3)(J).

NECESSITY

The change is necessary to ensure policy does not get lost within a definition but is provided within the relevant section of the Chapter in order to ensure compliance.

Section 100059.1. EMT Certifying Skills Examination

SPECIFIC PURPOSE

This section was amended to remove a policy statement from a definition and place it in the appropriate sections: 100079 (a)(2)(3) and 100081(a)(3)(J).

NECESSITY

The change is necessary to ensure policy does not get lost within a definition but is provided within the relevant section of the Chapter to ensure compliance.

Section 100059.2. EMT Optional Skills Medical Director

SPECIFIC PURPOSE

This section was amended to include basic skills and add a reference to a relevant section of the Chapter.

NECESSITY

The change is necessary because in addition to optional skills there are basic skills that require the oversight of the medical director. Adding the reference allows an individual to find further information on the topic within the Chapter.

Section 100061. EMT Local Accreditation

SPECIFIC PURPOSE

This section was amended to add section 1797.7 of the Health and Safety Code as an additional reference for EMT Local Accreditation.

NECESSITY

The change is necessary to provide a relevant section of the Health and Safety Code related to the local accreditation of EMTs that was not referenced.

Section 100062 Application of Chapter

SPECIFIC PURPOSE

This section was amended to change the title to Application of Chapter instead of *Application of Chapter to Operation of Ambulances*.

NECESSITY

The change is necessary as this section does not apply exclusively to the operation of ambulances. This title provides better clarity on what this section of the Chapter pertains to.

Section 100063. Basic Scope of Practice of Emergency Medical Technician

SPECIFIC PURPOSE

This section was amended to:

- A. The title of this section was changed from Scope of Practice of Emergency Medical Technician to Basic Scope of Practice of Emergency Medical Technician to provide better clarity.
- B. Add current terminology regarding spinal motion restriction.
- C. Clarify that an EMT may administer oral glucose or sugar solutions and aspirin as part of their basic scope without the approval of the LEMSA medical director.
- D. Clarify that an EMT must be employed as part of a local EMS system and follow the policies and procedures of the LEMSA to monitor intravenous solutions, administer naloxone, and use epinephrine by auto-injector and a glucometer.
- E. Add the administration of naloxone to the basic scope of practice for all EMTs as authorized in statute.
- F. Add the administration of epinephrine by auto-injector to the EMT basic scope of practice to expand access and make epinephrine more readily available to all levels of medical responders and the public when approved by the LEMSA.
- G. Add the use of a glucometer to the EMT scope of practice to allow additional levels of medical responders to test glucose levels and assist the paramedics to provide more accurate and rapid treatment of patients when approved by the LEMSA.
- H. Require a LEMSA to establish policies and procedures for EMTs to practice in another LEMSA's jurisdiction such as on a mutual aid response.

NECESSITY

The changes are necessary to implement the statutory requirement to expand the scope of practice and required training for EMTs in the administration of naloxone. These regulations have further expanded the EMT basic scope of practice to include the use of a glucometer and the administration of epinephrine by auto-injector. This will improve the emergency medical services provided to the public by removing barriers that come with defining a skill to be optional rather than part of the basic scope of practice. By placing these specific items in the basic scope of practice when approved by the medical director ensures that all EMTs receive standard training for these skills while maintaining medical control based upon the medical directors assessment of what is needed within each individual EMS system.

Section 100064. EMT Optional Skills.

SPECIFIC PURPOSE

This section was amended to:

- A. Limit accreditation to those EMTs with active certifications and who are working in the jurisdiction of the accrediting LEMSA.
- B. Remove training in the administration of naloxone and epinephrine by auto-injector as optional skills. Both of these items were placed in Section 100063 as part of the basic scope of practice. The training component for naloxone and epinephrine by auto-injector and the use of the glucometer was added to the EMT basic and refresher training requirements.
- C. Add training in the administration of epinephrine by prefilled syringe and drawing up the proper dose to the EMT optional scope of practice.

- D. Move the monitoring of preexisting vascular access devices and intravenous lines delivering fluids and approved medications from the basic scope of practice to optional skills.
- E. This section was renumbered to account for the deletion of the administration and use of naloxone and epinephrine.

NECESSITY

The change is necessary to implement the statutory requirement and expand the basic scope of practice and required training for EMTs in the administration of naloxone, epinephrine by auto-injector, and the use of a glucometer. Training is currently permitted as an optional skill presenting a barrier for state wide implementation and accessibility for patients suffering from anaphylaxis or opioid overdose. These changes remove this barrier making these skills more readily available to all responders and the public thereby improving the emergency medical service provided. The addition of the administration of epinephrine by prefilled syringe and drawing up the proper drug dose is being added to the EMT optional scope of practice to provide a more cost effective option for the local EMS agencies. Epinephrine auto-injectors impose a significant cost at approximately \$450 for a twin pack while a vial of epinephrine has an approximate cost of \$3.72. The monitoring of preexisting vascular access devices and intravenous lines delivering fluids was moved from the basic scope of practice to optional skills to reduce the confusion over multiple scopes of practice.

Section 100064.1. EMT Trial Studies

SPECIFIC PURPOSE

There are no changes. This section is open only because it's referenced in Section 100063(d) of the chapter.

NECESSITY

Opening this Section is necessary because the section is referenced in Section 100063(d) of the chapter and may need to be referred to during the course of public comment.

Section 100069. EMT Training Program Notification

SPECIFIC PURPOSE

This Section was amended to remove the notification of training program approval within seven (7) days of receipt.

This Section was amended to clarify the training programs effective and expiration dates.

NECESSITY

The change is necessary because seven (7) days is not enough time to perform a thorough review and notify the program of approval or disapproval. The following

subsection requires this review to not exceed three months, which is a more reasonable time frame. This requirement is consistent with the paramedic regulations.

The change is necessary to clarify the effective and expirations dates and provide consistency amongst the thirty-three (33) local EMS agencies that are responsible for approving local EMT training programs.

Section 100072. Withdrawal of EMT Training Program Approval.

SPECIFIC PURPOSE

This section was amended to provide clarity to the process and requirements for withdrawal of an approved EMT training program when they have been found out of compliance.

NECESSITY

The change is necessary to curb ongoing confusion over the process of withdrawal of training program approval when the training program has been found out of compliance. These changes will also increase consistent state wide application by clarifying and outlining the specific process and requirements.

Section 100073. Components of an Approved Program.

SPECIFIC PURPOSE

This section was amended to clarify that the EMS Authority is an approving authority for state wide public safety agencies.

NECESSITY

The change is necessary for the statewide public safety agencies such as California Highway Patrol, Cal Fire, and the department of Parks and Recreation, whose EMT training programs are approved by the EMS Authority. Cal Fire and CHP currently only offer refresher courses.

Section 100074. EMT Training Program Required Course Hours.

SPECIFIC PURPOSE

This section was amended to:

- A. Increase the course hours from one hundred sixty (160) to one hundred seventy-four (174).
- B. Increase the hour of didactic instruction and skills laboratory from one hundred thirty-six (136) to one hundred fifty (150).
- C. Allow a portion of the minimum required student/patient clinical contact hours to be replaced by the use of high fidelity simulation (HFS) when available.

NECESSITY

The change to increase the class hours is necessary with the addition of training in the administration of naloxone, epinephrine by auto-injector, the use of the glucometer and tactical casualty care.

The change is necessary to achieve equal or better student learning outcomes by replacing some of the required student/patient clinical contacts with HFS patient encounters. HFS includes a simulation environment, or scenario, where a simulator (manikin) is controlled by a computer to respond physiologically to student interventions involving complex medical or traumatic scenarios. Currently in clinical settings EMTs are commonly assigned simple basic skills to complete at a triage station or other intake areas. The simulation process offers students a different type of quality patient interaction in a clinical setting.

Section 100075. Required Course Content

SPECIFIC PURPOSE

This section is amended to give the instructor the discretion on the length of time it will take to train in the competent use of hemostatic dressings and add subsections (c)(d)(e)(f)(g) specifying the components all EMT training programs shall include in their initial and one time refresher training in the use and administration for naloxone, epinephrine by auto-injector and the use of a glucometer. These standards are the same as those previously required when under the optional skills. The standards for the glucometer are from the National EMS Education Standards.

This section was further amended to add eight (8) hours of training in tactical casualty care principles. The tactical casualty care standards were developed by the California Tactical EMS (CTEMS) Advisory Committee who has been charged with developing recommendations on minimum training standards and protocols for all EMS personnel who may respond to a terrorism incident. This is consistent with the revised public safety regulations to allow public safety personnel to be trained in elements of tactical casualty care. Training programs in operation prior to the effective date of these regulations have a 12 month transition period to add this content.

NECESSITY

The change is necessary to provide specific and detailed components a course should provide to ensure an EMT has obtained the knowledge and skills necessary and is competent to render emergency care to a person hemorrhaging and suffering from an opioid overdose-related emergency, an anaphylaxis emergency or a diabetic emergency.

The change is necessary to provide specific and detailed training components a tactical casualty care course should provide to enable first responders to more quickly secure the scene of an emergency and expedite lifesaving medical care to injured persons during terrorism incidents or active shooter events. Training programs in operation prior

to the effective date of these regulations have a 12 month transition period to add this content.

Section 100079. EMT Initial Certification Requirements

SPECIFIC PURPOSE

This section was amended to:

- A. Define and clarify the different pathways to EMT certification.
- B. Clarify that the certifying entity needs to receive the criminal background reports before processing or issuing an EMT certification in order to protect the public's health and safety.
- C. Clarify the need for training in naloxone, epinephrine by auto-injector, glucometer and TCC within a 24 month window from when these regulations become effective.
- D. Clarify the assigning of an expiration date.
- E. Clarify the process and requirements to obtain a duplicate EMT or AEMT certification card.
- F. Clarify the process and requirements to voluntarily deactivate an EMT certification.

NECESSITY

The change is necessary to curb ongoing confusion and increase consistent state wide application by clarifying and outlining the six different pathways for issuing EMT certification and expiration dates in a clear and concise manner.

The change is necessary because there are certifying entities who issue EMT certification prior to receiving the criminal background reports. In some of these cases where the certification was issued, the individual had a criminal history that may have resulted in an investigation and may even require action on the certificate. In these cases the certifying entity has already issued the certification and may have difficulty imposing certification action. This could have been avoided if they waited on issuing the certification until the background check reports were received.

The change is necessary to clarify the need for training in naloxone, epinephrine auto-injector, glucometer and TCC within a 24 month transition period from when these regulations become effective.

The change to clarify the expiration date is necessary for consistency with different certification pathways in order to ensure EMTs with different certifications receive continuing education consistent with a two year certification period.

The change is necessary to clarify the process and requirements to obtain a duplicate EMT or AEMT certification card for record keeping purposes and for consistency with the paramedic regulations.

The change is necessary to provide the process and requirements to deactivate an EMT certification to provide clarity for the individual and to notify and allow the certifying entity or relevant employer they can deactivate the certification with the EMTs permission they no longer have to provide oversight to that individual.

Section 100080. EMT Certification Renewal

SPECIFIC PURPOSE

This section was amended to:

- A. The title of this section was changed from EMT Recertification to avoid confusion between a recertification and renewal of certification
- B. Clarify CE requirements needed to be consistent with CE regulations.
- C. Specify that a criminal history background check needs to be on file with current certifying entity.
- D. Eliminate the skills competency verification form and instead specify skills based training within the required continuing education and allow 24 months from the effective date for training programs to develop skills based continuing education.
- E. Add training in the use and administration in naloxone, epinephrine by auto-injector, the use of the glucometer and tactical casualty care for recertification.

NECESSITY

The change to the Section title from “EMT Recertification” to “EMT Renewal” will bring clarity to the difference between renewal requirements and recertification requirements.

The changes are necessary as a more effective and comprehensive means in assessing skills competency than the form, which allowed a quick demonstration or sign off without requiring an assessment of skills. Certifying entities have difficulty confirming if minimum competency skills have been properly demonstrated and verified by a qualified and authorized individual as intended. By requiring the instructor led and skills based training an individual will be required to demonstrate the essential EMS skills or receive remediation to ensure minimum competency.

The change is necessary to add clarification regarding the requirements of Health and Safety Code 1797.117 in regards to current criminal history background checks. This is necessary to ensure EMTs are in the criminal background check system.

The change is necessary for the addition of the use and administration in naloxone, epinephrine by auto-injector, the use of the glucometer and tactical casualty care principles for renewal to ensure that all EMTs receive standard training in these topics and skills before being allowed to renew. This is consistent with the changes required in the EMT basic scope of practice.

Section 100081. Recertification of an Expired California EMT Certificate

SPECIFIC PURPOSE

This section was amended to:

- A. Clarify and simplify the eligibility requirements for recertification of an expired California EMT Certificate by listing the requirements rather than referencing back to another section of the Chapter.
- B. Eliminate the recertification requirement for individuals whose certification has expired over 24 months.
- C. Specify the expiration date of the EMT certificate based on the recertification pathway.
- D. Add training in the use and administration in naloxone, epinephrine by auto-injector, the use of the glucometer and tactical casualty care for recertification of an expired California EMT certificate.
- E. Specify that a criminal history background check needs to be on file with current certifying entity.
- F. Eliminate the skills competency verification form and instead specify skills based training within the required continuing education and allow 24 months from the effective date for training programs to develop skills based continuing education.

