

California Code of Regulations
Title 22. Social Security
Division 9. Prehospital Emergency Medical Services
Chapter 1.5. First Aid and CPR Standards and Training for Public Safety
Personnel

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 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100006. Public Safety AED Service Provider.

“Public Safety AED Service Provider” means an agency, or organization which is responsible for, and is approved to operate, an AED.

Note: Authority cited Sections 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.

§ 100007. Cardiopulmonary Resuscitation.

“Cardiopulmonary resuscitation” (CPR) means establishing and maintaining an open airway, ensuring adequate respiration, 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).

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.

“Firefighter” means any regularly employed and paid officer, employee or member of a fire department or fire protection or firefighting agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California or any member of an emergency reserve unit of a volunteer fire department or fire protection district.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Section 1797.182, Health and Safety Code.

§ 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.

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.

§ 100010. Lifeguard.

“Lifeguard” means any regularly employed and paid officer, employee, or member of a public aquatic safety department or marine safety agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Section 1797.182, Health and Safety Code.

§ 100011. Peace Officer.

“Peace officer” means any city police officer, sheriff, deputy sheriff, peace officer member of the California Highway Patrol, marshal or deputy marshal or police officer of a district authorized by statute to maintain a police department or other peace officer required by law to complete the training specified in this Chapter.

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

§ 100012. Primarily Clerical or Administrative.

“Primarily clerical or administrative” means the performance of clerical or administrative duties for ninety percent (90%) or more of the time worked within each pay period.

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.

§ 100013. 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.

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

Article 2. General Training Provisions

§ 100014. 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 according to the standards set forth in this Chapter:

- (1) lifeguard;
- (2) firefighter;

(3) peace officer.

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.

§ 100015. 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 100023 of this Chapter within twenty-four (24) months after the effective date of these regulations.

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.

§ 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 100014 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.

Article 3. Public Safety First Aid and CPR Training Standards

§ 100017. Public Safety First Aid and CPR Course Content.

(a) The initial course of instruction shall at a minimum consist of not less than 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 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) 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.

- 1 (3) CPR and AED for adults, children, and infants, following current AHA Guidelines for
- 2 CPR and ECC at the Healthcare provider level;
- 3 (A) Basic airway management;
- 4 (B) Rescue breathing;
- 5 (i) Mouth-to-mouth;
- 6 (ii) Mouth-to-mask;
- 7 (iii) Bag-valve-mask (BVM).
- 8 (C) Chest compressions and CPR/AED;
- 9 (i) Basic AED operation;
- 10 (ii) Using the AED;
- 11 (iii) Troubleshooting and other considerations.
- 12 (D) Single rescuer CPR/AED on adult, child and infant;
- 13 (E) Two rescuer CPR/AED on adult, child and infant;
- 14 (F) Recovery position.
- 15 (4) Management of foreign body airway obstruction on adults, children, and infants;
- 16 (A) Conscious patients;
- 17 (B) Unconscious patients.
- 18 (5) Recognition and identification of adult and pediatric patients for both medical and
- 19 traumatic emergencies;
- 20 (A) Performing a primary assessment;
- 21 (B) Performing a secondary assessment;
- 22 (C) Obtaining a patient history.
- 23 (6) Medical emergencies;
- 24 (A) Pain, severe pressure, or discomfort in chest;
- 25 (B) Breathing difficulties, including asthma and COPD;
- 26 (C) Allergic reactions and anaphylaxis;
- 27 (D) Altered mental status;
- 28 (E) Stroke;
- 29 (F) Diabetic emergencies;
- 30 (i) Administration of oral glucose.
- 31 (G) Seizures;
- 32 (H) Alcohol and drug emergencies;
- 33 (i) Assisted naloxone administration and accessing EMS.
- 34 (I) Severe abdominal pain;
- 35 (J) Obstetrical emergencies.
- 36 (7) Burns;
- 37 (A) Thermal burns;
- 38 (B) Chemical burns;
- 39 (C) Electrical burns.
- 40 (8) Facial injuries;
- 41 (A) Objects in the eye;
- 42 (B) Chemical in the eye;
- 43 (C) Nosebleed;
- 44 (D) Dental emergencies.
- 45 (9) Environmental emergencies;

- 1 (A) Heat emergencies;
- 2 (B) Cold emergencies;
- 3 (C) Drowning.
- 4 (10) Bites and stings;
- 5 (A) Insect bites and stings;
- 6 (B) Animal and human bites;
- 7 (C) Assisted administration of epinephrine auto-injector and accessing EMS.
- 8 (11) Poisoning;
- 9 (A) Ingested poisoning;
- 10 (B) Inhaled poisoning;
- 11 (C) Exposure to chemical, biological, radiological, or nuclear (CBRN) substances;
- 12 (i) Recognition of exposure;
- 13 (ii) Scene safety.
- 14 (D) Poison control system.
- 15 (12) Identify signs and symptoms of psychological emergencies.
- 16 (13) Patient movement;
- 17 (A) Emergency movement of patients;
- 18 (B) Lifts and carries which may include: using soft litters and manual extractions
- 19 including fore/aft, side-by-side, shoulder/belt.
- 20 (14) Tactical and rescue first aid principles applied to violent circumstances;
- 21 (A) Principles of tactical casualty care;
- 22 (i) Determining treatment priorities.
- 23 (15) Orientation to the EMS system, including:
- 24 (A) 9-1-1 access;
- 25 (B) Interaction with EMS personnel;
- 26 (C) Identification of local EMS and trauma systems.
- 27 (16) Trauma emergencies;
- 28 (A) Soft tissue injuries and wounds;
- 29 (B) Amputations and impaled objects;
- 30 (C) Chest and abdominal injuries;
- 31 (i) Review of basic treatment for chest wall injuries;
- 32 (ii) Application of chest seals.
- 33 (D) Head, neck, or back injury;
- 34 (E) Spinal immobilization;
- 35 (F) Musculoskeletal trauma and splinting;
- 36 (G) Recognition of signs and symptoms of shock;
- 37 (i) Basic treatment of shock;
- 38 (ii) Importance of maintaining normal body temperature.
- 39 (H) Internal bleeding;
- 40 (I) Control of bleeding, including direct pressure, tourniquet, hemostatic
- 41 dressings, chest seals and dressings;
- 42 (i) Training in the use of hemostatic dressings shall result in competency in the
- 43 application of hemostatic dressings. Included in the training shall be the following topics
- 44 and skills:

1 1. Review of basic methods of bleeding control to include but not be limited to direct
2 pressure, pressure bandages, tourniquets, and hemostatic dressings and wound
3 packing;

4 2. Types of hemostatic dressings.

5 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
6 1797.176, 1797.182, 1797.183, and 1797.193, Health and Safety Code; and Section
7 13518, Penal Code.
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9 **§ 100018. Authorized Skills for Public Safety First Aid Providers**

10 (a) A Public safety first aid provider, after completion of training and demonstration of
11 competency to the satisfaction of the approved training provider for each skill listed in
12 this section, is authorized to perform medical care while at the scene of an emergency
13 including, but not limited to, CPR and AED and may do any of the following:

14 (1) Evaluate the ill and injured.

15 (2) Provide treatment for shock.

16 (3) Use the following techniques to support airway and breathing:

17 (A) Manual airway opening methods, including head-tilt chin-lift and/ or jaw thrust;

18 (B) Manual methods to remove an airway obstruction in adults, children, and infants;

19 (C) Use the recovery position.

20 (4) Perform the following during emergency care:

21 (A) Spinal immobilization;

22 (B) Splinting of extremities;

23 (C) Emergency eye irrigation using water or normal saline;

24 (D) Assist with administration of oral glucose;

25 (E) Assist patients with administration of physician-prescribed epinephrine devices and
26 naloxone;

27 (F) Assist in emergency childbirth;

28 (G) Hemorrhage control using direct pressure, pressure bandages, principles of
29 pressure points, and tourniquets. Hemostatic dressings may be used from the list
30 approved by the EMS Authority;

31 (H) Chest seals and dressings;

32 (I) Simple decontamination techniques and use of decontamination equipment;

33 (J) Care for amputated body parts;

34 (K) Provide basic wound care.

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

37 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
38 1797.176, 1797.182, 1797.183, and 1797.197, Health and Safety Code; and Section
39 13518, Penal Code.
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41 **§ 100019. Optional Skills.**

42 (a) In addition to the activities authorized by Section 100018 of this Chapter, public
43 safety personnel may perform any or all of the following optional skills specified in this
44 section when the public safety first aid provider has been trained and tested to

1 demonstrate competence following initial instruction, and when authorized by the
2 Medical Director of the local EMS agency (LEMSA).

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

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

7 (1) Training in the administration of epinephrine shall result in the public safety first aid
8 provider being competent in the administration of epinephrine and managing a patient of
9 a suspected anaphylactic reaction. The training shall include the following topics and
10 skills:

11 (A) Common causative agents;

12 (B) Signs and symptoms of anaphylaxis;

13 (C) Assessment findings;

14 (D) Management to include but not be limited to:

15 1. Need for appropriate personal protective equipment and scene safety awareness.

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

17 1. Class;

18 2. Mechanisms of drug action;

19 3. Indications;

20 4. Contraindications;

21 5. Dosage and route of administration;

22 6. Side/ adverse effects.

23 (F) Administration of epinephrine by auto-injector including;

24 1. Site selection and administration;

25 2. Medical asepsis;

26 3. Disposal of contaminated items and sharps.

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

29 (A) Assessment of when to administer epinephrine;

30 (B) Managing a patient before and after administering epinephrine;

31 (C) Accessing 9-1-1 or advanced life support services for all patients suffering
32 anaphylaxis or receiving epinephrine administration;

33 (D) Using universal precautions and body substance isolation procedures during
34 medication administration;

35 (E) Demonstrating aseptic technique during medication administration;

36 (F) Demonstrate preparation and administration of epinephrine by auto-injector;

37 (G) Proper disposal of contaminated items and sharps.

38 (d) