Comments on Proposed Revisions to First Aid Standards for Public Safety Personnel
Chapter 1.5, Division 9, Title 22, California Code of Regulations
2nd 15-Day Public Comment Period
August 20, 2014 through September 3, 2014

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General	Kern County Sheriff's Office Cmdr. R. Albro, Training Division	With the proposed changes, it will potentially force all law enforcement agencies in the state to run two separate certified training programs for all instructors and students. This would be a logistical nightmare for an agency our size. We would request that the Cal. EMSA work with all the LEMSAs to develop one State program for all of the skills. We would like to see a job analyses conducted on the proposed changes to determent what impacts this will cause and what benefits can reasonably be expected.	Comment acknowledged. No change. Two separate training programs will not be required as a result of the proposed regulations. Required course content is outlined in Section 100017 of the proposed regulations; this section is a comprehensive list of required topics. Should an agency identify a need for use of additional skills outlined in the Optional Skills section, additional training may be obtained along with the requisite approval from the local EMS agency medical director. The Optional Skills training is entirely optional, not required, and is available to assist departments in meeting local public safety response needs.
General General	CNA CNA	On behalf of the 86,000 registered nurse members of the California Nurses Association (CNA), I am submitting these comments concerning the second modified text of proposed regulations amending Chapter 1.5 of Division 9, of Title 22, addressing First Aid and cardiopulmonary resuscitation (CPR) Standards and Training for firefighters, lifeguards and peace officers,	Comment acknowledged. No change. Health and Safety Code section 1797.221 provides for trial studies utilizing any level of prehospital emergency medical care personnel. Prehospital emergency care personnel are described to be inclusive of public safety personnel (HSC 1797.188, 1797.189) therefore it is specifically within the statutory

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General	CNA	collectively referred to in regulations and in these comments as "public safety personnel." We are deeply concerned what appears to be an attempt to expand the use/scope of public safety personnel, who are not trained or certified as EMTs into the practice area or scope of the EMT, specifically, into the practice area of EMT-I, EMT-II and Paramedics. Any use or manipulation of §1797.221 of the Health and Safety Code as a means of expanding the use or scope of practice of public safety personnel, who are not EMTs, into the practice of EMT-I, EMT-II and Paramedics is misplaced and must not be allowed. Any attempt to do so would exceed the authority granted to EMSA with respect to LEMSA trial studies for pre-hospital emergency medical care personnel. "The medical director of the local EMS agency may approve or conduct any scientific or trial study of the efficacy of the prehospital emergency use of any drug, device, or treatment procedure within the local EMS system, utilizing any level of prehospital emergency medical care personnel. The study shall be consistent with any requirements established by the authority for scientific or trial studies conducted within the prehospital emergency medical care system, and, where	authority granted to the EMSA to provide for regulation of trial studies involving public safety personnel. Further, the nature of a trial study is to test "the efficacy of the prehospital emergency use of any drug, device, or treatment procedure within the EMS system…" Given this design, it is expected that local EMS agencies that elect to operate a trial study would temporarily have personnel providing differing authorized skills than found in other local EMS systems. Trial study testing allows for evaluation of prehospital emergency care, the results of which may inform future regulatory changes to training standards and authorized skills.

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General	CNA	EMSA or LEMSAs necessarily implies the exclusion of any authority for either EMSA or LEMSA to "test, demonstrate (or) evaluate new or expanded roles for" public safety personnel in this instance. The statutes are clear that the only required training for lifeguards, firefighters and peace officers is training in first aid and cardiopulmonary resuscitation (CPR). All ocean, public beach, and public swimming pool lifeguards and all firefighters in this state, except those whose duties are primarily clerical or administrative, shall be trained to administer first aid and cardiopulmonary resuscitation. The training shall meet standards prescribed by the authority, and shall be satisfactorily completed by such persons as soon as practical, but in no event more than one year after the date of employment." "All peace officers described in Section 13518 of the Penal Code, except those whose duties are primarily clerical or administrative, shall be trained to administer first aid and cardiopulmonary resuscitation (CPR). The training shall meet standards prescribed by the authority, in consultation with the Commission on Peace Officers Standards and Training, and shall be satisfactorily completed by those officers as soon	

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General	CNA	as practical, but in no event more than one year after the date of employment. Again, the mention above of first aid and CPR training for the public safety personnel necessarily implies the exclusion of any training for duties and responsibilities traditionally and statutorily reserved for EMTs and paramedics. Moreover, EMSA's general authority to adopt, amend, or repeal regulations granted by the legislature has some specific limitations: "The authority shall adopt, amend, or repeal, after approval by the commission and in accordance with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, such rules and regulations as may be reasonable and proper to carry out the purposes and intent of this division and to enable the authority to exercise the powers and perform the duties conferred upon it by this division not inconsistent with any of the provisions of any statute of this state." EMSA has only been delegated the authority to prescribe training standards for first aid and CPR as it relates to public safety personnel. Testing or conducting pilot studies for training and or granting responsibilities to public safety personnel other than first aid or CPR while at the same	

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General	CNA	time, other statutes grant authority for EMTs and paramedics concerning their scope of practice is clearly ' inconsistent with (other) provisions of ... statute(s) of tlus state." What is being proposed in the instant matter stands in stark contrast to the EMSA's authority for training, certification, discipline and adoption of scopes of practice for EMT I, EMT II and EMT-P paramedics. Similarly, EMSA has been authorized by the legislature to establish training standards for the administration of epinephrine auto-injectors for the treatment of anaphylactic reactions only and not a blanket provision allowing for the testing of any and all other drugs, necessarily implies the exclusion of anything beyond epinephrine for public safety personnel; to wit: "The authority shall establish training and standards for all prehospital emergency care personnel, as defined pursuant to paragraph (2) of subdivision (a) of Section 1797.189, regarding the characteristics and method of assessment and treatment of anaphylactic reactions and the use epinephrine. The authority shall promulgate regulations regarding these matters for use by all prehospital emergency care personnel." The authority to administer epinephrine has been granted by the	

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General	CNA	legislature for this specific emergency medication only. And while the legislature may authorize public safety personnel to administer additional medications in the future, it has not yet done so and therefore, the expansion of the job description of life guards, firefighters and peace officer or any testing or pilot programs that might allow for the same is prohibited and a waste of taxpayer money as these are not within the authority of the EMSA. The trial studies proposal usurps the role of the legislature, circumvents the legislative process in determining additional public safety skills for public safety personnel throughout California and constitutes an ultra vires act on the part of EMSA. And as a practical matter, by allowing the trial studies proposal to go forward the likely result will be to create local differences between public safety personnel. Local differences between the use of public safety personnel would result in a disservice to public safety, to certified EMTs within the ranks of life guard, firefighter and peace officers and to the individuals involved. Whereas some public safety personnel have sought EMT certification in order to be able to perform more advanced skills, trials studies would, if approved, allow public safety personnel to function similarly without the benefit to the public and to the individual, which	

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General	CNA	results from certification. Finally, variations within LEMSAs for job classifications that are statewide mean that individuals who are not certified as EMTs but who have had EMT-like skills added to their locally approved public safety personnel skills cannot transfer those skills into another LEMSA. Collaboration with POST for peace officer training is an EMSA mandate allowing the ultimate decision to expand basic skills for peace officers and to assume the additional training cost with POST. That is not the case with lifeguards and firefighters whose primary employment responsibility rests with different departments, agencies and political subdivisions. Local EMSAs have specific authority to: •". . .be responsible for implementation of advanced life support systems and limited advanced life support systems and for the monitoring of training programs." •"... be responsible for determining that the operation of training programs at the EMT-1, EMT-II, and EMT-P levels are in compliance with this division." •".. .issue a certificate, except an EMT-P certificate, to an individual upon satisfactory completion of an approved training program, passage of the certifying examination designated by	

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General	CNA	the authority, completion of any other requirement established by the authority, and a determination that the individual is not precluded from certification for any of the reasons listed in Section 1798.200 •"... submit certificate status updates to the authority within three working days after a final determination is made regarding a certification disciplinary action taken by the medical director that results in a change to an EMT-1 or EMT-II certificate status. •"... establish a schedule of fees for certification in an amount sufficient to cover the reasonable cost of administering the certification provision of this division. However, a local EMS agency shall not collect fees for the certification or re-certification of EMT-P" • "... provide courses of instruction and training leading to certification as an EMT- I, EMT-11, EMT-P, or authorized registered nurse." • "... require additional training or qualification, for the use of drugs, devices or skills in either the standard scope of practice or a local EMS agency optional scope of practice, which are greater than those provided in this chapter as a condition precedent for practice within such EMS area in an advanced life support or limited advanced life support	

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General	CNA	prehospital care system consistent with standards adopted pursuant to this division." • "... authorize an advanced life support or limited advanced life support program which provides services utilizing EMT-II or EMT-P, or both, for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport to a general acute hospital, during interfacility transfer, while in the emergency department of a general acute care hospital until care responsibility is assumed by the regular staff of that hospital, and during training within the facilities of a participating general acute care hospital." • "... create one or more exclusive operating areas in the development of a local plan, if a competitive process is utilized to select the provider or providers of the services pursuant to the plan. While one may argue the phrase, "... require additional training or qualification, for the use of drugs, devices or skills in either the standard scope of practice or a local EMS agency optional scope of practice," somehow grants authority to do what EMSA and LEMSA are attempting to do in this instance, the phrase must be read in the context of other surrounding statutory language, which	

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General	CNA	clearly refers to EMT training and certification and not in any context referring to public safety personnel. Also supporting the nurses' perspective is The Emergency Medical Services System and Prehospital Emergency Medical Care Personnel Act of 198018 which states in pertinent part: The Local EMS agency, using state minimum standards, shall establish policies and procedure to assure medical control of limited advanced life support and advanced life support personnel The statute that required state coordination over LEMSAs clearly established statewide minimum qualifications for the role of EMT-I, EMT II and EMT-P performing limited advanced life support and advanced life support services to the public and has nothing to do with public safety personnel. The current statutory language retains the language requiring that the policies and procedures approved by the medical director must meet state minimum standards. The local EMS using state minimum standards, establish policies and procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system. The policies and procedure approved by the medical director may require basic life support emergency	

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		medical transportation services to meet any medical control requirement, including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements." The state minimum standards for public safety personnel who are not EMTs is first aid, CPR and the use of other skills specifically authorized by the legislature. EMSA does not have the authority to fragment the standards for public safety personnel by delegating to LEMSAs the authority to modify the skills and practices of public safety personnel through local trial studies. The public and the responders are better served by standardizing the response of those who arrive first of the scene of an emergency and prior to the arrival of certified EMS personnel. Local EMSAs do not have authority over training standards for Public Safety Personnel as that has been specifically delegated to the state EMSA by the legislature. The only mention of Public Safety personnel in the entire section related to the Local EMSA is to allow "Public safety agencies that are certifying entities..." to "... certify and recertify public safety personnel as EMT-!."21 The only local control is over those Public Safety Personnel who may be certified as	
General	CNA	EMT-1 and the certification of the	

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General	CNA	same. It appears as though LEMSA's are being brought into the process at the 2nd modified text in an attempt to use the language of §1797.221, that is specific to the Local EMS Agency, to improperly apply the broad authority of the medical director for trial studies for EMTs, EMT IIs and paramedics to the more limited skills of Public Safety Personnel. . The legislature specified the emergency response training required by peace officers, firefighters, and lifeguards to be limited to first aid and CPR. The legislature later specifically authorized additional areas beyond first aid and CPR that could be included in public safety personnel's first response skills. If the Legislature had intended for EMSA to have the authority to expand the definition of first aid to include the administration of any emergency medication and to perform any invasive procedure it would have been unnecessary for the legislature to authorize through specific legislation additional medical care. § 1797.170 of the Health and Safety Code has been cited as the authority for the creation of §100020 Trial Studies for public safety personnel. These statutes however direct EMSA to, in relevant part: "(a) ... develop and, after approval by	

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General	CNA	the commission pursuant to Section 1799.50, adopt regulations for the training and scope of practice for EMT-1 certification." The authority to adopt regulations for EMT certification does not mean that EMSA can somehow therefore utilize the trial study process to expand the use of life guards, firefighters and peace officers up to the level of care of paramedics based solely on the professional judgment of a LEMSA medical director and the EMSA. Unlike the specific authority granted to EMSA to develop a scope of practice for EMT, EMT II and EMT-P, the legislature did not direct or authorize the EMSA to create and/or expand a "scope of practice" for life-guards, firefighters and peace officers where none currently exists or to attempt to do so by why re-defining "first aid and CPR" for public safety personnel in such a way to include any medication administered normally by a paramedic or perform any procedure up to and including those performed by paramedics. The authority to push life guards, firefighters and peace officers to this level simply does not exist statutorily. The fact that the Legislature indicated that EMSA should develop a scope of practice for those specific categories of emergency medical personnel suggests the legislature intended for	

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General	CNA	EMSA to develop minimum standards for a scope of practice only for those three categories and necessarily implies no authority for EMSA to develop any such standards for those categories not listed such as, life guards, firefighters and peace officers. This proposed expansion of medical care by public safety personnel through trial studies under the authority of the LEMSA Medical Director, also circumvents Chapters 2, 3 and 4 of the California Code of Regulations, Division 9 Prehospital Emergency Medical Services. These chapters contain detailed regulations for the certification of EMT-I, EMT-II, and Paramedics. The notion that lifeguards, firefighters and peace officer who are not EMTs can or should be able to perform the same activities as licensed and certified personnel is a dangerous proposal and in the absence of any clear legislative mandate to allow for the same, no such authority should be inferred. It appears EMSA has done a "cut and paste" of the EMT § 100064.1 Trial Studies without proof reading what they have transferred. Newly proposed §10020 Trial Studies under Chapter 1.5 First Aid and CPR Standards and Training for Public Safety Personnel states, in relevant part:	

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		(g)(3) Recommend the procedure or medication be added to the EMT scope of practice." Although §100020(j)(3) further down on the page references "Public Safety Personnel", the error in proof reading the proposed regulations makes the point that broad authority to determine the scope of practice for EMT-I, EMT-11, and EMT-P is why the legislature authorized changes in medications that could be administered and procedures that could be performed for these categories of certified EMS personnel utilizing the flexibility of the trial study process under H&S Code 1797.221.	
100016 Page 4 Line 29	Kern County EMS Division	Suggest not removing SIDS training. SIDS training is mandated by Health and Safety Code 1797.193 for firefighters. It is equally important for all public safety personnel to be trained in SIDS and the local resources available to the families of SIDS infants. Removing training may be counterproductive to EMS-C efforts.	Comment acknowledged. No change. EMSA removed SIDS training from the proposed regulations as the topic is covered in basic training provided to firefighters and peace officers, and is not required for lifeguards. EMSA removed SIDS based upon the argument presented by the California Nurses Association, in-part : H&S Code § 1797.193 requires that all firefighters have Sudden Infant Death Syndrome (SIDS) training included in their basic training as firefighters. And Penal Code 13519.3 requires "... a course on the nature of sudden infant death syndrome and the handling of cases involving the

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			sudden deaths of infants... prior to the issuance of the Peace Officer Standards and Training basic certificate" There is not a statutory SIDS training requirement for Lifeguards.
100016	Sierra – Sacramento Valley EMS Agency	The course content listed is beyond a "first aid" level of training and is significantly more than can be covered in the twenty one (21) hours of required instruction, inclusive of CPR training.	Comment acknowledged. No change. Many of the items listed are part of the existing training requirement but as proposed are more clearly identified through an itemized listing of topics. Required training of 21 hours is a minimum; however a course may be longer if desired. Further, combining the hours for first aid and CPR does provide flexibility for course instructors to provide the appropriate amount of time teaching each topic.
100016 Page 3 Line 34	Sierra – Sacramento Valley EMS Agency	States "not inclusive of AED training". 2010 AHA ECC Guidelines for Healthcare CPR includes the instruction and use of an AED. Even lay rescuer/public CPR training includes the instruction and use of an AED, why would this not be required for public safety personnel?	Comment acknowledged. Suggestion adopted. EMSA has amended the proposed regulation text to incorporate AED training into the required course content for all designated public safety personnel (Peace officers, Firefighters, and Lifeguards) and released the text for public comment from September 2-September 16, 2014.
100017 Page 6 Line 17	Sergeant Anthony Abdalla South Pasadena Police Department	Add text, "Training in the application of interventions appropriate to the specific tactical situation presented."	Comment acknowledged. No change. Language proposed in the regulation text will remain broad to allow for specificity during the curriculum development process. This will

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			allow tailored training to be developed based upon identified local and agency needs.
100017	Anita Grogan Chapter Leader of the San Francisco Bay Area Chapter of the Sudden Cardiac Arrest Association	More importantly our family was forever effected when an AED was used onboard a United Airline plane to save my husbands life in 2002. My husband, Jack Grogan was traveling through Chicago and as the plane was taking off, someone realized he was not breathing. A fellow passenger Dr Joxel Garcia rushed to his side and began very aggressive CPR. The Flight Attendant Michelle Braddock grabbed the onboard AED and used it immediately as she had been trained. Together they saved my husband's life. Jack was an executive with IBM for over 40 years but he had found a new passion from that day forward. He worked tirelessly to make the public more aware of Sudden Cardiac Arrest and how many people die each year from this. He also became a CPR instructor and was trained in using an AED. He shared this training with hundreds of people over the years. He was a Volunteer with the San Jose FD and worked on their Heart Safe program He and two other SCA Survivors founded the National organization - the Sudden Cardiac Arrest Association that now has over 45 Chapters throughout the U.S. Sadly in 2010 , Jack suffered a second SCA at San Jose Airport and	Comment acknowledged. Suggestion adopted. EMSA has amended the proposed regulation text to incorporate AED training into the required course content for all designated public safety personnel (Peace officers, Firefighters, and Lifeguards) and released the text for public comment from September 2-September 16, 2014.

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		could not be saved. Our family is doing all that we can to continue the work that was so important to our husband, Dad and "Poppa". We have donated many AEDs in Jack's name. We always make certain that these donated AEDs are used properly and that personnel are trained to use them. We also donate a trainer so that it will be easy to keep personnel trained. We speak to many groups about the importance of knowing CPR and how to use an AED. As you are well aware, unless this is done immediately the chances of surviving are not good. We are working with school groups to train young people in CPR and how to use an AED. Many states already make this a requirement to Graduate from High School . We are also working to help schools raise money so that they can afford to purchase AEDs for their schools. After reading our family's story, you can understand why it makes no sense to us that a person who is responsible for the Public's Safety would not be trained in how to use an AED. This is such a huge step backward in keeping our families safer. It will also be a huge difficutly when we try to explain why a young person or lay person NEEDS to be trained in how to use an AED ...and yet our Public Safety Officers are not required to know this. We know so many people who are	

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		SCA Survivors. Their stories are amazing. However we know even more families who are devastated because a family member was not saved. Only 7% of those who suffer a Sudden Cardiac Arrest live. That does not have to happen. Please help us keep more families together by making it a priority for Public Safety personnel to be trained to use and AED.	
100017	Caralee Weich	I am writing to support AED training for anyone in a position to help another in distress. I know how easy it is to use a defibrillator, it only takes a willingness to help. More importantly, I am alive today because someone preformed CPR on me and used an AED to help start my heart. The line between life and death Is so thin. If an AED is available , it can save a life. In 2004 I was leaving the theater in San Franisco when I collapsed on the sidewalk. Because two people stopped to give me CPR until the fire department arrived to use an AED and an auto pulse machine, my life was saved. I was 57 at the time, in good health, no heart problems, no indication that I was to almost die that day. Cardiac arrest can happen any time, anywhere , with no warning. We must be prepared to do all we can to save a life. Using an AED is not difficult , let's make them available and encourage their use. Well save children, adults, mothers, grandfathers, all the people we love	Comment acknowledged. Suggestion adopted. EMSA has amended the proposed regulation text to incorporate AED training into the required course content for all designated public safety personnel (Peace officers, Firefighters, and Lifeguards) and released the text for public comment from September 2-September 16, 2014.

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		and cherish. Even though we don't really believe it, it could be our own family	
100017	Steve Drewniany, Deputy Chief Sunnyvale Department of Public Safety	Following a review of the draft regulations contained within the second public comment period, and recognizing that the utilization of an AED is proven to save lives, and that AEDs are now prepositioned throughout our communities, AED training should not be excluded from CPR training. We; CPCA, CPOA, CSSA and POST, would like to submit the following public comment regarding the provision of AED training. We propose striking the language "not inclusive of AED training"; from section 100017 so that AED training would be included in course content with CPR as shown below. (Found on Page 3, Line 39)	Comment acknowledged. Suggestion adopted. EMSA has amended the proposed regulation text to incorporate AED training into the required course content for all designated public safety personnel (Peace officers, Firefighters, and Lifeguards) and released the text for public comment from September 2-September 16, 2014.
100017	Julianne Brawner, RN, MSN Health Education Services	I am writing to question the advisability of deleting the use of an AED from the scope of training for Public Safety personnel. My background is as an RN who is involved in community education focusing the pre-hospital care - or what to do before the ambulance arrives! As an American Heart Association (AHA) Regional Faculty and Training Center Coordinator who oversees the quality of AHA programs of over 150 instructors, I can tell you from direct and indirect experience that the	Comment acknowledged. Suggestion adopted. EMSA has amended the proposed regulation text to incorporate AED training into the required course content for all designated public safety personnel (Peace officers, Firefighters, and Lifeguards) and released the text for public comment from September 2-September 16, 2014.

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		millions of people learn to use AEDs every year as part of a CPR course. AEDs currently on the market are intuitive, easy to use, failsafe, and have voice instructions that guide the user in the use of the AED and the steps of CPR. AEDs will not advise a shock or shock inappropriately and they can only HELP, NOT HURT! We even teach school children how to do hands only CPR and couple that with a demonstration by a student - who has never used an AED - how easy it is to use an AED. Usually, it takes 1.5 minutes to complete the steps successfully and deliver a shock - without prompting. Since CPR is taught in conjunction with the use of an AED, the AED portion would have to be extracted from the certification course. Also, the knowledge and psychomotor skill needed to use a Bag-Valve-Mask, deliver a baby, and administer epinephrine, included in the proposed regulation, is much more difficult than turning on an AED and following the prompts. (tests have been done with 6th graders who demonstrated the same degree of ability as medical professionals in quickly learning to how to use an AED) It is simply incongruent that such a simple task has been purposely removed from the scope of training Thus I am incredulous that the proposal on the table does not	

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		acquaint the Public Safety Officer with the AED- the tool that is the definitive treatment for Sudden Cardiac Arrest (SCA). This does NOT SAY that the agency needs to provide AEDs to their staff, but rather to simply train staff to use the AED as part of the overall first aid program. The name "Public Safety Officer" implies that the person with this title is employed to safeguard the public. This should include life safety. By your own definition of a public safety first aid provider, it is the "recognition and IMMEDIATE CARE of . . . ." AED trainers can now be purchased for as little as $125, so this is not a huge financial burden that should impede this regulation from being amended to include AED training. Since SCA strikes 325,000 people of all ages each year, I feel that preparing such personnel to use an AED is not only appropriate but imperative if we are to change the rate of surviving such a tragic condition. The City of Sunnyvale, CA, has a phenomenal save rate by public safety personnel who are trained (and equipped with AEDs.) They serve as an example of what public safety can and should be. But public safety personnel do not even have to carry AEDs in their vehicles. With the advent of PulsePoint and other AED Spotter apps, AEDs can deployed from their nearby locations. As you	

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		may know, for every minute of time from collapse to time of defibrillation, the victim loses 7-10 percent surviving the event and being neurologically intact. Who is first on scene, but public safety personnel! The wording of this regulation is confusing and conflicting. I urge to you reconsider the adverse impact that the removal of AED training from the current regulation will have on the welfare of the citizens of California.	
100017	Dale Harris	My name is Dale Harris and I am employed as a peace officer, currently assigned to the San Jose International Airport. I believe that AED training needs to be included in the basic first aid training for first responders. The AED course is relatively short in duration and there is no need to have a separate class for this very useful tool. A person can become familiar with AED, have the unit demonstrated, and practice with the AED in an hour, or two. As I'm sure you know, it is very simple to use, but first responders do need exposure to it prior to having to use it in a life threatening situation. Logistically, and cost wise, I don't believe another class is feasible since the time needed for the training in less than two hours (perhaps only one hour). Earlier this year at SJC a passenger suffered a heart attack and the AED was instrumental in saving his life,	Comment acknowledged. Suggestion adopted. EMSA has amended the proposed regulation text to incorporate AED training into the required course content for all designated public safety personnel (Peace officers, Firefighters, and Lifeguards) and released the text for public comment from September 2-September 16, 2014.

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		along with the training that we received prior to that evening. Please reconsider, and continue to require the training for this vitally important and successful tool.	
100017	William A. Gile, Jr.	AED training is a needed requirement for Public Safety Personnel in this survivor's opinion. On July 5, 2006 I returned to California from a trip to the East Coast. After arriving at San Jose Mineta Airport and while standing at Carousal 3 I suffered my SCA. If it wasn't for the CPR and the training of an Airport Police Officer and the Airport's night manage who rushed off to return with one of many A.E.D. devices I would not be here. The EMTs and Paramedics who took over my care within minutes all were thankful that first that there was one handy, second that it was used and third that they were fully aware and confident in themselves of their knowledge and training for just such an event and use of AEDs. The course in AEDs doesn't require countless hours and days of training so why would you even contemplate cutting something so simple but seriously important. Why? Would you think it less important in training if someone you loved was saved with one because of the training? I think not.	Comment acknowledged. Suggestion adopted. EMSA has amended the proposed regulation text to incorporate AED training into the required course content for all designated public safety personnel (Peace officers, Firefighters, and Lifeguards) and released the text for public comment from September 2-September 16, 2014.
100017	Kern County EMS Division	Suggest adding AHA AED Training	Comment acknowledged.

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Page 3 Line 39		back into the regulations. Removing the requirement for AHA AED training will remove education on AEDs for any agency that does not decide to provide AED service. It is advisable that the AED training as provided by the AHA be included as public safety individuals should know how to use an AED even if their agency is not an approved provider.	Suggestion adopted. EMSA has amended the proposed regulation text to incorporate AED training into the required course content for all designated public safety personnel (Peace officers, Firefighters, and Lifeguards) and released the text for public comment from September 2-September 16, 2014.
100017 Course Content	Kern County Sheriff's Office Cmdr. R. Albro, Training Division	Several training items have been added including, in part, BVM, oral glucose, assisted naloxne, signs of psychological emergencies, Tactical & Rescue first aid principles, application of chest seals, and hemostatic dressing with no additional time to conduct the training. The demonstration of competency for each skill will be too time consuming and impossible to achieve within the given time. Time has to be added to the 21 hours of listed training time.	Comment acknowledged. No change. Many of the items listed are part of the existing training requirement but as proposed are more clearly identified through an itemized listing of topics. Required training of 21 hours is a minimum; however a course may be longer if desired. Further, combining the hours for first aid and CPR provides flexibility for course instructors to provide the appropriate amount of time teaching each topic.
100017	Sierra – Sacramento Valley EMS Agency	The Authorized Skills for Public Safety First Aid Providers listed is beyond a "first aid" level of training and is significantly more than can be covered in the twenty one (21) hours of required instruction, inclusive of CPR training.	Comment acknowledged. No change. Many of the items listed are part of the existing training requirement but as proposed are more clearly identified through an itemized listing of topics. Required training of 21 hours is a minimum; however a course may be longer if desired. Further, combining the hours for first aid and CPR does provide flexibility for course instructors to provide

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			the appropriate amount of time teaching each topic.
100017 Page 3	North Coast EMS	Adding this many items to the Course content but only requiring 21 hours of training seems unrealistic. The topics to be covered are relatively the same as an EMT Basic class but we are asking them to cover them all in 21 hours. We have discussed this with some of our instructors who all agree that being able to teach all these items adequately will take more than 21 hours.	Comment acknowledged. No change. Many of the items listed are part of the existing training requirement but as proposed are more clearly identified through an itemized listing of topics. Required training of 21 hours is a minimum; however a course may be longer if desired. Further, combining the hours for first aid and CPR does provide flexibility for course instructors to provide the appropriate amount of time teaching each topic.
100017 Page 5 Line 35	North Coast EMS	The word spinal immobilization should be changed to meet currently terminology, Spinal Motion Restriction.	Comment acknowledged. No change. Terminology used in the proposed regulation text is understandable and has the same meaning as the commenter suggests.
100018 Page 7 Line 26	Kern County EMS Division	Suggest hemostatic dressings should be moved to the oversight of the LEMSA Medical Director as an Optional Skill item. The Medical Director should be able to make an educated decision on this skill depending on the local need or preference. Removing this from LEMSA Medical Director control creates inconsistencies among certified personnel levels. OR Suggest if EMSA insists on removing this skill from the LEMSA medical oversight, then all Optional Skill items should be removed from the LEMSA	Comment acknowledged. No change. Training in the use of hemostatic dressings will be competency based. As EMSA revises the other chapters of regulations, revisions will be made to the training for hemostatic dressings to align the training across all levels of personnel.

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		oversight. By having some medical procedures under LEMSA Medical Director oversight, but not all, creates risk and liability for the LEMSA if a procedure is inappropriately or inaccurately done.	
100018 Page 7 Lines 26-27 (misprint of digits)	B. Haynes, MD San Diego EMS	EMSA may have recommended list, but this is local medical issue.	Comment acknowledged. No change. There is wide support among Peace Officers and Firefighters across the state who support the inclusion of hemostatic dressings in the course content and authorized skills. Training in the use of hemostatic dressings will be competency based. As EMSA revises the other chapters of regulations, revisions will be made to the training for hemostatic dressings to align the training across all levels of personnel.
100018 Page 8 Line 8	North Coast EMS	Training in oxygen administration should be included in the basic Scope of Practice and not be an optional item.	Comment acknowledged. No change. Administration of oxygen will remain an optional skill item to allow flexibility for departments to utilize this skill if local need exists and if approved by the local EMS medical director.
100019 Page 7 Line 38	Kern County EMS Division	Recommend Patient Care Reports are completed for any patient who received assessment and/or treatment from a public safety provider. It is necessary to document the full	Comment acknowledged. No change. Patient care reports are currently required to be completed by EMTs when Optional Skills are performed

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		continuum of care, especially if a medication (epi, narcan) is given. Accurate documentation is essential to the continued treatment of each patient as well as accountability for actions taken while providing treatment.	(and if required by the LEMSA medical director) and by Paramedics. Paramedic responders will incorporate patient care provided by public safety personnel into a single patient care report.
100019 Page 8 Line 5, 39	Kern County EMS Division	Required hours should not be removed as the training standard. The standard for using hours to develop consistency among programs is created in Section 100017(a). Minimum hours will maintain a consistent program requirement across the state, whereas, "competency" alone may be interpreted very differently among regions. Competency is only possible with a minimum timeline in any situation. An agreed set of hours based on real world practices would be more appropriate.	Comment acknowledged. No change. The premise of standardized training does not apply to optional skills in the same manner as it does in the required course content topics because not all local EMS systems will adopt any or all optional skills. The competency standard has replaced minimum hours for all optional skills as a means of ensuring that personnel are competent in any of the optional skills approved by the local EMS agency medical director; hours of training completed does not ensure resulting competency.
100019 Page 9 Line 31	Kern County EMS Division	Required hours should not be removed as the training standard. The standard for using hours to develop consistency among programs is created in Section 100017(a). Minimum hours will maintain a consistent program requirement across the state, whereas, "competency" alone may be interpreted very differently among regions. Competency is only possible with a minimum timeline in any	Comment acknowledged. No change. The premise of standardized training does not apply to optional skills in the same manner as it does in the required course content topics because not all local EMS systems will adopt any or all optional skills. The competency standard has replaced minimum hours for all optional skills as a means of ensuring that personnel

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		situation. An agreed set of hours based on real world practices would be more appropriate.	are competent in any of the optional skills approved by the local EMS agency medical director; hours of training completed does not ensure resulting competency.
100019 Page 10 Line 22	Kern County EMS Division	Required hours should not be removed as the training standard. The standard for using hours to develop consistency among programs is created in Section 100017(a). Minimum hours will maintain a consistent program requirement across the state, whereas, "competency" alone may be interpreted very differently among regions. Competency is only possible with a minimum timeline in any situation. An agreed set of hours based on real world practices would be more appropriate.	Comment acknowledged. No change. The premise of standardized training does not apply to optional skills in the same manner as it does in the required course content topics because not all local EMS systems will adopt any or all optional skills. The competency standard has replaced minimum hours for all optional skills as a means of ensuring that personnel are competent in any of the optional skills approved by the local EMS agency medical director; hours of training completed does not ensure resulting competency.
100019 Page 11 Line 9, 28	Kern County EMS Division	Required hours should not be removed as the training standard. The standard for using hours to develop consistency among programs is created in Section 100017(a). Minimum hours will maintain a consistent program requirement across the state, whereas, "competency" alone may be interpreted very differently among regions. Competency is only possible with a minimum timeline in any situation. An agreed set of hours	Comment acknowledged. No change. The premise of standardized training does not apply to optional skills in the same manner as it does in the required course content topics because not all local EMS systems will adopt any or all optional skills. The competency standard has replaced minimum hours for all optional skills as a means of ensuring that personnel are competent in any of the

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		based on real world practices would be more appropriate.	optional skills approved by the local EMS agency medical director; hours of training completed does not ensure resulting competency.
100019 Page 9 Line 29	B. Haynes, MD San Diego EMS	Unclear who the Authority can authorize. Is this for state agency or local agency. Authority should only authorize state agencies.	Comment acknowledged. No change. Following the same authorization responsibility as outlined in the approval of courses, The EMS Authority has responsibility for approval of Statewide Public Safety agencies, and the local EMS agency is responsible for approval of all other public safety agencies.
100019 Page 10 Line 22-23	B. Haynes, MD San Diego EMS	Agree with change from fixed time to competency based.	Comment acknowledged. No change recommended.
100019 Page 12 Lines 32-36	B. Haynes, MD San Diego EMS	Support elimination of AED data to EMSA.	Comment acknowledged. No change recommended.
100020 Page 13 Line 1	Kern County EMS Division	Recommend removal of section. Using "any prehospital emergency medical care treatment procedure(s) or administer any medications…" is too broad a statement. This statement does not coincide with the National Scope of Practice Model for recommended scope of practice. The foundations of training, education, and experience are essential amongst the certification/license levels for procedures within each respective scope of practice. It appears this section is beyond the intent of a public safety first aid level of education.	Comment acknowledged. No change. The language in the proposed regulation text is provided for in the Health and Safety Code (HSC), Section 1797.221. This section of HSC authorizes any level of prehospital emergency medical care personnel to participate in a trial study. Prehospital emergency care personnel are defined in the HSC (1797.188 & 1797.189) as inclusive of public safety personnel: peace officers, firefighters and lifeguards.

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		Treatment procedures or medications should be reserved for personnel that are certified or licensed to perform such on the public. Public Safety First Aid and CPR does not have a scope of practice to justify performance of this section.	
100020 Optional Skills	Kern County Sheriff's Office Cmdr. R. Albro, Training Division	"Any or all of the following optional skills specified in this section when the public safety first aid provider has been trained and tested to demonstrate competence following initial instruction, and when authorized by the Medical Director of the LEMSA." This requires Peace Officer first aid training to be duel certified, both Cal. EMSA and LEMSA. With continued training every 3 years for Cal. EMSA and the LEMSA's training is requires every 2 years. This needs to be changed to be consistent, every 3 years for both training programs would be preferable.	Comment acknowledged. Optional skills require competency based training and approval by the medical director of the local EMS agency in order to perform the Optional Skill within the local EMS system. Public Safety Personnel are not required to be certified, however training is required to be demonstrated to result in competence. In regard to Optional Skills, public safety personnel are not required to be certified by the local EMS agency, but must receive approval in order to utilize any of the optional skills.
100020 Page 14 Line 18 and 26	Sierra – Sacramento Valley EMS Agency	The Authority previously stated that they were unable to separate these regulations into 3 separate sections for lifeguards, firefighter and police officers. However, this item makes a special exception for Peace Officers only. If the Authority believes this is a valid means of retraining, it should apply to lifeguards and firefighters as well.	Comment acknowledged. Suggested change has been adopted in the proposed regulation text released for comment on September 2, 2014.
100020 Page 12 Line 42	North Coast EMS	There should not be any provisions for Trial Studies. This is simply opening the door for local jurisdictions to	Comment acknowledged. No change. Health and Safety Code section 1797.221 provides for trial

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		petition for additions to an already excessive scope. If these jurisdictions benefit from the time and interest needed to engage in an expanded scope project, they should instead use this energy to increase the level of certification of their personnel	studies utilizing any level of prehospital emergency medical care personnel. Prehospital emergency care personnel are described to be inclusive of public safety personnel (HSC 1797.188, 1797.189) therefore it is specifically within the statutory authority granted to the EMSA to provide for regulation of trial studies involving public safety personnel. Further, the nature of a trial study is to test "the efficacy of the prehospital emergency use of any drug, device, or treatment procedure within the EMS system…" Given this design, it is expected that local EMS agencies that elect to operate a trial study would temporarily have personnel providing differing authorized skills than found in other local EMS systems. Trial study testing allows for evaluation of prehospital emergency care, the results of which may inform future regulatory changes to training standards and authorized skills.
100020 Page 12 Line 42	B. Haynes, MD San Diego EMS	Support trial study provision	Comment acknowledged. No change recommended.
100021	Sierra – Sacramento Valley EMS Agency	Agree with concerns previously submitted by North Coast EMS – Making all courses be approved through the LEMSA, will put an additional unfunded workload on the	Comment acknowledged. No change. A local EMS agency may seek approval to charge a fee from their governing board as was done previously by LEMSAs that

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		LEMSA, including developing policies, procedures, training approval processes, test development and monitoring to ensure they meet current updates. Additionally, although the LEMSA is required to approve these courses, the regulations do not allow the LEMSA to certify these personnel.	certify Emergency Medical Responders (EMR) and EMR training programs.
100022 Page 16 Line 28	John Crivello, EMT, Fire Chief City of Farmersville, Chair Tulare County EMCC.	8 hours every two years is sufficient for retraining based upon past practice of over 20 years delivering PSFA/CPR training to volunteer firefighters. This is consistent with the old language of 12 hours every three years= 4 hours per year or 8 hours every two years.	Comment acknowledged. No change. There is no change in the hours of refresher training. Alternatives to the required retraining hours are also provided and include taking a competency based written and skills pretest, and then completing training only for those topics indicated necessary by the pretest.
100022 Page 16 Line 33	John Crivello, EMT, Fire Chief City of Farmersville, Chair Tulare County EMCC.	It appears that Peace officers returned to the previous (current) language regarding retraining. Why is this exclusive to Law Enforcement? The reality is that the fire service is much more involved in EMS on a regular basis and the retraining hours are actually increasing yet we lack funding sources to deal with ever increasing requirements across all disciplines.	Comment acknowledged. Suggestion adopted. EMSA has revised the proposed regulation text, released for comment on September 2, 2014 to require identical retraining for all public safety personnel.
100027 Page 20 Line13	Kern County EMS Division	Suggest adding skills verification form back into the regulations. Removing the skills verification form will make it difficult for the LEMSA to verify that a skills assessment is being done and will be difficult to document on every responder. This skills sheet is also a tool that could be used to monitor skills verification for reaccreditation.	Comment acknowledged. No change. A local EMS agency that approves optional skills would be required to ensure competency of those approved skills, and is authorized to develop policies, procedures and follow their established EMSQIP. As such, a local EMS agency may elect to

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			utilize a skills verification form, but is not required by regulation to do so.
100027 Testing	Kern County Sheriff's Office Cmdr. R. Albro, Training Division	The initial and retraining course of instruction shall include a written and skills examination which tests the ability to assess and manage all of the conditions, content and skills. Which training components will require skills based test? Skills based testing takes much longer than written test. We need a list of what is going to be required for each testing component.	Comment acknowledged. No change. Current regulations also require a written and skills examination. A training course will determine which topics require skill demonstration, or if competency can be better demonstrated by a method other than skill demonstration. The approving authority will review the proposed written and skill examination for reasonableness prior to granting approval of the course.
100029 Page 20 Line 40	North Coast EMS	This states that retraining shall occur every two (2) years for Firefighters and Lifeguards. Then on line 42 it shows that retraining for Police Officers shall occur every three (3) years. These time frames should be the same for all those that fall under the Public Safety first Aid.	Comment acknowledged. Suggestion adopted. EMSA has revised the proposed regulation text, released for comment on September 2, 2014 to require identical retraining for all public safety personnel.