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

- Additions to the original text = underlined
- Deletions to the original text = strikeout
- Additions to the text proposed in 45-day comment period = double underline
- Deletions to the text proposed in 45-day public comment period = double strikeout
- Additions to the text proposed in the 2nd 45-day comment period = dash underline
- Deletions to the text proposed in the 2nd 45-day comment period = double strike italics

ARTICLE 1. DEFINITIONS

§ 100056. No change.

§ 100056.1. No change.

§ 100056.2. No change.

§ 100057. Emergency Medical Technician Approving Authority.

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

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

(b) (2) The EMT approving authority for any other EMT training programs not included in subsection (a) (1) shall be approved by the local EMS agency (LEMSA) within that has jurisdiction in the area county where the training program is located.

§ 100057.1. High Fidelity Simulation
High Fidelity Simulation means using computerized manikins mannequins that are operated by a technologist from another location to produce audible sounds and to alter, simulate and manage physiological changes within the manikin mannequin to include, but not be limited to, altering the heart rate, respirations, chest/lung sounds, blood pressure and saturation of oxygen.

§ 100057.2. Electronic Health Record
“Electronic health record” or EHR, or electronic patient care record or ePCR means real time, patient-centered records that make information available securely to authorized users in a digital format capable of being shared with other providers across more than one health care organization.

§ 100058. No change.

§ 100059. EMT Certifying Written Cognitive Examination.
“EMT Certifying Written Cognitive Examination” means the National Registry of Emergency Medical Technicians EMT-Basic Written Cognitive Examination to test an individual applying for certification as an EMT. Examination results will be valid for application purposes two (2) years from the date of examination.


§ 100059.1. EMT Certifying Skills Psychomotor Examination.
“Certifying Skills Psychomotor Examination” means the National Registry of Emergency Medical Technicians EMT-Basic Skills Psychomotor Examination to test an individual applying for certification as an EMT. Examination results will be valid for one (1) year for the purpose of being eligible for the National Registry of Emergency Medical Technicians EMT-Basic Written Examination.


§ 100059.2. EMT Optional Skills Medical Director.
“EMT Optional skills medical director” means a Physician and Surgeon licensed in California who is certified by or prepared for certification by either the American Board of Emergency Medicine or the Advisory Board for Osteopathic Specialties and is appointed by the LEMSA medical director to be responsible for any of the EMT Optional skills that are listed in Sections 100063(b) and 100064 of this Chapter including medical control. Waiver of the board-certified requirement may be granted by the LEMSA medical director if such physicians are not available for approval.
§ 100060. No change.

§ 100061. EMT Local Accreditation.

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

Note: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.

§ 100061.1. No change.

§ 100061.2. No change.

ARTICLE 2. GENERAL PROVISIONS

§ 100062. Application of Chapter to Operation of Ambulances.

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

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

(1) Physicians currently licensed in California.

(2) Registered nurses currently licensed in California.

(3) Physicians' assistants currently licensed in California.

(4) Paramedics currently licensed in California.
(5) Advanced Emergency Medical Technicians (Advanced EMTs) currently certified in California.

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

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

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

(d) A licensed paramedic employed as an EMT may perform any activity identified in the
scope of practice of an EMT without requiring a separate certification.

d) 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, basic life support protocols, policies and procedures and documentation
which may include completing an electronic health record (EHR) 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.

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

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

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

1. Discontinue all medical practice requiring an active and valid EMT certificate.
(2) Return the EMT certificate to the certifying entity.

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

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

(5) This information shall be entered into the Central Registry by the certifying entity who issued the EMT certificate.


§ 100063. Basic Scope of Practice of Emergency Medical Technician.
(a) During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a certified EMT or supervised EMT student is authorized to do any of the following:

(1) Evaluate the ill and injured.

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

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

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

(5) Administer oxygen.

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

(A) Oropharyngeal airway;

(B) Nasopharyngeal airway;

(C) Suction devices;

(D) Basic oxygen delivery devices for supplemental oxygen therapy including, but not limited to, humidifiers, partial rebreathers, and venturi masks; and
(E) Manual and mechanical ventilating devices designed for prehospital use including continuous positive airway pressure.

(7) Use various types of stretchers and spinal motion restriction or immobilization (immobilization) devices.

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

(A) Bleeding control through the application of tourniquets;

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

(C) Spinal motion restriction or immobilization (immobilization);

(D) Seated spinal motion restriction or immobilization (immobilization);

(E) Extremity splinting; and

(F) Traction splinting.

(9) Administer over the counter medications when approved by the medical director of the LEMSA, including, but not limited to:

(A)(G) Administer Oral glucose or sugar solutions,

(B)(H) Administer Aspirin

(10) (I) Extricate entrapped persons.

(11) (I) Perform field triage.

(12) (J) Transport patients.

(13) (K) Apply Mechanical patient restraint.

(14) (L) Set up for ALS procedures, under the direction of an Advanced EMT or Paramedic.

(15) (M) Perform automated external defibrillation.

(16) (N) Assist patients with the administration of physician-prescribed devices including, but not limited to, patient-operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices.
(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:

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

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

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

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

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

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

(3) Administer naloxone or other opioid antagonist by intranasal and/or intramuscular
routes for suspected narcotic overdose;

(4) Administer epinephrine by auto-injector for suspected anaphylaxis and/or severe
asthma;
(5) Perform finger stick blood glucose testing; when appropriate authorization is obtained from State and Federal agencies, including from the Centers for Medicare and Medicaid Services pursuant to the Clinical Laboratory Improvement Amendments (CLIA).

(6) Administer over the counter medications, when approved by the medical director, including but not limited to:

(A) Aspirin.

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

(c) (d) The scope of practice of an EMT shall not exceed those activities authorized in this Section, Section 100064, and Section 100064.1.

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


§ 100063.1. No change.

§ 100064. EMT Optional Skills.

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

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

(b)(1) Use of perilaryngeal airway adjuncts.
Training in the use of perilaryngeal airway adjuncts shall consist of not less than five (5) hours to result in the EMT being competent in the use of the device and airway control. Included in the above training hours shall be the following topics and skills:

(A) Anatomy and physiology of the respiratory system.
(B) Assessment of the respiratory system.
(C) Review of basic airway management techniques, which includes manual and mechanical.
(D) The role of the perilaryngeal airway adjuncts in the sequence of airway control.
(E) Indications and contraindications of the perilaryngeal airway adjuncts.
(F) The role of pre-oxygenation in preparation for the perilaryngeal airway adjuncts.
(G) Perilaryngeal airway adjuncts insertion and assessment of placement.
(H) Methods for prevention of basic skills deterioration.
(I) Alternatives to the perilaryngeal airway adjuncts.

At the completion of initial training a student shall complete a competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of perilaryngeal airway adjuncts.

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

Training in the administration of naloxone shall consist of no less than two (2) hours to result in the EMT being competent in the administration of naloxone and managing a patient of a suspected narcotic overdose. Included in the training hours listed above shall be the following topics and skills:

(A) Common causative agents
(B) Assessment findings
(C) Management to include but not be limited to:
(D) Need for appropriate personal protective equipment and scene safety awareness
Profile of Naloxone to include, but not be limited to:

1. Indications
2. Contraindications
3. Side/adverse effects
4. Routes of administration
5. Dosages
(F) Mechanisms of drug action
(G) Calculating drug dosages
(H) Medical asepsis
(I) Disposal of contaminated items and sharps

At the completion of this training, the student shall complete a competency-based written and skills examination for administration of naloxone which shall include:

(A) Assessment of when to administer naloxone,
(B) Managing a patient before and after administering naloxone,
(C) Using universal precautions and body substance isolation procedures during medication administration,
(D) Demonstrating aseptic technique during medication administration,
(E) Demonstrating preparation and administration of parenteral medications by a route other than intravenous.
(F) Proper disposal of contaminated items and sharps.

A LEMSA shall establish policies and procedures for skills competency demonstration that requires the accredited EMT to demonstrate skills competency at least every two (2) years, or more frequently as determined by EMSQIP.
(d)-(b) (2) Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma.
(4) (A) Training in the administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma shall consist of no less than two (2) hours to result in the EMT being competent in the use and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training hours listed above shall be the following topics and skills:

(A) Common causative agents

(B) Assessment findings

(C) Management to include but not be limited to:

(1) Need for appropriate personal protective equipment and scene safety awareness

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

(A) Names

(B) Indications

(C) Contraindications

(D) Complications

(E) Side/adverse effects

(F) Interactions

(G) Routes of administration by auto-injector

(H) Calculating Dosages

(I) Mechanisms of drug actions

(J) Medical asepsis

(K) Disposal of contaminated items and sharps

12. Medication administration

(2) (B) At the completion of this training, the student shall complete a competency based written and skills examination for the use and/or administration of epinephrine by
prefilled syringe and/or drawing up the proper drug dose into a syringe which shall include:

(A) 1. Assessment of when to administer epinephrine,
(B) 2. Managing a patient before and after administering epinephrine,
(C) 3. Using universal precautions and body substance isolation procedures during medication administration,
(D) 4. Demonstrating aseptic technique during medication administration,
(E) 5. Demonstrate preparation and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe.
(F) 6. Proper disposal of contaminated items and sharps.

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

(3)(e) Administer the medications listed in this subsection.

(1)(A) Using prepackaged products, the following medications may be administered:
(A) Atropine
(B) Pralidoxime Chloride

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

(A) Indications
(B) Contraindications
(C) Side/adverse effects
(D) Routes of administration
(E) Dosages
(F) Mechanisms of drug action
Disposal of contaminated items and sharps

Medication administration.

At the completion of this training, the student shall complete a competency based written and skills examination for the administration of medications listed in this subsection which shall include:

(A) Assessment of when to administer these medications,
(B) Managing a patient before and after administering these medications,
(C) Using universal precautions and body substance isolation procedures during medication administration,
(D) Demonstrating aseptic technique during medication administration,
(E) Demonstrate the preparation and administration of medications by the intramuscular route.
(F) Proper disposal of contaminated items and sharps.

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

(a) (A) The medical director of the LEMSA shall submit a written request, Form #EMSA-0391, revised (12/16) 07/16, herein incorporated by reference, and obtain approval from the director of the Authority, who shall consult with a committee of LEMSA medical directors named by the Emergency Medical Services Medical Directors’ Association of California, Inc. (EMDAC), for any additional medications that in his/her professional judgment should be approved for implementation of Section 100064(a)(3)100063(b)(4).

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

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

(e) (b) A LEMSA shall establish policies and procedures for skills competency demonstration that requires the accredited EMT to demonstrate skills competency at least every two (2) years, or more frequently as determined by the EMSQIP.
(f) The medical director of the LEMSA shall develop a plan for each optional skill allowed. The plan shall, at a minimum, include the following:

1. A description of the need for the use of the optional skill.

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

3. A description of the data collection methodology which shall also include an evaluation of the effectiveness of the optional skill.

4. The policies and procedures to be instituted by the LEMSA regarding medical control and use of the optional skill.

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

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

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

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

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

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

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

(h) The LEMSA medical director may approve an optional skill medical director to be responsible for accreditation and any or all of the following requirements:
(1) Approve and monitor training programs for optional skills including refresher training within the jurisdiction of the LEMSA.

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

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

(g) An EMT accredited in an optional skill may assist in demonstration of competency and training of that skill.

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

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

Note: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.

§ 100064.1. EMT Trial Studies.

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

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

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

(2) A compendium of relevant studies and material from the medical literature.
1. (3) A description of the proposed study design, including the scope of study and method of evaluating the effectiveness of the procedure(s) or medication(s), and expected outcome.

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

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

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

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

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

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

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

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

10. (1) Recommend termination of the study if there are adverse effects or if no benefit from the study is shown.
(2) Recommend continuation of the study for a maximum of eighteen (18) additional months if potential but inconclusive benefit is shown.

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

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

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

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

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

(2) Accept the study recommendations.

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

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

Note: Authority cited: Section 1797.107 and 1797.170, Health and Safety Code.

ARTICLE 3. PROGRAM REQUIREMENTS FOR EMT TRAINING PROGRAMS

§ 100065. No change.

§ 100066. No change.

§ 100067. No change.

§ 100068. No change.

§ 100069. EMT Training Program Notification.
(a) In accordance with Section 100057 the EMT Approving Authority shall notify the training program submitting its request for training program approval within seven (7) working days of receiving the request that:

(1) The request has been received,

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

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

(b) Program approval or disapproval shall be made in writing by the EMT approving authority to the requesting training program within a reasonable period of time after
receipt of all required documentation. This time period shall not exceed three (3)
months.
(e) (b) The EMT approving authority shall establish the effective date of program
approval in writing upon the satisfactory documentation of compliance with all program
requirements.
(d) (c) The EMT training program approval effective date shall be the day the approval
is issued. The approval shall be valid for four (4) years following the effective date of
program approval ending on the last day of the month in which it was issued and may
be renewed every four (4) years subject to the procedure for program approval specified
in this Chapter section.
(e) (d) Approved EMT training programs shall also receive approval as a continuing
education CE provider effective the same date as the EMT training program approval.
The CE program expiration date shall be the same expiration date as the EMT training
program. The CE provider shall comply with all of the requirements contained in
Chapter 11 of this Division.
(f) (e) (d) The LEMSA shall notify the Authority concurrently with the training program of
approval, renewal of approval, or disapproval of the training program, and include the
effective date. This notification is in addition to the name and address of training
program, name of the program director, phone number of the contact person, frequency
and cost for both basic and refresher courses, student eligibility, and program approval/
expiration date of program approval.
NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
Code. Reference: Sections 1797.109, 1797.170, 1797.173 and 1797.208, Health and
Safety Code.

§ 100070. Teaching Staff.

(a) Each EMT training program shall provide for the functions of administrative direction,
medical quality coordination, and actual program instruction. Nothing in this section
precludes the same individual from being responsible for more than one of the following
functions if so qualified by the provisions of this section:

(b) Each EMT training program shall have an approved program director who shall
be qualified by education and experience with at least forty (40) hours of documented
teaching methodology instruction in areas related to in methods, materials, and
evaluation of instruction which shall be documented by at least forty (40) hours in
teaching methodology. The courses include but are not limited to the following
examples:

(1) State Fire Marshall Instructor 1A and 1B,
(2) National Fire Academy's Instructional Methodology,
(3) Training programs that meet the United States Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.

(e)(c) Duties of the program director, in coordination with the program clinical coordinator, shall include but not be limited to:

(1) Administering the training program.

(2) Approving course content.

(3) Approving all written examinations and the final skills examination.

(4) Coordinating all clinical and field activities related to the course.

(5) Approving the principal instructor(s) and teaching assistants.

(6) Signing all course completion records.

(7) Assuring that all aspects of the EMT training program are in compliance with this Chapter and other related laws.

(d) Each training program shall have an approved program clinical coordinator who shall be either a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years. Duties of the program clinical coordinator shall include, but not be limited to:

(1) Responsibility for the overall quality of medical content of the program;

(2) Approval of the qualifications of the principal instructor(s) and teaching assistant(s).

(e)(d) Each training program shall have a principal instructor(s), who may also be the program clinical coordinator or program director, who shall be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to in methods, materials, and evaluation of instruction and shall meet the following qualifications:

which shall be documented by at least forty hours in teaching methodology. The courses include but are not limited to the following examples:

(1) State Fire Marshal Instructor 1A and 1B,

(2) National Fire Academy’s Instructional Methodology,
(3) Training programs that meet the United States Department of 
Transportation/National Highway Traffic Safety Administration 2002 Guidelines for 
Educating EMS Instructor such as the National Association of EMS Educators Course, 
and who shall:

(A) (1) Be a Physician, Registered Nurse, Physician Assistant, or Paramedic currently 
licensed in California; or,

(B) (2) Be an Advanced EMT or EMT who is currently certified in California.

(C) (3) Have at least two (2) years of academic or clinical experience in the practice of 
emergency medicine or prehospital care in the last five (5) years.

(D) (4) Be approved by the program director in coordination with the program clinical 
coordinator as qualified to teach the topics to which s/he is assigned. All principal 
instructors from approved EMT Training Programs shall meet the minimum 
qualifications as specified in subsection (d) of this Section.

(e) (f) Each training program may have teaching assistant(s) who shall be qualified by 
training and experience to assist with teaching of the course and shall be approved by 
the program director in coordination with the program clinical coordinator as qualified to 
assist in teaching the topics to which the assistant is to be assigned. A teaching 
assistant shall be supervised by a principal instructor, the program director and/or the 
program clinical coordinator.

Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety 

§ 100071. No change.

§ 100072. Withdrawal of EMT Training Program Approval.

(a) Noncompliance with any criterion required for program approval, use of any 
unqualified teaching personnel, or noncompliance with any other applicable Failure to 
comply with the provisions of this Chapter may result in denial, probation, suspension or 
revocation of program approval by the EMT training program approving authority. 
Notification of noncompliance and action to place on probation, suspend, or revoke shall 
be done as follows:

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

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

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

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

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

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

(A) Accept the evidence of compliance provided, or

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

(C) Place the training program on probation, or

(D) Suspend or revoke the training program approval.

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

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

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

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

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

(E) The revocation effective date, if applicable.

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

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


§ 100073. Components of an Approved Program.

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

(1) The EMT course, including clinical experience;

(2) Periodic and a final written and skills competency examinations to include all skills covered by course content listed in section 100075;

(3) A challenge examination; and

(4) A refresher course required for renewal or reinstatement, recertification.

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


§ 100074. EMT Training Program Required Course Hours.

(a) The EMT course shall consist of not less than one hundred seventy (170) Seventy-four (174) (160) hours. These training hours shall be divided into:

(1) A minimum of one hundred forty-six (146) fifty (150) thirty-six (136) hours of didactic instruction and skills laboratory; and
(2) A minimum of twenty-four (24) hours of supervised clinical experience. The clinical experience shall include a minimum of ten (10) documented patient contacts wherein a patient assessment and other EMT skills are performed and evaluated.

(A) High fidelity simulation, when available, may replace up to six (6) hours of supervised clinical experience and may replace up to three (3) documented patient contacts. As described above may be satisfied through the use of high fidelity simulation patient contacts as defined in Section 100057.1.

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

(b) The minimum hours shall not include the examinations for EMT certification as specified in Sections 100059 and 100059.1 of this Chapter.


§ 100075. Required Course Content.

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

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

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

(2) Review treatment of open chest wall injuries;

(3) Types of hemostatic dressings; and

(4) Importance of maintaining normal body temperature.
(5)(c) At the completion of initial training, a student shall complete a competency-based written and skills examination for controlling bleeding and the use of hemostatic dressings.

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

1. Common causative agents
2. Assessment findings
3. Management to include but not be limited to:
   A. Need for appropriate personal protective equipment and scene safety awareness
4. Profile of Naloxone to include, but not be limited to:
   A. Indications
   B. Contraindications
   C. Side/adverse effects
   D. Routes of administration
   E. Dosages
   F. Mechanisms of drug action
   G. Calculating drug dosages
   H. Medical asepsis
   I. Disposal of contaminated items and sharps
   J. Medication administration

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

A. Assessment of when to administer naloxone,
B. Managing a patient before and after administering naloxone.
(C) Using universal precautions and body substance isolation procedures during medication administration.

(D) Demonstrating aseptic technique during medication administration.

(E) Demonstrate preparation and administration of parenteral medications by intranasal and intramuscular routes.

(F) Proper disposal of contaminated items and sharps.

(d) Training in the administration of epinephrine for suspected anaphylaxis and/or severe asthma shall result in the EMT being competent in the use and administration of epinephrine by auto-injector and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training shall be the following topics and skills:

(1) Common causative agents

(2) Assessment findings

(3) Management to include but not be limited to:
   (A) Need for appropriate personal protective equipment and scene safety awareness

(4) Profile of epinephrine to include, but not be limited to:
   (A) Indications
   (B) Contraindications
   (C) Side/adverse effects
   (D) Mechanisms of drug action
   (5) Administration by auto-injector
   (6) Medical asepsis
   (7) Disposal of contaminated items and sharps

(8) At the completion of this training, the student shall complete a competency based written and skills examination for the use and administration of epinephrine by auto-injector which shall include:

(A) Assessment of when to administer epinephrine.
(B) Managing a patient before and after administering epinephrine,

(C) Using universal precautions and body substance isolation procedures during medication administration,

(D) Demonstrating aseptic technique during medication administration

(E) Demonstrate preparation and administration of epinephrine by auto-injector

(F) Proper disposal of contaminated items and sharps

d) Training in the administration of epinephrine for suspected anaphylaxis and/or severe asthma shall result in the EMT being competent in the use and administration of epinephrine by auto-injector and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training shall be the following topics and skills:

(1) Common causative agents

(2) Assessment findings

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

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

(4) Profile of epinephrine to include, but not be limited to:

(A) Indications

(B) Contraindications

(C) Side/adverse effects

(D) Mechanisms of drug action

(5) Administration by auto-injector

(6) Medical asepsis

(7) Disposal of contaminated items and sharps

e) Training in the use of finger stick blood glucose testing shall result in the EMT being competent in the use of a glucometer and managing a patient with a diabetic emergency. Included in the training shall be the following topics and skills:
(1) Blood glucose determination

(A) Assess blood glucose level

(B) Indications

1 Decreased level of consciousness in the suspected diabetic

2 Decreased level of consciousness of unknown origin

(C) Procedure for use of finger stick blood glucometer

1 Cleaning the site Medical asepsis

2 Refer to manufacturer’s instructions for device being used

(D) Disposal of sharps

(E) Limitations

1 Lack of calibration

(F) Interpretation of results

(G) Patient assessment

(H) Managing a patient before and after finger stick glucose testing

(2) At the completion of this training, the student shall complete a competency based written and skills examination for finger stick blood glucose testing which shall include:

(A) Assessment of when to test blood glucose using a finger stick glucometer,

(B) Managing a patient before and after blood glucose testing,

(C) Using universal precautions and body substance isolation procedures during blood glucose testing,

(D) Demonstrating aseptic technique,

(E) Proper disposal of contaminated items and sharps,

(f) In addition to the above, the content of the training course shall include a minimum of four (4) eight (8) hours of tactical casualty care (TCC) principles applied to
violent circumstances with at least the following topics and skills and shall be competency based:

(1) History and Background of Tactical Casualty Care

(A) Demonstrate knowledge of tactical casualty care History of Tactical Combat Casualty Care (TCCC)

1. History of active shooter and domestic terrorism incidents

(B) History of Tactical Emergency Casualty Care (TECC)

(C) 2. Define roles Roles and responsibilities of first responders including Law Enforcement, Fire and EMS.

(D) Integration with EMS and 3. Review of local Local active shooter policies

(E) California Law and Regulations regarding Tactical EMS and Tactical Medicine

(F) 4. Scope of practice and authorized skills and procedures by level of training, certification, and licensure zone

(2) Terminology and definitions

(A) Demonstrate knowledge of terminology

1. Hot zone/warm zone/cold zone

2. Casualty collection point

3. Rescue task force

4. Cover/concealment

(3) Coordination Command and Control

(A) Demonstrate knowledge of Incident Command and how agencies are integrated into tactical operations.

1. Demonstrate knowledge of team command, control and communication

(A) a. Incident Command System (ICS) /National Incident Management System (NIMS)

(B) b. Mutual Aid considerations
(C) c. Unified Command

(D) d. Communications, including radio interoperability

(E) e. Command post
i. Staging areas
ii. Ingress/egress
iii. Managing priorities

(4) Tactical and Rescue Operations

(A) Demonstrate knowledge of tactical and rescue operations

1. Tactical Operations – Law Enforcement
a. The priority is to mitigate the threat
b. Contact Team
c. Rescue Team

(5) 2. Rescue Operations – Law Enforcement/EMS/Fire

a. The priority is to provide life-saving interventions to injured parties

(A) Integrated police/fire/EMS movement and coordination
(B) b. Formation of Rescue Task Force (RTF)
(C) Force protection
(D) c. Casualty collection points
(F) Other local methods for tactical operation and EMS integration (i.e. rescue corridor, shrink Hot Zone)

(5) Basic Tactical Casualty Care and Evacuation

(A) Demonstrate appropriate casualty care at your scope of practice and certification

1. Demonstrate knowledge of the components of the Individual First Aid Kit (IFAK) and/or medical kit.
a. Understand the priorities of Tactical Casualty Care as applied by zone.

(B) Demonstrate competency through practical testing of the following medical treatment skills:

(A) 1. Bleeding control
   a. Apply Tourniquet
      i. Self-Application
      ii. Application on others
   b. Apply Direct Pressure
   3. Apply Pressure with Emergency Bandage
   4. c. Apply Pressure Dressing
   5. d. Apply Hemostatic Dressing with Wound Packing, utilizing California EMSA-approved products

(B) 2. Airway and Respiratory management
   a. Perform Chin Lift/Jaw Thrust Maneuver
   b. Recovery position Place casualty in the Recovery Position
   c. Position of comfort Place casualty in the Sitting Up/Lean Forward Airway Position
   4. Insert Nasopharyngeal Airway. d. Airway adjuncts, if approved by the Local EMS agency

(C) Recognition and Treatment of Shock

(D) Prevention of Hypothermia

(E) Penetrating Eye Injuries
   1. Cover Eye with Rigid Shield
(E) C. Demonstrate competency in patient movement and evacuation. Evacuation and Patient Movement

1. Drags and lifts.
   a. Demonstrate Modified Fireman’s - Hawes Carry (1 person)
   b. Demonstrate Shoulder-Belt drag – Seal Team 3 Carry (2 Person)
   c. Demonstrate Rapid Shoulder-to-Shoulder drag (2 person)

2. Lifts and Carries
   a. Demonstrate Fore-Aft Carry (2 Person)
   b. Demonstrate Side-by-Side Carry (2 person)
   c. Demonstrate Side-by-Side Carry (3 person)

3. Patient Movement
   a. Use Soft-Litter
   b. Use local movement devices

D. Demonstrate knowledge of local multi-casualty/mass casualty incident protocols.

(G) 1. Triage procedures (START or SALT).

2. CCP – Triage, Treatment and Transport.

(7) Medical Planning and (6.) Threat Assessment.

(A) Demonstrate knowledge in threat assessment.

1. Understand and demonstrate knowledge of situational awareness
   a. Pre-assessment of community risks and threats.
   b. Pre-incident planning and coordination
   c. Medical resources available.

(7) Practical Skills Assessment
(B) (A) At the completion of this training, the student shall demonstrate knowledge and skills through documented cognitive and/or skills evaluation; complete a competency based practical skills/scenario examination that shall include:

1. Demonstrate the following skills:

(A) a. Medical skills

1. i. Bleeding control including tourniquet, wound packing and pressure dressing.

2. ii. Basic Airway management including maneuvers, recovery position, and adjuncts.

3. iii. chest injuries including chest seals (vented preferred).

3. Respiratory Care, including open chest wounds

(B) b. Patient movement and extrication and evacuation

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

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

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


§ 100076. No change.

§ 100077. No change.

§ 100078. No change.

ARTICLE 4. EMT CERTIFICATION

§ 100079. EMT Initial Certification Requirements.

(a) An individual who meets one of the following criteria shall be eligible for initial certification upon fulfilling the requirements of subdivision (b) of this Section:
(1) Pass the written cognitive examination and skills—psychomotor examination specified in Sections 100059 and 100059.1 of this Chapter within the last two (2) years from the date of application of applying for EMT certification and have either: (A) A valid EMT course completion record or other documented proof of successful completion of any initial EMT course approved pursuant to Section 100066 of this Chapter dated issued within the last two (2) years of the date of application, or

(2B) Pass the written cognitive examination and skills—psychomotor examination specified in Sections 100059 and 100059.1 of this Chapter within the last two (2) years from the date of application of applying for EMT certification and have documentation of successful completion of an approved out-of-state initial EMT training course, within the last two (2) years, that meets the requirements of this Chapter, or

(3C) Pass the written cognitive examination and skills—psychomotor examination specified in Sections 100059 and 100059.1 of this Chapter within the last two (2) years from the date of application of applying for EMT certification and have a current and valid out-of-state EMT certificate, or

(42) Possess a current and valid National Registry EMT-Basic, Advanced EMT or Paramedic registration certificate, or

(53) Possess a current and valid out-of-state or National Registry Advanced EMT-Intermediate or Paramedic certificate, or

(64) Possess a current and valid California Advanced EMT or EMT-II certification certificate or a current and valid California Paramedic license.

(b) In addition to meeting one of the criteria listed in subdivision (a), to be eligible for initial certification, an individual shall:

(1) Be eighteen (18) years of age or older;

(2) Complete the criminal history background check requirement as specified in Article 4, Chapter 10 of this Division. The certifying entity shall receive the State and Federal criminal background check results before issuing an initial certification.

(3) Complete an application form that contains this statement: “I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT certification in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as an EMT in California.”;
(4) Disclose any prior and/or current certification, licensure, or accreditation actions:

   (A) Against an EMT or Advanced EMT, or EMT-II certificate, or any denial of certification by a LEMSA, including any active investigations;

   (B) Against a Paramedic license, or any denial of licensure by the Authority, including any active investigations;

   (C) Against any EMS-related certification or license of another state or other issuing entity, including denials and any active investigations; or

   (D) Against any health-related license.

(5) Disclose any pending or current criminal investigations.

(6) Disclose any pending criminal charges.

(7) Disclose any prior convictions.

(8) Disclose each and every certifying entity or LEMSA to which the applicant has applied for certification in the previous 12 months.

(8) (8) (9) Pay the established fee.

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

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

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

(9) Provide documentation of successful completion by an approved EMT training program in tactical casualty care principles that meets the standards and requirements of section 100075 subsection (e) (f) within twenty-four (24) months after the effective date of these regulations.
(c) The EMT certifying entity shall issue a wallet-sized certificate card, pursuant to Section 100344, subdivisions (c) and (d), of Chapter 10 of this Division, within forty-five (45) days to eligible individuals who apply for an EMT certificate and successfully complete the requirements of this Chapter.

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

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

(1) For an individual who meets the criteria for certification required by this section shall be issued a certificate and listed in subdivisions (a)(1)(A) or (a)(2)(1)(B) of this Section, the expiration date shall be the last day of the month two (2) years from the effective date of the initial certification.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE 5. MAINTAINING EMT CERTIFICATION AND RECERTIFICATION

§ 100080. EMT Recertification. Certification Renewal

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

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

(2) Obtain at least twenty-four (24) hours of continuing education hours (CEH) from an approved CE provider in accordance with the provisions contained in Chapter 11 of this Division, or successfully complete a twenty-four (24) hour refresher course from an approved EMT training program. An individual who is currently licensed in California as a Paramedic or certified as an Advanced EMT or EMT-II, or who has been certified within six (6) months of the date of application, may be given credit for CEH earned as a Paramedic, Advanced EMT or EMT-II to satisfy the CE requirement for EMT recertification as specified in this Chapter.

(2) Meet one of the following continuing education requirements:

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

(A) Obtain at least twenty-four (24) hours of continuing education (CE) within the 24 months prior to applying for renewal, from an approved CE provider in accordance with the provisions contained in Chapter 11 of this Division. Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor led, or

1. CE’s may be used to renew multiple licensure/certification types as long as they are earned within the licensure/certification cycle being renewed and were not used in a previous cycle.

2. Skills maintenance and competency shall be met through the EMS service providers Quality Improvement Program (QIP) pursuant to Chapter 12 of this Division.

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

(3)-(4) Complete an application form and other processes as specified in Section 100079, subdivisions (b)(3)-(b)(9), (5), of this Chapter.

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

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

(6) Starting 24 months after the effective date of these regulations, any EMT renewing for the first time, following implementation, shall submit documentation of successful completion by an approved EMT training program or approved CE provider in the following training:

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

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

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

(D) If individual possesses a current California issued paramedic license or California Advanced EMT certificate then the individual need not provide proof of (a)(6)(A)(B)(C) of this Section.

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

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

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

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

(e) A California certified EMT who is a member of the Armed Forces of the United States and whose certification expires while deployed on active duty, or whose certification expires less than six (6) months from the date they return from active duty deployment, with the Armed Forces of the United States shall have six (6) months from the date they return from active duty deployment to complete the requirements of Section 100080, subdivisions (a)(2)-(a)(5). In order to qualify for this exception, the individual shall: submit proof of their membership in the Armed Forces of the United States and documentation of their deployment starting and ending dates. Continuing education credit may be given for documented training that meets the requirements of Chapter 11 of this Division while the individual was deployed on active duty. The documentation shall include verification from the individual's Commanding Officer attesting to the training attended.

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

Note: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code. Reference: Sections 1797.61, 1797.62, 1797.109, 1797.118, 1797.170, 1797.184, 1797.210 and 1797.216, Health and Safety Code; and United States Code, Title 10, Subtitle A, Chapter 1, Section 101.
§ 100081. Recertification Reinstatement of an Expired California EMT Certificate.

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

1. For a lapse of less than six (6) months, the individual shall meet one of the following continuing education requirements: complete the requirements of Section 100080, subdivisions (a)(2)-(a)(5).

   (A) Successfully complete a twenty-four (24) hour refresher course from an approved EMT training program within the 24 months prior to applying for reinstatement, or

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

   1. Obtain at least twenty-four (24) hours of continuing education (CE), within the 24 months prior to applying for reinstatement, from an approved CE provider in accordance with the provisions contained in Chapter 11 of this Division. Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor led.

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

   (C) Complete an application form and other processes as specified in Section 100079, subdivisions (b)(3)-(b)(9), of this Chapter.

   (D) Complete the criminal history background check requirements as specified in Article 4, Chapter 10 of this Division when the background check results are not on file with the certifying entity that is processing the reinstatement. The certifying entity shall receive the State and Federal criminal background check results before issuing a certification.
(E) Submit a completed skills competency verification form, EMSA-SCV (08/10). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program (EMT training program, AEMT training program, Paramedic training program or CE provider), or an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification.

(F) Starting 24 months after the effective date of these regulations, any EMT renewing for the first time, following implementation, shall submit documentation of successful completion by an approved EMT training program or approved CE provider in the following training:

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

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

(G) Provide documentation of successful completion by an approved EMT training program in 3. the use of a glucometer that meets the standards and requirements of section 100075 subsection (e) within twenty-four (24) months after the effective date of these regulations.
(G) If an individual possesses a current California issued paramedic license or California Advanced EMT certificate then the individual need not provide proof of (a)(1)(F)(1.)(2.)(3.) of this Section.

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

(2) For a lapse of six (6) months or more, but less than twelve (12) months, the individual shall meet one of the following continuing education requirements:

(A) Complete the requirements of Section 100080, subdivisions (a)(2)-(a)(5), and successfully complete a twenty-four (24) hour refresher course from an approved EMT training program, and twelve (12) hours of continuing education, within the 24 months prior to applying for reinstatement, or

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

1. (B) Obtain at least twenty-four (24) thirty-six (36) hours of continuing education (CE), within the 24 months prior to applying for reinstatement, from an approved CE provider in accordance with the provisions contained in Chapter 11 of this Division. Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor led.

1. CEs may be used to renew multiple licensure/certification types.

2. Skills maintenance and competency shall be met through the EMS service providers Quality Improvement Program (QIP) pursuant to Chapter 12 of this Division.

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

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

(C) Complete an application form and other processes as specified in Section 100079, subdivisions (b)(3)-(b)(9), of this Chapter.
(D) Complete the criminal history background check requirements as specified in Article 4, Chapter 10 of this Division when the background check results are not on file with the certifying entity that is processing the reinstatement. The certifying entity shall receive the State and Federal criminal background check results before issuing a certification.

(E) Submit a completed skills competency verification form, EMSA-SCV (08/10). Form EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program (EMT training program, AEMT training program, Paramedic training program or CE provider), or an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers and other EMS providers. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification.

(F) Starting 24 months after the effective date of these regulations, any EMT renewing for the first time, following implementation, shall submit documentation of successful completion by an approved EMT training program or approved CE provider in the following training:

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

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

(G) If an individual possesses a current California issued paramedic license or California Advanced EMT certificate then the individual need not provide proof of (a)(2)(E)(1.)(2.)(3.) of this Section.

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

(3) For a lapse of twelve (12) months or more, but less than twenty-four (24) months, the individual shall meet one of the following continuing education requirements:

(A) Complete the requirements of Section 100080, subdivisions (a)(2)-(a)(5), and Successfully complete a twenty-four (24) hour refresher course from an approved EMT training program, and twenty-four (24) hours of continuing education, within the 24 months prior to applying for reinstatement or

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

1. (B) Obtain at least twenty-four (24) forty-eight (48) hours of continuing education (CE), within the 24 months prior to applying for reinstatement, from an approved CE provider in accordance with the provisions contained in Chapter 11 of this Division. Beginning twenty-four (24) months after the effective date of these regulations, six (6) hours of the required continuing education shall be taken in person and shall be skills based and instructor led, or

1. CEs may be used to renew multiple licensure/certification types.

2. Skills maintenance and competency shall be met through the EMS service providers Quality Improvement Program (QIP) pursuant to Chapter 12 of this Division.

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

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

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

(E) Submit a completed skills competency verification form, EMSA-SCV (08/10). Form
EMSA-SCV (08/10) is herein incorporated by reference. Skills competency shall be
verified by direct observation of an actual or simulated patient contact. Skills
competency shall be verified by an individual who is currently certified or licensed as an
EMT, AEMT, Paramedic, Registered Nurse, Physician's Assistant, or Physician and
who shall be designated by an EMS approved training program (EMT training program,
AEMT training program, Paramedic training program or CE provider), or an EMS
service provider. EMS service providers include, but are not limited to, public safety
agencies, private ambulance providers and other EMS providers. Verification of skills
competency shall be valid for a maximum of two (2) years for the purpose of applying
for recertification.

(F) Starting 24 months after the effective date of these regulations, any EMT renewing
for the first time, following implementation, shall submit documentation of successful
completion by an approved EMT training program or approved CE provider in the
following training:

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

(G) Provide documentation of successful completion by an approved EMT training program in 3. the use of a glucometer that meets the standards and requirements of section 100075 subsection (e) within twenty-four (24) months after the effective date of these regulations.

(G) If an individual possesses a current California issued paramedic license or California Advanced EMT certificate then the individual need not provide proof of (a)(3)(E)(1.)(2.)(3.) of this Section.

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

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

(C)(k) (H) Pass the cognitive and psychomotor written and skills certification exams as specified in Sections 100059 and 100059.1 of this Chapter within two (2) years from the date of application of applying for EMT reinstatement certification unless the individual possesses a current and valid EMT, AEMT or paramedic National Registry Certificate or a current and valid AEMT certificate or paramedic license.

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

(b) For individuals who meet the requirements of Section 100081, subdivision (a)(1), (a)(2), or (a)(3), the EMT certifying entity shall make the effective date of reinstatement recertification the day the certificate is issued. The certification expiration date will be the last day of the month two (2) years from the effective date. earliest date of the following to occur:

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

(2) the expiration date of the current National Registry Certificate.
(c) The EMT certifying entity shall issue a wallet-sized certificate card, pursuant to Section 100344, subdivisions (c) and (d), of Chapter 10 of this Division, within forty-five (45) days to eligible individuals who apply for EMT reinstatement recertification and successfully complete the requirements of this Chapter.

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

ARTICLE 6. RECORD KEEPING AND FEES

§ 100082. Record Keeping.

(a) Each EMT approving authority shall maintain a list of approved training programs within its jurisdiction and provide the Authority with a copy. The Authority shall be notified of any changes in the list of approved training programs as such occur.

(b) Each EMT approving authority shall maintain a list of current EMT program directors, clinical coordinators and principal instructors within its jurisdiction.

(c) The Authority shall maintain a record of approved EMT training programs.

(d) A LEMSA may develop policies and procedures which require basic life support services to make available the records of calls maintained in accordance with Section 1100.7, Title 13 of the California Code of Regulations.

(e) The local EMS agency shall develop and implement policies for the medical control and medical accountability that shall include, but not be limited to, the EMT completing an electronic patient care record (ePCR) compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information Systems (NEMSIS) standards.


§ 100083. Fees.

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

§ 100084. No change.

§ 100085. No change.

§ 100086. No change.