Article 1. Definitions

§ 100005. Automated External Defibrillator or AED.
“Automated External Defibrillator or AED” means an external defibrillator capable of
cardiac rhythm analysis which will charge and deliver a shock either automatically or by
user interaction after electronically detecting and assessing ventricular fibrillation or
rapid ventricular tachycardia.
Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
1797.52, 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal
Code.

§ 100006. Public Safety AED Service Provider. (no change)

§ 100007. Cardiopulmonary Resuscitation.
“Cardiopulmonary resuscitation” or “CPR” (CPR) means establishing and maintaining
an open airway, ensuring adequate respiration, either spontaneously or by use of
rescue breathing, and ensuring adequate circulation either spontaneously or by means
of closed chest cardiac compression, according to standards promulgated by the
current American Heart Association (AHA) Guidelines for Cardiopulmonary
Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) and/or the American
Red Cross.
Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100008. Firefighter. (no change)

§ 100009. Public Safety First Aid.
“Public safety first aid” means the recognition of and immediate care for injury or sudden illness, including medical emergencies, by public safety personnel prior to the availability of medical care by licensed or certified health care professionals.


§ 100010. Lifeguard. (no change)

§ 100011. Peace Officer. (no change)

§ 100012. Primarily Clerical or Administrative. (no change)

§ 100013. Qualified Instructor.

“Qualified instructor” is a trained individual who shall be certified to teach first aid and/or CPR by the approving authority specified in Section 100026 of this Chapter.


§ 100014. Regularly Employed.

“Regularly employed” means being given wages, salary, or other remuneration for the performance of those duties normally carried out by lifeguards, firefighters, or peace officers.


§ 100015. Application and Scope.

Except those whose duties are primarily clerical or administrative, the following regularly employed public safety personnel shall be trained to administer first aid, CPR and use an AED cardiac pulmonary resuscitation according to the standards set forth in this Chapter:

(a1) lifeguard;
(b2) firefighter;
(c3) peace officer.


§ 100016. Training Programs In Operation.

Training programs in operation prior to the effective date of these regulations shall submit evidence of compliance with this Chapter to the appropriate approving authority as specified in Section 100026 of this Chapter within six (6) twenty-four (24) months after the effective date of these regulations.
§ 100017 100016. Time Limitation for Initial Training.
The initial training requirements specified in Section 100017 of this Chapter shall be satisfactorily completed within one (1) year from the effective date of the individual’s initial employment and, whenever possible, prior to assumption of regular duty in one of the personnel categories set forth in Section 100016 100014 of this Chapter.

Article 3. Public Safety First Aid and CPR Training Standards

§ 100018 100017. Scope of Course Public Safety First Aid and CPR Course Content.
(a) The initial course of instruction shall at a minimum consist of not less than fifteen (15) hours in first aid and six (6) hours in cardiopulmonary resuscitation twenty-one (21) hours in first aid and CPR.
(b) The course of instruction shall include, but need not be limited to, the following scope of courses as described in (c) below, which shall prepare personnel specified in Section 100016 100014 of this Chapter to recognize the injury or illness of the individual and render assistance;
(c) The content of the training course shall include recognition and basic first aid level treatment of at least the following topics and shall be competency based:
(1) Emergency action principles which describe the basic problems of decision making in first aid: Role of the public safety first aid provider;
(A) Personal safety;
(i) Scene size-up,
(B) Body substance isolation, including removing contaminated gloves;
(C) Legal considerations;
(D) Emergency Medical Services (EMS) access;
(E) Integration with EMS personnel to include active shooter incidents;
(F) Minimum equipment and first aid kits.
(2) Heart attack and sudden cardiac arrest;
(A) Respiratory and circulatory systems;
(B) Heart attack;
(C) Sudden cardiac arrest and early defibrillation;
(D) Chain of survival.
(3) CPR and AED for adults, children, and infants, following current AHA Guidelines for CPR and ECC at the Healthcare provider level;
(A) Basic airway management;
(B) Rescue breathing;
(i) Mouth-to-mouth;
(ii) Mouth-to-mask;
(iii) Bag-valve-mask (BVM).
(C) Chest compressions and CPR/AED;
   (i) Basic AED operation;
   (ii) Using the AED;
   (iii) Troubleshooting and other considerations.
(D) Single rescuer CPR/AED on adult, child and infant;
(E) Two rescuer CPR/AED on adult, child and infant;
(F) Recovery position.
(4) Management of foreign body airway obstruction on adults, children, and infants;
   (A) Conscious patients;
   (B) Unconscious patients.
(5) Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies;
   (A) Performing a primary assessment;
   (B) Performing a secondary assessment;
   (C) Obtaining a patient history.
(6) Medical emergencies;
   (A) Pain, severe pressure, or discomfort in chest;
   (B) Breathing difficulties, including asthma and COPD;
   (C) Allergic reactions and anaphylaxis;
(D) Stroke;
(E) Altered mental status;
(F) Diabetic emergencies;
   (i) Administration of oral glucose.
(G) Seizures;
(H) Alcohol and drug emergencies;
   (i) Assisted naloxone administration and accessing EMS.
(I) Severe abdominal pain;
(J) Obstetrical emergencies.
(7) Burns;
   (A) Thermal burns;
   (B) Chemical burns;
   (C) Electrical burns.
(8) Facial injuries;
   (A) Objects in the eye;
   (B) Chemical in the eye;
   (C) Nosebleed;
(D) Dental emergencies.
(9) Environmental emergencies;
   (A) Heat emergencies;
   (B) Cold emergencies;
   (C) Drowning.
(10) Bites and stings;
    (A) Insect bites and stings;
    (B) Animal and human bites;
    (C) Assisted administration of epinephrine auto-injector and accessing EMS.
Poisoning:
(A) Ingested poisoning;
(B) Inhaled poisoning;
(C) Exposure to chemical, biological, radiological, or nuclear (CBRN) substances:
   (i) Recognition of exposure;
   (ii) Scene safety.
(D) Poison control system.
(12) Identify signs and symptoms of psychological emergencies.

Patient movement:
(A) Emergency movement of patients;
(B) Lifts and carries which may include: using soft litters and manual extractions
   including fore/aft, side-by-side, shoulder/belt.

(14) Tactical and rescue first aid principles applied to violent circumstances;
(A) Principles of tactical casualty care:
   (i) Determining treatment priorities.

(15) Orientation to the EMS system, including:
(A) 9-1-1 access;
(B) Interaction with EMS personnel;
(C) Identification of local EMS and trauma systems.

(16) Trauma emergencies:
(A) Soft tissue injuries and wounds;
(B) Amputations and impaled objects;
(C) Chest and abdominal injuries:
   (i) Review of basic treatment for chest wall injuries;
   (ii) Application of chest seals.
(D) Head, neck, or back injury:
(E) Spinal immobilization;
(F) Musculoskeletal trauma and splinting;
(G) Recognition of signs and symptoms of shock:
   (i) Basic treatment of shock;
   (ii) Importance of maintaining normal body temperature.

(H) Internal bleeding:
(i) Control of bleeding, including direct pressure, tourniquet, hemostatic
dressings, chest seals and dressings;
(ii) Training in the use of hemostatic dressings shall result in competency in the
application of hemostatic dressings. Included in the training shall be the following topics
and skills:
1. Review of basic methods of bleeding control to include but not be limited to direct
pressure, pressure bandages, tourniquets, and hemostatic dressings and wound
packing;
2. Types of hemostatic dressings.
(2) First aid for medical emergencies, including sudden illnesses;
(3) Cardiac and respiratory emergencies, including cardiac and/or respiratory failures in
victims of all ages;
(4) First aid for traumatic injuries including wounds, and life threatening bleeding;
(5) First aid for specific injuries, including care for specific injuries to different parts of the body;
(6) Bandaging, including materials and guidelines used in bandaging;
(7) First aid for environmental emergencies including burns, heat and chemical burns, electrical emergencies and exposure to radiation, or climatic changes;
(8) First aid for injuries to bones, muscles, and joints;
(9) Emergency rescue and transfer;
(10) First aid for obstetrical emergencies.


§ 100019. Required Topics.
The content of the training course shall include at least the following topics and shall be skill-oriented:
(a) Examination and assessment of the victim;
(b) Orientation to the EMS system;
(c) Suspected heart attack or stroke;
(d) Fainting, convulsions, and/or suspected drug abuse;
(e) Heat exhaustion, heat stroke, hypothermia and frost bite;
(f) Mouth-to-mouth breathing and care for choking victims whether conscious or unconscious;
(g) Types of wounds and control of bleeding;
(h) Shock, and its causes, infection and closed wounds;
(i) Eye, face, scalp, jaw and ear injuries;
(j) Injuries of the head, neck, back, trunk, arms and legs;
(k) Exposure to toxic substances;
(l) Bites and stings by snakes, marine life and insects;
(m) Bandaging techniques, first aid kits and supplies;
(n) Determination of the severity of burns, including first, second, and third degree burns;
(o) Fractures, both open and closed, splinting, and care for fractures, sprains, strains and dislocated joints;
(p) Techniques of cardiopulmonary resuscitation; and
(q) Obstetrical emergencies.


§ 100018. Authorized Skills for Public Safety First Aid Providers
(a) A public safety first aid provider, after completion of training and demonstration of competency to the satisfaction of the approved training provider for each skill listed in this section, is authorized to perform medical care while at the scene of an emergency including, but not limited to, CPR and AED and may do any of the following:
(1) Evaluate the ill and injured.
(2) Provide treatment for shock.
(3) Use the following techniques to support airway and breathing:
(A) Manual airway opening methods, including head-tilt chin-lift and/or jaw thrust;
(B) Manual methods to remove an airway obstruction in adults, children, and infants;
(C) Use the recovery position.
(4) Perform the following during emergency care:
(A) Spinal immobilization;
(B) Splinting of extremities;
(C) Emergency eye irrigation using water or normal saline;
(D) Assist with administration of oral glucose;
(E) Assist patients with administration of physician-prescribed epinephrine devices and naloxone;
(F) Assist in emergency childbirth;
(G) Hemorrhage control using direct pressure, pressure bandages, principles of pressure points, and tourniquets. Hemostatic dressings may be used from the list approved by the EMS Authority;
(H) Chest seals and dressings;
(I) Simple decontamination techniques and use of decontamination equipment;
(J) Care for amputated body parts;
(K) Provide basic wound care.

(b) The authorized skills of a public safety first aid provider shall not exceed those activities authorized in this section.


§ 100020. Optional Skills.
(a) In addition to the activities authorized by Section 100019 of this Chapter, public safety personnel may perform 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 local EMS agency (LEMSA).

(b) A LEMSA shall establish policies and procedures that require public safety first aid personnel to demonstrate trained optional skills competency at least every two years, or more frequently as determined by the EMS quality improvement program (EMSQIP).

(c) Administration of epinephrine by auto-injector for suspected anaphylaxis.

(1) Training in the administration of epinephrine shall result in the public safety first aid provider being competent in the administration of epinephrine and managing a patient of a suspected anaphylactic reaction. The training shall include the following topics and skills:
(A) Common causative agents;
(B) Signs and symptoms of anaphylaxis;
(C) Assessment findings;
(D) Management to include but not be limited to:

1. Need for appropriate personal protective equipment and scene safety awareness.
(E) Profile of epinephrine to include, but not be limited to:
1. Class;
2. Mechanisms of drug action;
3. Indications;
4. Contraindications;
5. Dosage and route of administration;
6. Side/ adverse effects.
(F) Administration of epinephrine by auto-injector including:
1. Site selection and administration;
2. Medical asepsis;
3. Disposal of contaminated items and sharps.
(2) At the completion of this training, the student shall complete a competency based
written and skills examination for administration of epinephrine which shall include:
(A) Assessment of when to administer epinephrine;
(B) Managing a patient before and after administering epinephrine;
(C) Accessing 9-1-1 or advanced life support services for all patients suffering
anaphylaxis or receiving epinephrine administration;
(D) Using universal precautions and body substance isolation procedures during
medication administration;
(E) Demonstrating aseptic technique during medication administration;
(F) Demonstrate preparation and administration of epinephrine by auto-injector;
(G) Proper disposal of contaminated items and sharps.
(d) Supplemental oxygen therapy using a non-rebreather face mask or nasal cannula,
and bag-valve-mask ventilation.
(1) Training in the administration of oxygen shall result in the public safety first aid
provider being competent in the administration of supplemental oxygen and use of bag-
valve-mask ventilation for a patient requiring oxygen administration and ventilation. The
training shall include the following topics and skills:
(A) Integrating the use of supplemental oxygen by non-rebreather mask or nasal
cannula based upon local EMS protocols;
(B) Assessment and management of patients with respiratory distress;
(C) Profile of Oxygen to include, but not be limited to:
1. Class;
2. Mechanism of Action;
3. Indications;
4. Contraindications;
5. Dosage and route of administration (mask, cannula, bag-valve-mask);
6. Side/ adverse effects.
(D) Oxygen Delivery Systems:
1. Set up of oxygen delivery including tank opening, use of regulator and liter flow
selection;
2. Percent of relative oxygen delivered by type of mask;
3. Oxygen delivery for a breathing patient, including non-rebreather mask and nasal
cannula;
(E) Safety precautions.

(2) At the completion of the training, the student shall complete a competency based written and skills examination for the administration of oxygen which shall include the topics listed above and:

(A) Assessment of when to administer supplemental oxygen and ventilation with a bag-valve-mask;

(B) Managing a patient before and after oxygen administration;

(C) Demonstrating preparation of the oxygen delivery system;

(D) Demonstrating application of supplemental oxygen by non-rebreather mask and nasal cannula on a breathing patient;

(E) Demonstrating use of bag-valve-mask on a non-breathing patient.

(e) Administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent exposure for self or peer care, when authorized by the Medical Director of a LEMSA, while working for a public safety provider.

(1) Training in the administration of auto-injectors containing atropine and pralidoxime shall result in the public safety first aid provider being competent in the administration of auto-injectors for nerve agent intoxication. The training shall include the following topics and skills:

(A) Integrating the use of auto-injectors for nerve agent intoxication based upon local EMS protocols;

(B) Assessment and recognition of patients with nerve agent intoxication;

(C) Management of patients with nerve agent exposure, including the need for appropriate personal protective equipment, decontamination principles, and scene safety awareness;

(D) Profile of atropine and pralidoxime chloride to include, but not be limited to:

1. Class;

2. Mechanism of action;

3. Indications;

4. Contraindications;

5. Dosage and route of administration;

6. Side/ adverse effects.

(E) Auto-Injector delivery and types (i.e. Duo-Dote, Mark I);

1. Medical asepsis;

2. Site selection and administration;

3. Disposal of contaminated items and sharps;

4. Safety precautions.

(2) At the completion of the training, the student shall complete a competency based written and skills examination for the administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent intoxication which shall include the topics listed above and:

(A) Assessment of when to administer nerve agent auto-injector;

(B) Managing a patient before and after auto-injector administration;

(C) Accessing 9-1-1 or advanced life support services following administration of atropine and pralidoxime;

(D) Demonstrating preparation, site selection, and administration of the auto-injector;
(E) Demonstrating universal precautions and body substance isolation procedure during medication administration;
(F) Demonstrating aseptic technique during medication administration;
(G) Proper disposal of contaminated items and sharps.
(f) Administration of naloxone for suspected narcotic overdose.
(1) Training in the administration of naloxone shall result in the public safety first aid provider being competent in the administration of naloxone and managing a patient of a suspected narcotic overdose. The training shall include the following topics and skills:
(A) Common causative agents;
(B) Assessment findings;
(C) Management to include but not be limited to:
(D) Need for appropriate personal protective equipment and scene safety awareness;
(E) Profile of Naloxone to include, but not be limited to:
1. Indications;
2. Contraindications;
3. Side/adverse effects;
4. Routes of administration;
5. Dosages.
(F) Mechanisms of drug action;
(G) Calculating drug dosages;
(H) Medical asepsis;
(I) Disposal of contaminated items and sharps.
(2) At the completion of this training, the student shall complete a competency based written and skills examination for administration of naloxone which shall include:
(A) Assessment of when to administer naloxone;
(B) Managing a patient before and after administering naloxone;
(C) Using universal precautions and body substance isolation procedures during medication administration;
(D) Demonstrating aseptic technique during medication administration;
(E) Demonstrate preparation and administration of parenteral medications by a route other than intravenous;
(F) Proper disposal of contaminated items and sharps.
(g) Use of oropharyngeal airways (OPAs) and nasopharyngeal airways (NPAs).
(1) Training in the use of OPAs and NPAs shall result in the public safety first aid provider being competent in the use of the devices and airway control and shall include the following topics and skills:
(A) Anatomy and physiology of the respiratory system;
(B) Assessment of the respiratory system;
(C) Review of basic airway management techniques, which include manual and mechanical;
(D) The role of OPA and NPA airway adjuncts in the sequence of airway control;
(E) Indications and contraindications of OPAs and NPAs;
(F) The role of pre-oxygenation in preparation for OPAs and NPAs;
(G) OPA and NPA insertion and assessment of placement;
(H) Methods for prevention of basic skills deterioration;
(I) Alternatives to the OPAs and NPAs.

(2) At the completion of initial training a student shall complete a competency based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of OPAs and NPAs.

(1) Training for the AED shall consist of not less than four (4) hours and shall include the following topics and skills:

(A) Proper use, maintenance and periodic inspection of the AED.

(B) The importance of cardiopulmonary resuscitation (CPR), defibrillation, advanced life support (ALS), adequate airway care, and internal emergency response system, if applicable.

(C) Overview of the EMS system, the local EMS system's medical control policies, 9-1-1 access, and interaction with EMS personnel.

(D) Assessment of an unconscious patient, to include evaluation of airway, breathing, and circulation to determine cardiac arrest.

(E) Information relating to AED safety precautions to enable the individual to administer a shock without jeopardizing the safety of the patient or rescuers or other nearby persons.

(F) Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.

(G) Rapid, accurate assessment of the patient's post-shock status.

(H) The appropriate continuation of care following a successful defibrillation.

(b) In order to be authorized to utilize the defibrillator, an individual shall pass a written and skills examination with a pre-established standard, which tests the ability to assess and manage the specified conditions listed in subsection (a) of this section.

(c) A local EMS agency that approves public safety AED service providers shall:

(1) Approve and monitor training programs including refresher training within its jurisdiction to assure compliance with this Chapter.

(2) Approve the written and skills exam required for AED training course completion.

(3) Develop policies and procedures for approval of AED instructors by the local EMS agency medical director. To be authorized to instruct public safety personnel in the use of an AED, an AED instructor shall either:

(A) Complete an American Red Cross or American Heart Association recognized instructor course (or equivalent) including instruction and training in the use of an AED,

(B) Be approved by the local EMS agency director and meet the following requirements:

1. Be AED accredited or able to show competency in the proper utilization of an AED, and

2. Be able to demonstrate competency in adult teaching methodologies.

(4) Establish policies and procedures for medical control pursuant to Section 1798 of the Health and Safety Code.

(5) Establish policies and procedures for the approval and designation of public safety AED service provider(s) which will include requirements that public safety AED service providers have policies and procedures, approved by the local EMS agency medical director, to
Final Regulation Text with Changes

1. (A) provide orientation of AED accredited personnel to the AED,
2. (B) ensure continued competency of AED accredited personnel, and
3. (C) collect and report data, as required by the local EMS agency but no less than
4. annually, to the local EMS agency, pursuant to Section 100021.
5. (6) Establish policies and procedures to collect, maintain and evaluate patient care
6. records.
7. (7) Report annually to the EMS Authority on:
8. (A) The total number of patients, defibrillated, who were discharged from the hospital
9. alive, and
10. (B) The data collected by public safety AED service providers pursuant to Section
11. 100021 of this chapter.
Note: Authority cited: Section 1797.107
and
Reference: Sections 1797.52, 1797.58, 1797.74, 1797.90, 1797.175, 1797.176,
13. 1797.182, 1797.183, 1798, 1798.2, 1798.4, 1798.100, 1798.102 and 1797.104, Health
14. and Safety Code; and Section 13518, Penal Code.

§ 100020. Trial Studies.
1. Public safety personnel may perform any prehospital emergency medical care treatment
2. procedure(s) or administer any medication(s) on a trial basis when approved by the
3. Medical Director of the LEMSA and the Director of the Authority. The Medical Director of
4. the LEMSA shall review the medical literature on the procedure or medication and
5. determine in his/her professional judgment whether a trial study is needed.
6. (a) The Medical Director of the LEMSA shall review a trial study plan which, at a
7. minimum, shall include the following:
8. (1) A description of the procedure(s) or medication(s) proposed, the medical conditions
9. for which they can be utilized, and the patient population that will benefit.
10. (2) A compendium of relevant studies and material from the medical literature.
11. (3) A description of the proposed study design, including the scope of study and method
12. of evaluating the effectiveness of the procedure(s) or medication(s), and expected
13. outcome.
14. (4) Recommended policies and procedures to be instituted by the LEMSA regarding the
15. use and medical control of the procedure(s) or medication(s) used in the study.
16. (5) A description of the training and competency testing required to implement the
17. study. Training on subject matter shall be consistent with the related topic(s) and skill(s)
18. specified in Section 100160, Chapter 4 (Paramedic regulations), Division 9, Title 22,
20. (b) The Medical Director of the LEMSA shall appoint a local medical advisory committee
21. to assist with the evaluation and approval of trial studies. The membership of the
22. committee shall be determined by the Medical Director of the LEMSA, but shall include
23. individuals with knowledge and experience in research and the effect of the proposed
24. study on the EMS system.
25. (c) The Medical Director of the LEMSA shall submit the proposed study and a copy of
26. the proposed trial study plan at least forty-five (45) calendar days prior to the proposed
27. initiation of the study to the Director of the Authority for approval in accordance with the
provisions of Section 1797.221 of the Health and Safety Code. The Authority shall inform the Commission on EMS of studies being initiated.

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

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

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

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

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

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

(3) Recommend the procedure or medication be added to the authorized skills for public safety personnel.

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

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

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

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

(2) Accept the study recommendations.

(3) Recommend the procedure or medication be added to the authorized skills for public safety personnel.

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

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


§ Section 100021. Public Safety AED Service Provider.

A public safety AED service provider is an agency or organization that employs individuals as defined in Section 100015, and who obtain AEDs for the purpose of providing AED services to the general public.

(a) A public safety AED service provider shall be approved by the local EMS agency, LEMSA, or in the case of state or federal agencies, the EMS Authority, prior to beginning service. In order to receive and maintain AED service provider approval, a public safety AED service provider shall ensure compliance with the requirements of this Chapter.
(b) Public safety AED service provider approval may be revoked or suspended for
failure to maintain the requirements of this section.
(c) A public safety AED service provider applicant shall be approved if they meet and
provide the following:
(1) Provide orientation of AED authorized personnel to the AED;
(2) Ensure maintenance of AED equipment;
(3) Ensure initial training and continued competency of AED authorized personnel;
(4) Collect and report to the local EMS agency where the defibrillation occurred, as
required by the local EMS agency but no less than annually, data that includes, but is
not limited to:
(A) The number of patients with sudden cardiac arrest receiving CPR prior to arrival of
emergency medical care.
(B) The total number of patients on whom defibrillatory shocks were administered,
witnessed (seen or heard) and not witnessed; and
(C) The number of these persons who suffered a witnessed cardiac arrest whose initial
monitored rhythm was ventricular tachycardia or ventricular fibrillation.
(54) Authorize personnel and maintain a listing of all public safety AED service provider
authorized personnel and provide upon request to the local EMS agency LEMS or the
EMS Authority.
(ed) An approved public safety AED service provider and their authorized personnel
shall be recognized statewide.

Note: Authority cited: Section 1797.107, 1797.182 and 1797.183, Health and Safety
Code. Reference: Sections 1797.182 and 1797.183, Health and Safety
Code and Section 13518, Penal Code.

§ 100022. Testing.
(a) The course of instruction shall include a written and skills examination which tests
the ability to assess and manage all the conditions listed in Sections 100018 and
100019 of this Chapter.
(b) A passing standard shall be established by the training agency before administration
of the examination.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100023. Training Instructor Requirements.
(a) Training in first aid and CPR for the personnel specified in Section 100016 of this
Chapter shall be conducted by an instructor who is:
(1) Proficient in the skills taught; and
(2) qualified to teach by education and/or experience.
(b) Determination of the instructor’s qualifications shall be the responsibility of the
agency whose training program has been approved by the Authority pursuant to Section
100026 of this Chapter.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.
§ 100024. Validation of Course Completion.

(a) Each trainee who successfully completes an approved course of instruction and successfully passes a proficiency test shall be given written verification to that effect by the institution, organization or agency which provides the instruction.

(b) Employing agencies which provide approved courses of instruction to their employees need not provide individual written verification but shall maintain a record of the names of trainees and the date(s) on which training courses have been completed for at least three (3) years.

(c) Such training records shall be made available for inspection by the local EMS agency upon request.


§ 100025 100022. Public Safety First Aid and CPR Retraining Requirements.

(a) The retraining requirements of this Chapter shall be satisfied every two years by successful completion of either:

(1) An approved retraining course which includes a review of the topics and demonstration of skills prescribed in this Chapter and which consists of no less than twelve (12) eight (8) hours of first aid and CPR including AED every two (2) years; or

(2) By maintaining current and valid licensure or certification as an EMR, EMT, Advanced EMT, Paramedic, Registered Nurse, Physician Assistant, Physician or by maintaining current and valid EMR, EMT, AEMT or Paramedic registration from the National Registry of EMTs; or

(23) Successful completion of a competency based written and skills pretest of the topics and skills prescribed in this Chapter with the following restrictions:

(A) That appropriate retraining be provided on those topics indicated necessary by the pretest, in addition to any new developments in first aid and CPR;

(B) A final test be provided covering those topics included in the retraining for those persons failing to pass the pretest; and

(C) The hours for the retraining may be reduced to those hours needed to cover the topics indicated necessary by the pretest.

(b) The entire retraining course or pretest may be offered yearly by any approved training course, as defined in Section 100023 training agency, but in no event shall the retraining course including CPR and AED or pretest be offered less than once every three (3) two (2) years.


Article 4. Public Safety First Aid and CPR Course Approval Requirements

Training Approval Options

§ 100026 100023. Public Safety First Aid and CPR Approved Courses.
The training requirements of this Chapter may be satisfied by successfully completing any one of the following course options as determined by the employing agency in accordance with the course content contained in Section 100017 of this chapter:

(a) A course in public safety first aid, including CPR and AED, developed and/or authorized by the Fire Service Training Program of the Office of the State Fire Marshal, California Department of Forestry and Fire Protection (CAL FIRE) and approved by the EMS Authority; or

(b) A course in public safety first aid, including CPR and AED, authorized by the Commission on Peace Officer's Standards and Training (POST) and approved by the EMS Authority. No later than 24-months from the adoption of these regulations, POST, in consultation with the Authority, shall develop the course curriculum and testing competency standards for these regulations as they apply to peace officers; or

(c) A course in public safety first aid, including CPR and AED, developed and authorized by the California Department of Parks and Recreation (DPR) and approved by the EMS Authority; or

(d) A course in first aid, including CPR, developed and authorized by the California Department of Forestry and Fire Protection and approved by the EMS Authority; or

(ed) A course in public safety first aid, including CPR and AED, developed and authorized by the Department of the California Highway Patrol (CHP) and approved by the EMS Authority; or

(f) A course in first aid, including CPR, sponsored and/or approved by the American Red Cross; or

(g) A course in first aid sponsored and/or approved by the American Red Cross and a course in CPR sponsored and/or approved by the American Heart Association; or

(bg) The U.S. Department of Transportation's first emergency medical responder (EMR) course which includes first aid practices and CPR and AED, approved by the local EMS agency LEMSA; or

(h) A course of at least 21 hours in first aid equivalent to the standards of the American Red Cross and/or healthcare provider level CPR and AED equivalent to the standards of the American Red Cross and/or American Heart Association in accordance with the course content contained in Section 100017 of this chapter and approved by the local EMS agency LEMSA; or

(jg) An EMT-I course which has been approved pursuant to Chapter 2 of this division; or

(kh) An Advanced EMT-II (AEMT) course which has been approved pursuant to Chapter 3 of this division; or

(li) An EMT-P Paramedic course which has been approved pursuant to Chapter 4 of this division; or

(j) An EMR course approved by the Authority, and developed and authorized by CAL FIRE, POST, DPR, CHP or other Statewide public safety agency, as determined by the Authority.


§ 100027. Course Approval Process.
(a) For those courses requiring approval, the following shall be submitted to the approving authority as specified in Section 100023 of this chapter when requesting approval:

(1) Name of the sponsoring institution, organization, or agency;

(2) Detailed course outline;

(3) Final written examination with pre-established scoring standards; and

(4) Skill proficiency competency testing criteria, with pre-established scoring standards;

and

(5) Name and qualifications of instructor(s).

(b) Course approval is valid for four (4) years from the date of approval, and shall be reviewed by the approving authority for approval every four (4) years, or sooner at the discretion of the approving authority.

(c) The approving authority may request additional materials or documentation as a condition of course approval.


§ 100028. Program Review.

All course outlines, written tests, and proficiency testing criteria used in an approved program shall be subject to periodic review as determined by the approving authority.


§ 100025. Training Program Notification.

(a) The approving authority shall notify the training program submitting its request for training program approval within twenty-one (21) working days of receiving the request that:

(1) The request has been received,

(2) The request contains or does not contain the information requested in Section 100023 and 100024 of this Chapter and,

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

(b) Program approval or disapproval shall be made in writing by the approving authority to the requesting training program within a reasonable period of time after receipt of all required documentation as specified by LEMSA policy.

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

(d) The LEMSA shall notify the Authority concurrently with the training program of approval, renewal of approval, or disapproval of the training program, and include the effective date. This notification is in addition to the name and address of training program, name of the program director, phone number of the contact person, and program approval/expiration date of program approval.

§ 100026. Withdrawal of Program Approval

(a) Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter may result in denial, probation, suspension or revocation of program approval by the training program approving authority.

(b) Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:

(1) A training program approving authority shall notify the approved training program course director in writing, by registered mail, of the provisions of this Chapter with which the training program is not in compliance.

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

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

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

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

(4) If the training program approving authority decides to suspend, revoke, or place an training program on probation the notification specified in subsection (a)(3) of this section shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting of the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) calendar days from the date of the training program approving authority’s letter of decision to the Authority and the training program.


§ 100027. Testing.

(a) 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 listed in Sections 100017 and 100018 of this Chapter.

(b) A passing standard shall be established by the training agency before administration of the examination and shall be in compliance with the standard submitted to and approved by the approving authority according to Sections 100023 and 100024.

(c) Public safety first aid and/or CPR training programs shall test the knowledge and skills specified in this chapter and have a passing standard for successful completion of the course and shall ensure competency of each skill.

§ 100028. Training Instructor Requirements.
(a) Training in public safety first aid and CPR for the personnel specified in Section 100014 of this Chapter shall be conducted by an instructor who is:
(1) Proficient in the skills taught; and
(2) Qualified to teach by education and/or experience.
(b) Validation of the instructor’s qualifications shall be the responsibility of the agency whose training program has been approved by the approving authority pursuant to Sections 100023 and 100024 of this Chapter.

§ 100029. Validation of Course Completion.
(a) Each trainee who successfully completes an approved course of instruction and successfully passes the competency based written and skills exams shall be given a certificate or written verification to that effect by the institution, organization or agency which provides the instruction.
(b) Each certificate or written verification of course completion shall include the following information:
(1) Indicate initial or refresher training and number of training hours completed;
(2) Date of issue;
(3) Date of expiration;
(i) Expiration of training shall be 2 years from the date of course completion.
(c) Each training program provider shall maintain a record of the names of trainees and the date(s) on which training courses have been completed for at least four (4) years.
(d) Such training records shall be made available for inspection by the LEMSA or approving authority upon request.

§ 100030. Program Review.
(a) All course outlines, written tests, and competency testing criteria used in an approved program shall be subject to oversight and periodic review as determined by the approving authority.
(b) Program approval and renewal is contingent upon continued compliance with all required criteria and provisions described in this Chapter, and may be revoked by the approving authority as described in Section 100026 of this Chapter.