

1 **California Code of Regulations**

2 **Title 22. Social Security**

3 **Division 9. Prehospital Emergency Medical Services**

4 **Chapter 2. Emergency Medical Technician I**

5 **Article 1. Definitions**

6 **§ 100056. Automated External Defibrillator or AED.**

7 “Automated external defibrillator” or AED” means an external defibrillator capable of
8 cardiac rhythm analysis that will charge and deliver a shock, either automatically or by
9 user interaction, after electronically detecting and assessing ventricular fibrillation or
10 rapid ventricular tachycardia.
11

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

13 Reference: Sections 1797.52, 1797.107 and 1797.170, Health and Safety Code.

14 **§100056.1 EMT AED Service Provider.**

15 An AED service provider means an agency or organization which is responsible for, and
16 is approved to operate, an AED.

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

18 Reference: Sections 1797.52, 1797.107 and 1797.170, Health and Safety Code.

19 **§100056.2 Manual Defibrillator.**

20 “Manual Defibrillator” means a monitor/defibrillator that has no capability or limited
21 capability for rhythm analysis and will charge and deliver a shock only at the command
22 of the operator.

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

2 Reference: Sections 1797.52, 1797.107 and 1797.170, Health and Safety Code.

3 **§ 100057. EMT-I Approving Authority.**

4 “EMT-I approving authority” means an agency or person authorized by this Chapter to
5 approve an Emergency Medical Technician I training program, as follows:

6 (a) The EMT-I approving authority for an Emergency Medical Technician I (EMT-I)
7 training program conducted by a qualified statewide public safety agency shall be the
8 director of the Emergency Medical Services Authority (EMS Authority).

9 (b) The EMT-I approving authority for any other Emergency Medical Technician I (EMT-
10 I) training programs not included in subsection (a) shall be the local EMS agency within
11 that jurisdiction.

12 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
13 Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

14 **§ 100058. EMT-I Certifying Authority.**

15 “EMT-I certifying authority” means an agency or person authorized to certify and
16 recertify, as an Emergency Medical Technician I, an individual who has complied with
17 the requirements of this Chapter, as follows:

18 (a) The program director of an approved training program offered by a public safety
19 agency may certify and recertify an individual who complies with the requirements of
20 this Chapter and who has successfully completed its approved EMT-I course and an
21 approved certifying examination.

1 (b) The medical director of the local EMS agency shall certify and recertify all other
2 applicants for EMT-I certification within their jurisdiction who have complied with the
3 requirements of this Chapter.

4 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
5 Code. Reference: Sections 1797.109, 1797.170, 1797.210 and 1797.216, Health and
6 Safety Code.

7 **§ 100059. Certifying Examination.**

8 Prior to January 1, 2006, “certifying examination,” as used in this Chapter, means an
9 examination either developed or approved by the EMS Authority or the EMT-I certifying
10 authority and administered or approved by the EMT-I certifying authority, given to an
11 individual applying for certification as an EMT-I. The examination shall include both
12 written and skills testing portions designed to determine an individual’s competence for
13 certification as an EMT-I. The EMT-I certifying authority may designate the final written
14 examination and skills test of the EMT-I course as the measure of competency of
15 certification. After January 1, 2006, “certifying examination” as used in this Chapter,
16 means the written examination and skills examination approved by the EMS Authority to
17 test an individual applying for certification as an EMT-I. __-

18 NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
19 and Safety Code. Reference: Sections 1797.63, 1797.170, 1797.175, 1797.210 and
20 1797.216, Health and Safety Code.

21 **§ 100059.1. Optional Skills Medical Director.**

22 “Optional skills medical director” means a physician and surgeon licensed in California
23 who is certified by or prepared for certification by either the American Board of

1 Emergency Medicine or the Advisory Board for Osteopathic Specialties and is appointed
2 by the local EMS medical director to be responsible for any of the EMT-I Optional Skills
3 that are listed in Section 100064 of this Chapter including medical control. Waiver of
4 the board-certified requirement may be granted by the local EMS medical director if
5 such physicians are not available for approval.

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

7 Reference: Sections 1797.52, 1797.90, 1797.107, 1797.170, 1797.176 and 1797.202
8 Health and Safety Code.

9 **§ 100060. Emergency Medical Technician I (EMT-I).**

10 “Emergency Medical Technician I,” “EMT-I,” or “EMT-Basic” means a person who has
11 successfully completed an EMT-I course which meets the requirements of this Chapter,
12 has passed all required tests, and who has been certified by the EMT-I certifying
13 authority.

14 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
15 Code. Reference: Sections 1797.80 and 1797.170, Health and Safety Code.

16 **§ 100061. Local Accreditation.**

17 “Local accreditation” or “accreditation” or “accredited to practice” as used in this
18 Chapter, means authorization by the local EMS agency to practice the optional skill(s)
19 specified in Section 100064 within that jurisdiction. Such authorization assures that the
20 EMT-I has been oriented to the local EMS system and trained in the optional skill(s)
21 necessary to achieve the treatment standard of the jurisdiction.

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

2 Reference: Sections 1797.170, 1797.176, 1797.177, 1797.178, 1797.200, 1797.204,
3 1797.206, 1797.210 and 1797.214, Health and Safety Code.

4 **100061.1. Emergency Medical Services Quality Improvement Program.**

5 "Emergency Medical Services Quality Improvement Program" or "EMSQIP" means
6 methods of evaluation that are composed of structure, process, and outcome
7 evaluations which focus on improvement efforts to identify root causes of problems,
8 intervene to reduce or eliminate these causes, and take steps to correct the process,
9 and recognize excellence in performance and delivery of care, pursuant to the
10 provisions of Chapter 12 of this Division. This is a model program which will develop
11 over time and is to be tailored to the individual organization's quality improvement
12 needs and is to be based on available resources for the EMS QI program.

13 Note: Authority cited: Sections 1797.103, 1797.107, and 1797.170, Health and Safety
14 Code. Reference: Sections 1797.204 and 1797.220 Health and Safety Code.

15 **Article 2. General Provisions**

16 **§ 100062. Application of Chapter to Operation of Ambulances.**

17 (a) Except as provided herein, the attendant on an ambulance operated in emergency
18 service, or the driver if there is no attendant, shall possess a valid and current California
19 EMT-I certificate. This requirement shall not apply during officially declared states of
20 emergency and under conditions specified in Health and Safety Code, Section
21 1797.160.

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

- 1 (1) Physicians currently licensed in California.
- 2 (2) Registered nurses currently licensed in California.
- 3 (3) Physicians' assistants currently licensed in California.
- 4 (4) Emergency Medical Technician Paramedics (EMT-P) currently licensed in
- 5 California.
- 6 (5) Emergency Medical Technician IIs (EMT-IIs) currently certified in California.
- 7 (c) EMT-IIs who are not currently certified in California may temporarily perform their
- 8 scope of practice in California, when approved by the medical director of the local EMS
- 9 agency, in order to provide emergency medical services in response to a request, if all
- 10 the following conditions are met:
 - 11 (1) The EMTs are registered by the National Registry of Emergency Medical
 - 12 Technicians or licensed or certified in another state or under the jurisdiction of a branch
 - 13 of the Armed Forces including the Coast Guard of the United States, National Park
 - 14 Service, United States Department of the Interior--Bureau of Land Management, or the
 - 15 United States Forest Service; and
 - 16 (2) The EMTs restrict their scope of practice to that for which they are licensed or
 - 17 certified.

18 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
19 Code. Reference: Sections 1797.160 and 1797.170, Health and Safety Code.

20 **§ 100063. Scope of Practice of Emergency Medical Technician-I (EMT-I).**

- 21 (a) During training, while at the scene of an emergency, during transport of the sick or
- 22 injured, or during interfacility transfer, a supervised EMT-I student or certified EMT-I is
- 23 authorized to do any of the following:

- 1 (1) Evaluate the ill and injured
- 2 (2) Render basic life support, rescue and emergency medical care to patients.
- 3 (3) Obtain diagnostic signs to include but not be limited to the assessment of
- 4 temperature, blood pressure, pulse and respiration rates, level of consciousness, and
- 5 pupil status.
- 6 (4) Perform cardiopulmonary resuscitation, including the use of mechanical adjuncts to
- 7 basic cardiopulmonary resuscitation.
- 8 (5) Use the following adjunctive airway breathing aids:
- 9 (A) oropharyngeal airway;
- 10 (B) nasopharyngeal airway;
- 11 (C) suction devices;
- 12 (D) basic oxygen delivery devices; and
- 13 (E) manual and mechanical ventilating devices designed for prehospital use.
- 14 (6) Use various types of stretchers and body immobilization devices.
- 15 (7) Provide initial prehospital emergency care of trauma.
- 16 (8) Administer oral glucose or sugar solutions.
- 17 (9) Extricate entrapped persons.
- 18 (10) Perform field triage.
- 19 (11) Transport patients.
- 20 (12) Set up for ALS procedures, under the direction of an EMT-II or PARAMEDIC.
- 21 (13) Perform automated external defibrillation when authorized by an EMT AED service
- 22 provider.

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

4 (b) In addition to the activities authorized by subdivision (a) of this section, the medical
5 director of the local EMS agency may also establish policies and procedures to allow a
6 certified EMT-I or a supervised EMT-I student in the prehospital setting and/or during
7 interfacility transport to:

8 (1) Monitor intravenous lines delivering glucose solutions or isotonic balanced salt
9 solutions including Ringer's lactate for volume replacement;

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

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

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

19 (A) The medical director of the local EMS agency shall submit a written request, Form
20 #EMSA-0391, revised January 1994, and obtain approval from the director of the EMS
21 Authority, who shall consult with a committee of local EMS medical directors named by
22 the Emergency Medical Directors Association of California, for any additional

1 medications that in his/her professional judgment should be approved for
2 implementation of Section 100063(b) (4).

3 (B) The EMS Authority shall, within fourteen days of receiving the request, notify the
4 medical director of the local EMS agency submitting the request that the request has
5 been received, and shall specify what information, if any, is missing.

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

9 (c) The scope of practice of an EMT-I shall not exceed those activities authorized in
10 this section, Section 100064, and Section 100064.1.

11 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
12 Code. Reference: Sections 1797.170 and 1797.221, Health and Safety Code.

13 **§100063.1 EMT AED Service Provider**

14 An EMT AED service provider is an agency or organization that employs individuals as
15 defined in Section 100060, and who obtain AEDs for the purpose of providing AED
16 services to the general public.

17 (a) An EMT AED service provider shall be approved by the local EMS agency, or in the
18 case of state or federal agencies, the EMS Authority, prior to beginning service. The
19 EMS Authority shall notify local EMS agencies of state or federal agencies approved as
20 EMT AED service providers. In order to receive and maintain EMT AED service
21 provider approval, an EMT AED service provider shall comply with the requirements of
22 this section.

1 (b) An EMT AED service provider approval may be revoked or suspended for failure to
2 maintain the requirements of this section.

3 (c) An EMT AED service provider applicant shall be approved if they meet and provide
4 the following:

5 (1) Provide orientation of AED authorized personnel to the AED;

6 (2) Ensure maintenance of AED equipment;

7 (3) Prior to January 1, 2002, ensure initial training and, thereafter, continued
8 competency of AED authorized personnel;

9 (4) Collect and report to the local EMS agency where the defibrillation occurred, as
10 required by the local EMS agency but no less than annually, data that includes, but is
11 not limited to:

12 (A) The number of patients with sudden cardiac arrest receiving CPR prior to arrival of
13 emergency medical care.

14 (B) The total number of patients on whom defibrillatory shocks were administered,
15 witnessed (seen or heard) and not witnessed; and

16 (C) The number of these persons who suffered a witnessed cardiac arrest whose initial
17 monitored rhythm was ventricular tachycardia or ventricular fibrillation.

18 (5) Authorize personnel and maintain a current listing of all EMT AED service provider
19 authorized personnel and provide listing upon request to the local EMS agency or the
20 EMS Authority.

21 (d) An approved EMT AED service provider and their authorized personnel shall be
22 recognized statewide.

1 (e) Authorized personnel means EMT-I personnel trained to operate an AED and
2 authorized by an approved EMT AED service provider.

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

4 Reference: Sections 1797.170, 1797.178, 1797.200, 1797.202, 1797.204, 1797.220,
5 1798 and 1798.2, Health and Safety Code.

6 **§ 100064. Optional Skills.**

7 (a) In addition to the activities authorized by Section 100063 of this Chapter, a local
8 EMS agency may establish policies and procedures for local accreditation of an EMT-I
9 student or certified EMT-I to perform any or all of the following optional skills specified in
10 this section. Subsections (b), (c), (f), (g), and (h) of this section will sunset when the
11 EMT-II Regulations, Chapter 3 of this Division, is amended to specify the training and
12 certification requirements for a modular EMT-II scope of practice.

13 (b) Defibrillation on an unconscious, pulseless patient who is apneic or has agonal
14 respirations with a manual defibrillator when used under the direct supervision of an
15 EMT-II, Paramedic, R.N., or M.D.

16 (1) Training in the use of a manual defibrillator shall consist of not less than ten (10)
17 hours to result in the EMT-I being competent in the recognition of ventricular fibrillation
18 and use of the device. Included in the above training hours shall be the following topics
19 and skills:

20 (A) Anatomy and physiology of the heart;

21 (B) Basic electrophysiology;

22 (C) Cardiac monitoring;

1 (D) Rhythm recognition of ventricular fibrillation, ventricular tachycardia, pulseless

2 electrical activity, and cardiac standstill (asystole);

3 (E) Defibrillator operation and defibrillation;

4 (F) Medical control; and

5 (G) Post conversion care and monitoring according to local policies and procedures.

6 (2) At the completion of initial training, a student shall complete a competency-based
7 written and skills examination for manual defibrillation which shall include the use of the
8 manual defibrillator and cardiac monitoring, cardiac rhythm recognition and manual
9 defibrillation.

10 (3) A local EMS agency shall establish policies and procedures for skills competency
11 demonstration that requires the accredited EMT-I to demonstrate skills competency
12 every six months after initial accreditation.

13 (c) Use of esophageal-tracheal airway device.

14 (1) Training in the use of an esophageal-tracheal airway device shall consist of not less
15 than five (5) hours to result in the EMT-I being competent in the use of the device and
16 airway control. Included in the above training hours shall be the following topics and
17 skills:

18 (A) Anatomy and physiology of the respiratory system.

19 (B) Assessment of the respiratory system.

20 (C) Review of basic airway management techniques, which includes manual and
21 mechanical.

22 (D) The role of the esophageal-tracheal airway device in the sequence of airway control.

23 (E) Indications and contraindications of the esophageal-tracheal airway device.

- 1 (F) The role of pre-oxygenation in preparation for the esophageal-tracheal airway
2 device.
- 3 (G) Esophageal-tracheal airway device insertion and assessment of placement.
- 4 (H) Methods for prevention of basic skills deterioration.
- 5 (I) Alternatives to the esophageal-tracheal airway device.
- 6 (2) At the completion of initial training, a student shall complete a competency-based
7 written and skills examination for airway management which shall include the use of
8 basic airway equipment and techniques and use of the esophageal-tracheal airway
9 device.
- 10 (3) A local EMS agency shall establish policies and procedures for skills competency
11 demonstration that requires the accredited EMT-I to demonstrate skills competency
12 every six months thereafter after initial accreditation.
- 13 (d) Administration of naloxone for suspected narcotic overdose.
- 14 (1) Training in the administration of naloxone shall consist of no less than two hours to
15 result in the EMT-I being competent in the administration of naloxone and managing a
16 patient of a suspected narcotic overdose. Included in the training hours listed above
17 shall be the following topics and skills:
- 18 (A) Common causative agents
- 19 (B) Assessment findings
- 20 (C) Management to include but not be limited to:
- 21 (D) Need for appropriate personal protective equipment and scene safety awareness
- 22 (E) Profile of Naloxone to include, but not be limited to:
- 23 1. Indications

- 1 2. Contraindications
- 2 3. Side/ adverse effects
- 3 4. Routes of administration
- 4 5. Dosages
- 5 (F) Mechanisms of drug action
- 6 (G) Calculating drug dosages
- 7 (H) Medical asepsis
- 8 (I) Disposal of contaminated items and sharps
- 9 (2) At the completion of this training, the student shall complete a competency based
- 10 written and skills examination for administration of naloxone which shall include:
- 11 (A) Assessment of when to administer naloxone,
- 12 (B) Managing a patient before and after administering naloxone,
- 13 (C) Using universal precautions and body substance isolation procedures during
- 14 medication administration,
- 15 (D) Demonstrating aseptic technique during medication administration,
- 16 (E) Demonstrate preparation and administration of parenteral medications by a route
- 17 other than intravenous.
- 18 (F) Proper disposal of contaminated items and sharps.
- 19 (3) A local EMS agency shall establish policies and procedures for skills competency
- 20 demonstration that requires the accredited EMT-I to demonstrate skills competency
- 21 every six months after initial accreditation.
- 22 (e) Administration of epinephrine by auto-injector or preloaded syringe for suspected
- 23 anaphylaxis and/or severe asthma.

1 (1.) Training in the administration of epinephrine shall consist of no less than two hours
2 to result in the EMT-I being competent in the administration of epinephrine and
3 managing a patient of a suspected anaphylactic reaction and/or experiencing severe
4 asthma symptoms. Included in the training hours listed above shall be the following
5 topics and skills:

6 (A) Common causative agents

7 (B) Assessment findings

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

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

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

11 1. Indications

12 2. Contraindications

13 3. Side/ adverse effects

14 4. Administration by auto-injector or preloaded syringe

15 5. Dosages

16 6. Mechanisms of drug action

17 (F) Medical asepsis

18 (H) Disposal of contaminated items and sharps

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

21 (A) Assessment of when to administer epinephrine,

22 (B) Managing a patient before and after administering epinephrine,

23 (C) Using universal precautions and body substance isolation procedures during

1 medication administration,

2 (D) Demonstrating aseptic technique during medication administration,

3 (E) Demonstrate preparation and administration of epinephrine by auto-injector or
4 preloaded syringe

5 (F) Proper disposal of contaminated items and sharps. .

6 (3) A local EMS agency shall establish policies and procedures for skills competency
7 demonstration that requires the accredited EMT-I to demonstrate skills competency
8 every six months after initial accreditation.

9 (f) Perform blood glucose determination and administer the medications listed in this
10 subsection.

11 (1.) Using prepackaged products when available, the following medications may be
12 administered:

13 (A) Aspirin

14 (B) Bronchodilators

15 (C) Epinephrine, sub-cutaneous

16 (D) Naloxone

17 (E) Nitroglycerine

18 (F) Glucagon

19 (G) Activated Charcoal

20 (2.) This module shall include of all of the medications and skills listed above and shall
21 consist of no less than 35 hours of didactic and skills laboratory, and no less than 32
22 hours of clinical training and field internship which shall result in no fewer than ten
23 advanced life support contacts during clinical training and field internship.

1 (A) Profile of medications listed in sub-sections (A-G) to include, but not be limited to:

2 1. Indications

3 2. Contraindications

4 3. Side/ adverse effects

5 4. Routes of administration

6 5. Dosages

7 6. Mechanisms of drug action

8 7. Calculating drug dosages

9 8. Medical asepsis

10 9. Disposal of contaminated items and sharps

11 10. Medication administration, excluding intravenous route.

12 11. Patient Assessment and physiology related to the application of this module.

13 (3.) At the completion of this training, the student shall complete a competency based
14 written and skills examination for the administration of the medications listed in this
15 subsection which shall include:

16 (A) Assessment of when to administer these medications,

17 (B) Managing a patient before and after administering these medications,

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

20 (D) Demonstrating aseptic technique during medication administration,

21 (E) Demonstrate the preparation and administration of medications by the inhalation
22 route, subcutaneous route, sublingual route, oral route and intramuscular route,

23 (F) Demonstrate blood glucose determination, and

- 1 (G) Proper disposal of contaminated items and sharps. .
- 2 (4) A local EMS agency shall establish policies and procedures for skills competency
- 3 demonstration that requires the accredited EMT-I to demonstrate skills competency
- 4 every six months after initial accreditation.
- 5 (g) Administer the medications listed in this subsection.
- 6 (1.) Using prepackaged products when available, the following medications may be
- 7 administered:
- 8 (A) Atropine
- 9 (B) Pralidoxime Chloride
- 10 (2.) This training shall consist of no less than 2 hours of didactic and skills laboratory
- 11 training. In addition, basic weapons of mass destruction training is recommended.
- 12 Training in the profile of medications listed in subsections (A and B) shall include, but
- 13 not be limited to:
- 14 (A) Indications
- 15 (B) Contraindications
- 16 (C) Side/ adverse effects
- 17 (D) Routes of administration
- 18 (E) Dosages
- 19 (F) Mechanisms of drug action
- 20 (G) Disposal of contaminated items and sharps
- 21 (H) Medication administration.
- 22 (3.) At the completion of this training, the student shall complete a competency based
- 23 written and skills examination for the administration of medications listed in this

1 subsection which shall include:

2 (A) Assessment of when to administer these medications,

3 (B) Managing a patient before and after administering these medications,

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

6 (D) Demonstrating aseptic technique during medication administration,

7 (E) Demonstrate the preparation and administration of medications by the intramuscular
8 route,

9 (F) Proper disposal of contaminated items and sharps.

10 (4.) A local EMS agency shall establish policies and procedures for skills competency
11 demonstration that requires the accredited EMT-I to demonstrate skills competency
12 every six months after initial accreditation.

13 (h) Establish intravenous access under the direct supervision of a paramedic currently
14 licensed in California.

15 (1) Training in instituting IV catheters in peripheral veins and administering IV glucose
16 solutions or isotonic balanced saline salt solutions shall consist of not less than four
17 hours and shall be divided into:

18 (A) Four hours of didactic instruction and skills laboratories, and

19 (B) Hospital clinical training to include successfully establishing a minimum of ten IVs.

20 (2.) Included in the above training hours shall be the following topics and skills:

21 (A) specific patient assessment,

22 (B) indications,

23 (C) contraindications,

- 1 (D) complications,
- 2 (E) equipment needed,
- 3 (F) asepsis,
- 4 (G) technique of establishing, securing, and monitoring IV,
- 5 (H) universal precautions, and
- 6 (I) body substance isolation.

7 (3.) At the completion of initial training a student shall pass, by pre-established
8 standards, a competency-based written and skills examination.

9 (4.) A local EMS agency shall establish policies and procedures for skills competency
10 demonstration that requires the accredited EMT-I to demonstrate skills competency
11 every six months after initial accreditation.

12 (i) The medical director of the local EMS agency shall develop a plan for each optional
13 skill allowed. The plan shall, at a minimum, include the following:

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

15 (2) A description of the geographic area within which the optional skill will be utilized.

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

18 (4) The policies and procedures to be instituted by the local EMS agency regarding
19 medical control and use of the optional skill.

20 (j) A local EMS agency medical director who accredits EMT-I's to perform an optional
21 skill shall:

22 (1) Establish policies and procedures for the approval and designation of service
23 provider(s).

1 (2) Approve and designate selected base hospital(s) as the local EMS agency deems
2 necessary to provide direction and supervision of accredited EMT-Is in accordance with
3 policies and procedures established by the local EMS agency.

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

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

12 (k) The local EMS medical director may approve an optional skill medical director to be
13 responsible for accreditation and any or all of the following requirements.

14 (1) Approve and monitor training programs including refresher training within its
15 jurisdiction.

16 (2) Establish policies and procedures for continued competency in the optional skill
17 which will consist of organized field care audits, periodic training sessions and/or
18 structured clinical experience that will be in addition to the requirements in Section
19 100081 of this Chapter.

20 (3) Require a documented demonstration of the optional skill proficiency at intervals
21 determined by the medical director. In no case shall the interval exceed six months
22 after initial accreditation.

1 (A) Accreditation may be rescinded by the medical director who granted accreditation if,
2 in his/her judgment, the individual fails to demonstrate competency in the optional skill.

3 (B) Accreditation may be temporarily suspended in accordance with the local EMS
4 agency's policies and procedures, by the local EMS medical director, EMT-I optional
5 skill medical director, or base hospital medical director.

6 (C) The local EMS agency medical director may review and sustain or overrule a
7 decision to rescind or suspend accreditation made by the optional skill medical director
8 or base hospital physician.

9 (D) The local EMS agency shall develop policies to provide for notice and appeal
10 procedures for individual(s) whose accreditation has been suspended or rescinded.

11 (I) The optional skill medical director may delegate the specific field care audits,
12 training, and demonstration of competency, if approved by the local EMS agency
13 medical director, to a physician, registered nurse, physician assistant, Paramedic, or
14 EMT-II, licensed or certified in California or a physician licensed in another state
15 immediately adjacent to the local emergency medical services agency jurisdiction.

16 (m) An EMT-I accredited in an optional skill may assist in demonstration of competency
17 and training of that skill.

18 (n) In order to be accredited to utilize an optional skill, an EMT-I shall demonstrate
19 competency through passage, by pre-established standards, developed and/or
20 approved by the local EMS agency, of a competency-based written and skills
21 examination which tests the ability to assess and manage the specified condition.

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

23 Reference: Sections 1797.8, 1797.52, 1797.58, 1797.90, 1797.170, 1797.173,

1 1797.175, 1797.176, 1797.202, 1797.208, 1797.212, 1798, 1798.2, 1798.100, 1798.102
2 and 1798.104 Health and Safety Code.

3 **§ 100064.1. EMT-I Trial Studies.**

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

9 (a) The medical director of the local EMS agency shall review a trial study plan which,
10 at a minimum, shall include the following:

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

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

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

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

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

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

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

11 (d) The EMS Authority shall notify the medical director of the local EMS agency
12 submitting its request for approval of a trial study within fourteen (14) days of receiving
13 the request that the request has been received.

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

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

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

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

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

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

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

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

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

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

13 (2) Accept the study recommendations.

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

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

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

18 Reference: Sections 1797.170 and 1797.221, Health and Safety Code.

19 **Article 3. Program Requirements for EMT-I Training Programs**

20 **§ 100065. Approved Training Programs**

21 (a) The purpose of an EMT-I training program shall be to prepare individuals to render
22 prehospital basic life support at the scene of an emergency, during transport of the sick
23 and injured, or during interfacility transfer within an organized EMS system.

1 (b) EMT-I training may be offered only by approved training programs. Eligibility for
2 program approval shall be limited to:

3 (1) Accredited universities and colleges including junior and community colleges,
4 school districts, and private post-secondary schools as approved by the State of
5 California, Department of Consumer Affairs, Bureau of Private Postsecondary and
6 Vocational Education.

7 (2) Medical training units of a branch of the Armed Forces including the Coast Guard of
8 the United States.

9 (3) Licensed general acute care hospitals which meet the following criteria:

10 (A) Hold a special permit to operate a Basic or Comprehensive Emergency Medical
11 Service pursuant to the provisions of Division 5; and

12 (B) Provide continuing education to other health care professionals.

13 (4) Agencies of government including public safety agencies.

14 (5) Local EMS agencies.

15 NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health
16 and Safety Code. Reference: Sections 1797.170, 1797.173, 1797.208 and 1797.213
17 Health and Safety Code.

18 **§ 100066. Procedure for Program Approval.**

19 (a) Eligible training programs may submit a written request for EMT-I program approval
20 to an EMT-I approving authority.

21 (b) The EMT-I approving authority shall review and approve the following prior to
22 approving an EMT-I training program:

- 1 (1) A statement verifying usage of the United States Department of Transportation's
- 2 EMT-Basic National Standard Curriculum, DOT HS 808 149, August 1994, which
- 3 includes learning objectives, skills protocols, and treatment guidelines.
- 4 (2) A statement verifying CPR training equivalent to the American Heart Association's
- 5 Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular
- 6 Care at the Healthcare Provider level is a prerequisite for admission to an EMT-I basic
- 7 course.
- 8 (3) Samples of written and skills examinations used for periodic testing.
- 9 (4) A final skills competency examination.
- 10 (5) A final written examination.
- 11 (6) The name and qualifications of the program director, program clinical coordinator,
- 12 and principal instructor(s).
- 13 (7) Provisions for clinical experience, as defined in Section 100068 of this Chapter.
- 14 (8) Provisions for course completion by challenge, including a challenge examination (if
- 15 different from final examination).
- 16 (9) Provisions for a refresher course including subsections (1)-(9) above, and/or
- 17 continuing education courses including subsections (1)-(3) above, required for
- 18 recertification.
- 19 (10) The location at which the courses are to be offered and their proposed dates.
- 20 (11) Table of contents listing the required information listed in this subsection, with
- 21 corresponding page numbers.

1 (c) In addition to those items listed in subdivision (b) of this section, the EMS Authority
2 shall assure that a statewide public safety agency meets the following criteria in order to
3 approve that agency as qualified to conduct a statewide EMT-I training program:

4 (1) Has a statewide role and responsibility in matters affecting public safety.

5 (2) Has a centralized authority over its EMT-I training program instruction which can
6 correct any elements of the program found to be in conflict with this Chapter.

7 (3) Has a management structure which monitors all of its EMT-I training programs.

8 (4) Has designated a liaison to the EMS Authority who shall respond to problems or
9 conflicts identified in the operation of its EMT-I training program.

10 (5) In addition, these agencies shall meet the following additional requirements:

11 (A) Designate the principal instructor as a liaison to the EMT-I approving authority for
12 the county in which the training is conducted; and

13 (B) Consult with the EMT-I approving authority for the county in which the training is
14 located in developing the EMS System Orientation portion of the EMT-I course.

15 (d) The EMT-I approving authority shall make available to the EMS Authority, upon
16 request, any or all materials submitted pursuant to this section by an approved EMT-I
17 training program in order to allow the EMS Authority to make the determination required
18 by Section 1797.173 of the Health and Safety Code.

19 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
20 Code. Reference: Sections 1797.170, 1797.173, 1797.208 and 1797.213, Health and
21 Safety Code.

1 **§ 100067. Didactic and Skills Laboratory.**

2 An approved EMT-I training program shall assure that no more than ten (10) students
3 are assigned to one (1) principal instructor/teaching assistant during skills
4 practice/laboratory sessions.

5 NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health
6 and Safety Code. Reference: Sections 1797.170, 1797.173 and 1797.208, Health and
7 Safety Code.

8 **§ 100068. Clinical Experience for EMT-I.**

9 Each approved EMT-I training program shall have written agreement(s) with one or
10 more general acute care hospital(s) and/or operational ambulance provider(s) or rescue
11 vehicle provider(s) for the clinical portion of the EMT-I training course. The written
12 agreement(s) shall specify the roles and responsibilities of the training program and the
13 clinical provider(s) for supplying the supervised clinical experience for the EMT-I
14 student(s). Supervision for the clinical experience shall be provided by an individual
15 who meets the qualifications of a principal instructor or teaching assistant. No more
16 than three (3) students will be assigned to one (1) qualified supervisor during the
17 supervised clinical experience.

18 NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health
19 and Safety Code. Reference: Sections 1797.170, 1797.173 and 1797.208, Health and
20 Safety Code.

21 **§ 100069. Program Approval.**

22 (a) In accordance with Section 100057 (a) the EMS Authority shall notify the training
23 program submitting its request for training program approval within seven (7) days of

1 receiving the request that:

2 (1) The request has been received,

3 (2) The request contains or does not contain the information requested in Section
4 100066 of this Chapter and,

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

6 (b) Program approval or disapproval shall be made in writing by the EMT-I approving
7 authority to the requesting training program within a reasonable period of time after
8 receipt of all required documentation.

9 This time period shall not exceed three (3) months.

10 (c) The EMT-I approving authority shall establish the effective date of program approval
11 in writing upon the satisfactory documentation of compliance with all program
12 requirements.

13 (d) Program approval shall be for four (4) years following the effective date of program
14 approval and may be renewed every four (4) years subject to the procedure for program
15 approval specified in this section.

16 (e) Approved EMT-I training programs shall also receive approval as a continuing
17 education provider effective the same date as the EMT-I training program approval.

18 The continuing education program expiration date shall be the same expiration date as
19 the EMT-I training program. The continuing education provider shall comply with all of
20 the requirements contained in Chapter 11 of this Division.

21 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
22 Code. Reference: Sections 1797.109, 1797.170, 1797.173 and 1797.208, Health and
23 Safety Code.

1 **§ 100070. Teaching Staff.**

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

6 (a) Each EMT-I training program shall have an approved program director who shall be
7 qualified by education and experience in methods, materials, and evaluation of
8 instruction which shall be documented by at least forty hours in teaching methodology.

9 The courses include but are not limited to the following examples:

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

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

- 17 (1) Administering the training program.
18 (2) Approving course content.
19 (3) Approving all written examinations and the final skills examination.
20 (4) Coordinating all clinical and field activities related to the course.
21 (5) Approving the principal instructor(s) and teaching assistants.
22 (6) Signing all course completion records.

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

3 (c) Each training program shall have an approved program clinical coordinator who
4 shall be either a physician, registered nurse, ~~or~~ physician assistant, or a paramedic
5 currently licensed in California, and who shall have two (2) years of academic or clinical
6 experience in emergency medicine or prehospital care in the last five (5) years. Duties
7 of the program clinical coordinator shall include, but not be limited to:

- 8 (1) Responsibility for the overall quality of medical content of the program;
9 (2) Approval of the qualifications of the principal instructor(s) and teaching assistant(s).

10 (d) Each training program shall have a principal instructor(s), who may also be the
11 program clinical coordinator or program director, who shall be qualified by education
12 and experience in methods, materials, and evaluation of instruction, which shall be
13 documented by at least forty hours in teaching methodology. The courses include but
14 are not limited to the following examples:

- 15 (1) State Fire Marshal Instructor 1A and 1B,
16 (2) National Fire Academy's Instructional Methodology,
17 (3) Training programs that meet the United States Department of
18 Transportation/National Highway Traffic Safety Administration 2002 Guidelines for
19 Educating EMS Instructors such as the National Association of EMS Educators Course.
20 and who shall:

21 (A) Be a physician, registered nurse ~~or~~ physician assistant, or paramedic currently
22 licensed in California; or,

23 (B) Be an EMT-II or EMT-I who is currently certified in California.

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

3 (D) Be approved by the program director in coordination with the program clinical
4 coordinator as qualified to teach the topics to which s/he is to be assigned. After January
5 1, 2006, all principal instructors from approved EMT-I Training Programs shall meet the
6 minimum qualifications as specified in subsection (d) of this Section.

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

13 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
14 Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

15 **§ 100071. Program Review and Reporting.**

16 (a) All program materials specified in this Chapter shall be subject to periodic review by
17 the EMT-I approving authority.

18 (b) All programs shall be subject to periodic on-site evaluation by the EMT-I approving
19 authority.

20 (c) Any person or agency conducting a training program shall notify the EMT-I
21 approving authority in writing, in advance when possible, and in all cases within thirty
22 (30) days of any change in course content, hours of instruction, program director or
23 program clinical coordinator.

1 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
2 Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

3 **§ 100072. Withdrawal of Program Approval.**

4 Noncompliance with any criterion required for program approval, use of any unqualified
5 teaching personnel, or noncompliance with any other applicable provision of this
6 Chapter may result in suspension or revocation of program approval by the EMT-I
7 approving authority. An approved EMT-I training program shall have no more than (60)
8 days from date of written notice to comply with this Chapter.

9 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
10 Code. Reference: Sections 1797.109, 1797.170, 1797.208 and 1798.202, Health and
11 Safety Code.

12 **§ 100073. Components of an Approved Program.**

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

- 14 (1) The EMT-I course, including clinical experience;
15 (2) Periodic and a final written and skill competency examinations;
16 (3) A challenge examination; and
17 (4) A refresher course required for recertification.

18 (b) The local EMS agency may approve a training program that offers only refresher
19 course(s).

20 NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
21 and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and
22 Safety Code.

1 **§ 100074. Required Course Hours.**

2 (a) The EMT-I course shall consist of not less than one hundred twenty hours. These
3 training hours shall be divided into:

4 (1) A minimum of one hundred ten hours of didactic instruction and skills laboratory;
5 and

6 (2) A minimum of ten hours of supervised clinical experience. The clinical experience
7 shall include five patient contacts wherein a patient assessment and other EMT-I skills
8 are performed.

9 (b) The minimum hours shall not include the examinations for EMT-I certification.

10 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
11 Code. Reference: Section 1797.170, Health and Safety Code.

12 **§ 100075. Required Course Content.**

13 The minimum EMT-I course content shall consist of:

14 (a) The United States Department of Transportation's EMT-Basic National Standard
15 Curriculum, DOT HS 808 149, August 1994.

16 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
17 Code. Reference: Sections 1797.170 and 1797.173, Health and Safety Code.

18 **§ 100076. Required Testing.**

19 Each component of an approved program shall include periodic and final competency-
20 based examinations to test the knowledge and skills specified in this Chapter.

21 Satisfactory performance in these written and skills examinations shall be demonstrated
22 for successful completion of the course. Satisfactory performance shall be determined

1 by preestablished standards, developed and/or approved by the EMT-I approving
2 authority pursuant to Section 100066 of this Chapter.

3 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
4 Code. Reference: Sections 1797.109, 1797.170, 1797.208 and 1797.210, Health and
5 Safety Code.

6 **§ 100077. Course Completion Record.**

7 (a) An approved EMT-I training program provider shall issue a tamper resistant course
8 completion record to each person who has successfully completed the EMT-I course,
9 refresher course, or challenge examination.

10 (b) The course completion record shall contain the following:

11 (1) The name of the individual.

12 (2) The date of course completion.

13 (3) Type of EMT-I course completed (i.e., EMT-I, refresher, or challenge), and the
14 number of hours completed.

15 (4) The EMT-I approving authority.

16 (5) The signature of the program director.

17 (6) The name and location of the training program issuing the record.

18 (7) The following statement in bold print: **“This is not an EMT-I certificate”**.

19 (c) This course completion record is valid to apply for certification for a maximum of
20 two years from the course completion date and shall be recognized statewide.

21 (d) The name and address of each person receiving a course completion record and
22 the date of course completion shall be reported in writing to the appropriate EMT-I
23 certifying authority within fifteen days of course completion.

1 (e) Approved EMT-I training programs which are also approved EMT-I Certifying
2 Authorities need not issue a Course Completion record to those students who will
3 receive certification from the same agency.

4 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
5 Code. Reference: Sections 1797.109 and 1797.170, Health and Safety Code.

6 **§ 100078. Course Completion by Challenge Examination.**

7 (a) An individual may obtain an EMT-I course completion record by successfully
8 passing by pre-established standards, developed and/or approved by the EMT-I
9 approving authority pursuant to Section 100066 of this Chapter, a course challenge
10 examination if s/he meets one of the following eligibility requirements:

11 (1) The person is a currently licensed physician, registered nurse, physician assistant,
12 vocational nurse, or paramedic.

13 (2) The person provides documented evidence of having successfully completed an
14 emergency medical service training program of the Armed Forces including the Coast
15 Guard of the United States within the preceding two (2) years which meets the
16 Department of Transportation EMT-I course guidelines. Upon review of documentation,
17 the EMT-I certifying authority may also allow an individual to challenge if the individual
18 was active in the last two (2) years in a prehospital emergency medical classification of
19 the Armed Services, including the Coast Guard of the United States, which does not
20 have formal recertification requirements. These individuals may be required to take a
21 refresher course or complete continuing education courses as a condition of
22 certification.

1 (b) The course challenge examination shall consist of a competency-based written and
2 skills examination to test knowledge of the topics and skills prescribed in this Chapter.

3 (c) An approved EMT-I training program shall offer an EMT-I challenge examination no
4 less than once each time the EMT-I course is given, (unless otherwise specified by the
5 program's EMT-I approving authority).

6 (d) The EMT-I certifying authority may provide the written and skills EMT-I challenge
7 examination and designate such tests as the certifying examination.

8 (e) An eligible person shall be permitted to take the EMT-I course challenge
9 examination only one time.

10 (f) An individual who fails to achieve a passing score on the EMT-I course challenge
11 examination shall successfully complete an EMT-I course to receive an EMT-I course
12 completion record.

13 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
14 Code. Reference: Sections 1797.109, 1797.170, 1797.208 and 1797.210, Health and
15 Safety Code.

16 **Article 4. EMT-I Certification**

17 **§ 100079. Certification.**

18 (a) In order to be eligible for certification, an individual shall:

19 (1) Have a valid EMT-I course completion record or other documented proof of
20 successful completion of an approved EMT-I course, or

21 (2) Have documentation of successful completion of an approved out-of-state EMT-I
22 training course, within the last two years which meets the requirements of this Chapter.

23 (3) Apply for certification within two years of the date of course completion.

1 (4) Prior to January 1, 2006, pass, by pre-established standards developed and/or
2 approved by the EMT-I certifying authority pursuant to this Section and Section 100066
3 of this Chapter, a competency-based written and skills certifying examination. After
4 January 1, 2006, pass by pre-established standards the written examination and skills
5 examination approved by the EMS Authority.

6 (5) Be eighteen years of age or older.

7 (6) Comply with other reasonable requirements, as may be established by the EMT-I
8 certifying authority, such as:

9 (A) Complete an application form.

10 (B) Complete a statement that the individual is not precluded from certification for
11 reasons defined in Section 1798.200 of the Health and Safety Code.

12 (C) Live scan or criminal background check from the California Department of Justice.

13 (D) Pay the established fee.

14 (E) Furnish a current photograph for identification purposes.

15 (F) Complete the additional training specified in Section 100063 (b), and Section
16 100064 if applicable, of this Chapter.

17 (G) Attend orientation on local EMS policies, procedures and protocols.

18 (b) In order for an individual, whose California EMT-II certification or Paramedic
19 License has lapsed, to be eligible for certification as an EMT-I the individual shall:

20 (1) For a lapse of less than six months, the individual shall comply with the requirements
21 contained in Section 100080 (b) or (c), (e) and (f) of this Chapter.

22 (2) For a lapse of six months or more, but less than twelve months, the individual shall
23 comply with the requirements of Section 100080 (b) or (c), (e), and (f) of this Chapter

1 and complete an additional twelve hours of continuing education for a total of 36 hours
2 of training.

3 (3) For a lapse of twelve months or more, but less than 24 months, the individual shall
4 comply with the requirements of Section 100080 (b) or (c), and (e) of this Chapter and
5 complete an additional twenty-four hours of continuing education for a total of 48 hours
6 of training and the individual shall pass the written and skills certification exam as
7 specified in Section 100079 (a) (4).

8 (4) For a lapse of twenty-four months or more the individual shall complete an entire
9 EMT-I course and comply with the requirements of subsection (a) of this Section.

10 (c) An individual currently licensed in California as a Paramedic or currently certified in
11 California as an EMT-II is deemed to be certified as an EMT-I except when the
12 paramedic license or EMT-II certification is under suspension_with no further testing
13 required. In the case of a paramedic license under suspension, the paramedic shall
14 apply to a local EMS agency for EMT-I certification.

15 (d) An individual who meets one of the following criteria shall be eligible for certification
16 upon fulfilling the requirements of subsections (a), (5), and (6) of this section.

17 (1) Possesses a current and valid National Registry EMT-Basic certificate,

18 (2) Possesses a current and valid out-of-state or National Registry EMT-Intermediate or
19 Paramedic certificate.

20 (e) An individual who possesses a current and valid out-of-state EMT-I certificate,
21 shall be eligible for certification upon fulfilling the requirements of subsections (a) (4),
22 (5), and (6) of this section.

23 (f) Prior to January 1, 2006, the certifying examination shall include:

- 1 (1) A competency-based written examination;
- 2 (2) Individual demonstration of competence in skills required in the following topics:
 - 3 (A) patient examination;
 - 4 (B) airway emergencies;
 - 5 (C) breathing emergencies;
 - 6 (D) cardiopulmonary resuscitation;
 - 7 (E) automated external defibrillation;
 - 8 (F) circulation emergencies;
 - 9 (G) neurological emergencies;
 - 10 (H) soft tissue injury;
 - 11 (I) musculoskeletal injury; and
 - 12 (J) obstetrical emergencies.
- 13 (3) After January 1, 2006, the single written examination and skills certifying
14 examination shall be approved by the EMS Authority.
 - 15 (h) Each EMT-I certifying authority shall provide for adequate certification examinations
16 to accommodate the eligible individuals requesting certification in the certifying
17 authority's jurisdiction, but in no case less than once per year, unless otherwise
18 specified by the EMT-I approving authority.
 - 19 (i) The EMT-I certifying authority shall issue a wallet-sized certificate to eligible
20 individuals. The certificate shall contain the following:
 - 21 (1) The name of the individual certified.
 - 22 (2) The date the certificate was issued.
 - 23 (3) The date of expiration.

- 1 (4) The name and location of the EMT-I certifying authority.
- 2 (5) The name and signature of the individual authorized to certify, or facsimile of same.
- 3 (6) A statement that the individual named on the card has fulfilled the requirements for
4 certification as an EMT-I in California.
- 5 (j) Certification as an EMT-I shall be for a maximum of two (2) years except in the
6 following cases:
- 7 (1) A person who possesses a current and valid out-of-state EMT-I, EMT-Intermediate
8 or Paramedic certification or a current and valid National Registry EMT-Basic, EMT-
9 Intermediate or Paramedic certification, the expiration date shall be the same expiration
10 date as stated on the out-of-state or National Registry certification.
- 11 (2) That an individual currently certified or licensed as an Paramedic, pursuant to
12 subsection (c), shall have an EMT-I expiration date that is the same as the current
13 Paramedic certificate or license.
- 14 (3) The effective date of certification, as used in this Chapter, shall be the date the
15 individual satisfactorily completes all certification requirements and has applied for
16 certification. The certification expiration date will be the final day of the final month of
17 the two ~~(2)~~ year period.

18 NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
19 and Safety Code. Reference: Sections 1797.109, 1797.175, 1797.177, 1797.210 and
20 1797.216, Health and Safety Code.

21

22

1 **Article 5. Maintaining EMT-I Certification and Recertification**

2 **§ 100080. Maintaining EMT-I Certification.**

3 In order to maintain certification, an EMT-I shall:

4 (a) Possess a current EMT-I Certification issued in California.

5 (b) Obtain at least twenty-four hours of continuing education hours (CEH) from an
6 approved continuing education provider in accordance with the provisions contained in
7 the Prehospital Continuing Education Chapter, Chapter 11 of this Division, or

8 (c) Successfully complete a twenty-four hour refresher course from an approved EMT-I
9 training program.

10 (d) An individual who is currently licensed in California as Paramedic or certified as an
11 EMT-II, or who has been certified within six (6) months of the date of application, may
12 be given credit for continuing education hours earned as a Paramedic or EMT-II to
13 satisfy the continuing education requirement for EMT-I recertification as specified in this
14 Chapter.

15 (e) Comply with other reasonable requirements, as may be established by the EMT-I
16 Certifying Authority, such as:

17 (1) Complete an application form.

18 (2) Complete a statement that the individual is not precluded from certification for
19 reasons defined in Section 1798.200 of the Health and Safety Code.

20 (3) Live scan or criminal background check from the California Department of Justice.

21 (4) Pay the established fee.

22 (5) Furnish a current photograph for identification purposes.

- 1 (6) Complete the additional training specified in Section 100063 (b), and Section
2 100064 if applicable, of this Chapter.
- 3 (7) Attend an orientation on local EMS policies, procedures and protocols.
- 4 (f) Submit a completed skills competency verification form, EMSA-SCV (07/03). Form
5 EMSA-SCV (07/03) is herein incorporated by reference. Skills competency shall be
6 verified by direct observation of an actual or simulated patient contact. Skills
7 competency shall be verified by an individual who is currently certified or licensed as an
8 EMT-I, EMT-II, Paramedic, RN, PA, or physician and who shall be designated by an
9 EMS approved training program (EMT-I training program, paramedic training program
10 or continuing education provider) or an EMS service provider; EMS service providers
11 include, but are not limited to public safety agencies, private ambulance providers and
12 other EMS providers. The skills requiring verification of competency are:
- 13 (1) Patient examination, trauma patient
 - 14 (2) Patient examination, medical patient
 - 15 (3) Airway emergencies
 - 16 (4) Breathing emergencies
 - 17 (5) Automated external defibrillation
 - 18 (6) Circulation emergencies
 - 19 (7) Neurological emergencies
 - 20 (8) Soft tissue injuries
 - 21 (9) Musculoskeletal injuries
 - 22 (10) Obstetrical emergencies

1 (g) If the maintenance of certification requirements are met within six months prior to the
2 expiration date, the EMT-I Certifying Authority shall make the effective date of
3 certification the expiration date of the current certificate. The certification expiration
4 date will be the final day of the final month of the two year period.

5 (h) If the maintenance of certification requirements are met greater than six months prior
6 to the expiration date, the EMT-I Certifying authority shall make the effective date of
7 certification the date the individual satisfactorily completes all certification requirements
8 and has applied for certification. The certification expiration date shall be the final day
9 of the final month of the two year period.

10 (i) The EMT-I Certifying Authority shall issue a wallet-sized certificate to eligible
11 individuals who apply for maintaining EMT-I certification. The certificate shall contain
12 the information specified in Section 100079, Subsection (i).

13 NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
14 and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.210 and 1797.216,
15 Health and Safety Code.

16 **§ 100081. Recertification After Lapse in Certification.**

17 (a) In order to be eligible for recertification for an individual whose EMT-I Certification
18 has lapsed, the following requirements shall apply:

19 (1) For a lapse of less than six months, the individual shall comply with the requirements
20 contained in Section 100080 (b) or (c), (e) and (f) of this Chapter.

21 (2) For a lapse of six months or more, but less than twelve months, the individual shall
22 comply with the requirements of Section 100080 (b) or (c), (e), and (f) of this Chapter

1 and complete an additional twelve hours of continuing education for a total of 36 hours
2 of training.

3 (3) For a lapse of twelve months or more, but less than 24 months, the individual shall
4 comply with the requirements of Section 100080 (b) or (c), and (e) of this Chapter and
5 complete an additional twenty-four hours of continuing education for a total of 48 hours
6 of training and the individual shall pass the written and skills certification exam as
7 specified in Section 100079 (a) (4).

8 (4) For a lapse of greater than twenty-four months the individual shall complete an
9 entire EMT-I course and comply with the requirements of Section 100079 (a).

10 (b) The effective date of certification as used in this Chapter shall be the date the
11 individual satisfactorily completes all certification requirements and has applied for
12 certification. The certification expiration date shall be the final day of the final month of
13 the two year period.

14 (c) The EMT-I certifying authority shall issue a wallet-sized certificate to eligible
15 persons who apply for recertification. That certificate shall contain the information
16 specified in Section 100079, Subsection (i).

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

20 **§ 100082. Record Keeping.**

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

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

3 (c) The EMS Authority shall maintain a record of approved EMT-I training programs.

4 (d) Each EMT-I certifying authority shall, at a minimum, maintain a list of all EMT-Is
5 certified or recertified by them in the preceding four (4) years. Each EMT-I certifying
6 authority shall maintain a list of all EMT-Is whose certificate has been suspended or
7 revoked and submit the names to the EMS Authority as such occurs.

8 (e) A local EMS agency that suspends or revokes an EMT-I certificate shall notify the
9 EMT-I certifying authority that issued the certificate.

10 (f) A local EMS agency may develop policies and procedures which require basic life
11 support services to make available the records of calls maintained in accordance with
12 Section 1100.7, Title 13 of the California Code of Regulations.

13 (g) Each local EMS agency shall collect and report annually, to the EMS Authority on:

14 (1) The total number of patients, defibrillated, who were discharged from the hospital
15 alive, and

16 (2) The data collected by EMT AED service providers pursuant to Section 100063.1 of
17 this chapter.

18 NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health
19 and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.173, 1797.200,
20 1797.202, 1797.204, 1797.208 and 1797.220, Health and Safety Code.

21 **§ 100083. Fees.**

1 A local EMS agency may establish a schedule of fees for EMT-I training program
2 review, approval, EMT-I certification and EMT-I recertification in an amount sufficient to
3 cover the reasonable cost of complying with the provisions of this Chapter.

4 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety
5 Code. Reference: Sections 1797.170, 1797.212 and 1797.213 Health and Safety Code.

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