NECESSITY

The change is necessary for consistency with the National Registry of Emergency Medical Technicians (NREMT) registration requirements. California requires the NREMT as the certifying examination for all EMS providers and recognizes an individual who holds an NREMT registration as eligible for certification. Therefore, requirements for initial certification and reinstatement of certification must be consistent with the requirements defined by the National Registry.

The addition of the use and administration in naloxone, epinephrine by auto-injector, use of the glucometer and tactical casualty care principles for recertification is necessary to ensure that all EMTs receive standard training in these topics and skills before being allowed to recertify. This is consistent with the changes required in the EMT basic scope of practice.

The change was necessary to add clarification regarding the requirements of Health and Safety Code 1797.117 in regards to current criminal history background checks to ensure EMTs are in the criminal background check system.

The changes are necessary as a more effective and comprehensive means in assessing skills competency than the form, which allowed a quick demonstration or sign off without requiring an assessment of skills. Certifying entities have difficulty confirming if minimum competency skills have been properly demonstrated and verified by a qualified and authorized individual as intended. By requiring the instructor led and skills based training an individual will be required to demonstrate the essential EMS skills or receive remediation to ensure minimum competency.

Section 100083. Fees.

SPECIFIC PURPOSE

The Section was amended to add EMT renewals to the fees a LEMSA may establish.

NECESSITY

This change is necessary to provide for clarity on fees a LEMSA may establish.

Forms incorporated by reference:

Request for Approval of Undefined Scope of Practice – Revised (form#EMSA-0391, Revised 7/16.

SPECIFIC PURPOSE:

This form has been amended by moving items around within the form and adding additional required information which includes;

- #3 The patient populations that will benefit.
- #4 Description of proposed study designs including the scope of the study, research questions, method of evaluating the effectiveness of the procedures or medications and the expected outcome.
- #12 The makeup of local medical advisory committee, appointed by the medical director, to assist with the evaluation of the trial study.

NECESSITY:

Form #EMSA-0391 is used when a local EMS agency wants to provide an optional scope of practice item or request a trial study that is not defined in regulations. This form is completed and submitted to the Director of EMSA and the Scope of Practice Committee to determine if the procedure or medication requested is beneficial to the health and safety of the public.

- Item #3: Providing information on the patient population that will benefit from the request is necessary to assist in determining if the additional scope or trial study is warranted.
- Item #4: Providing the details and design of the proposed study is necessary to ensure the study will generate accurate data on safety and efficacy.
- Item #12: Providing the make-up of the local medical advisory committee is necessary to ensure the committee members are qualified to assist with the evaluation of the request.
- It was necessary to move items around to provide clarity and flow to the form.

The addition of foregoing information is necessary to protect the health and safety of the public.

The EMT Skills Competency Verification Form EMSA – SCV (08/10)

This form is already incorporated in the regulations in section 100080. It has been included in the regulation package to avoid confusion as it was added to section 100081 giving the appearance of a new form. There are no changes being made to this form.

TECHNICAL, THEORETICAL, AND/OR EMPIRICAL STUDY, REPORTS, OR DOCUMENTS

EMSA relied on input from a working group comprised of various stakeholders and interested parties that provided information and subject matter expertise from operational, educational, administrative and medical perspectives.

The groups and organizations that participated in the workgroup include: California Ambulance Association, California Fire Chiefs Association, California Hospital Association, FIRESCOPE, California Highway Patrol, California Medical Association, California National Guard, California Nurses Association, California Peace Officers Association, California State Fire Fighters Association, Commission on Peace Officers Standards and Training, Emergency Nurses Association, Local EMS Agency Administrators and Medical Directors, California Professional Firefighters Association, CAL FIRE, California Prehospital Program Directors, and California Tactical Emergency Medical Services Advisory Committee.

Documents:

EMSA relied upon the United States Department of Transportation National EMS Education Standards. These standards can be accessed at the following web address: <http://www.ems.gov/pdf/811077a.pdf>

ECONOMIC IMPACT ASSESSMENT/ANAYLSIS

The Creation or Elimination of Jobs within the State of California

The regulations are designed to expand the basic scope of practice and training standards for EMTs in the administration of naloxone and epinephrine by auto-injector, the use of a glucometer and training in tactical casualty care principles during active shooter or terrorism incidents to address the emerging issue of active shooter response. Though the scope of practice and training standards are being revised in these proposed regulations, training is currently required of EMTs. Existing EMT training programs are available and will revise their course curriculum and class hours to meet the new requirements proposed in these regulations. Therefore, EMSA has determined that no jobs in California will be created or eliminated.

The Creation of New Businesses or the Elimination of Existing Businesses Within the State of California

The regulations are designed to expand the basic scope of practice and training standards for EMTs in the administration of naloxone and epinephrine by auto-injector, the use of a glucometer and training in tactical casualty care principles during active shooter or terrorism incidents to address the emerging issue of active shooter response. Though the scope of practice and training standards are being revised in these proposed regulations, training is currently required of EMTs. Existing EMT training programs are available and will revise their course curriculum and class hours to meet

the new requirements proposed in these regulations. Therefore, EMSA has determined that no new or existing businesses in California will be created or eliminated.

The Expansion of Businesses Currently Doing Business Within the State of California

The regulations are designed to expand the basic scope of practice and training standards for EMTs in the administration of naloxone and epinephrine auto-injector, the use of a glucometer and training in tactical casualty care principles during active shooter or terrorism incidents to address the emerging issue of active shooter response. Though the scope of practice and training standards are being revised in these proposed regulations, training is currently required of EMTs. Existing EMT training programs are available and will revise their course curriculum and class hours to meet the new requirements proposed in these regulations. Therefore, EMSA has determined that no business currently doing business within California will be expanded.

Benefits of the Regulations to the Health and Welfare of California Residents, Worker Safety, and the State's Environment

The proposed regulations will benefit California residents and worker safety by allowing a person suffering from an opioid overdose, or allergic or diabetic emergency to receive potentially lifesaving medical care from an expanded number of EMS responders. The proposed regulations increase public safety through consistent statewide minimum training standards and requirements to be met in order to use and administer naloxone and epinephrine, utilize a glucometer and address the emerging issue of active shooter response through training in tactical casualty care principles. The proposed regulations are not anticipated to benefit or negatively impact the state's environment.

Results of the Economic Impact Analysis/Assessment

The EMSA concludes that it is (1) unlikely that the proposal will eliminate any jobs or training programs (2) unlikely the proposal will create any new jobs (3) unlikely the proposal will create any new businesses providing training programs (4) unlikely the proposal will eliminate any existing businesses, and (5) unlikely the regulations will result in the expansion of businesses currently doing business within the state.

REASONABLE ALTERNATIVES TO THE PROPOSED REGULATORY ACTION THAT WOULD LESSEN ANY ADVERSE IMPACT ON SMALL BUSINESS.

EMSA has not identified any alternatives that would lessen any adverse impact on small businesses.

EVIDENCE SUPPORTING FINDING OF ADVERSE ECONOMIC IMPACT ON ANY BUSINESS

EMSA has determined that these regulations are not likely to result in adverse economic impact on any business based upon comments received during the stakeholder workgroup meetings and discussions with various state agencies and private businesses providing training to public safety personnel.

EMSA is not aware of any significant cost impacts that a business would incur in reasonable compliance with the proposed action. The structure for the required training is already in place so while a training program may incur a cost to revise their curriculum to be in compliance with the newly added course topics the cost is not anticipated to be as significant as it would be to develop an entirely new program.

The proposed regulations require training programs to increase their hours of training from the current minimum of 160 hours to the proposed minimum of 174 hours to include the additional training in the administration of Naloxone, epinephrine by auto-injector, the use of the glucometer and training in tactical casualty care principles. Most, if not all, EMT training programs already meet or exceed the 174 hours recommended in this regulation revision. For those training programs needing to increase their hours, the costs will vary throughout the state based on what those training programs pay their instructors.

There are anticipated costs to purchase training materials, of both reusable and single use items, to teach the additional training in the administration of Naloxone, epinephrine by auto-injector, the use of the glucometer. The number of students going through each program will determine the exact impact to the programs.

The proposed regulations continue to require that a course is based upon the National EMS Education Standards. Courses that are reviewed and approved by a local EMS agency may charge a fee to perform the review of course materials and oversee compliance with the requirements of the regulation.

EMSA has determined that this proposed regulation is not inconsistent or incompatible with existing regulations. Existing EMT training programs are available and will revise their course curriculum and required class hours to meet the new requirements proposed in these regulations. EMSA has determined that these regulations will not cause inconsistency or incompatibility with other existing regulations that concern EMTs.

FOR FURTHER INFORMATION

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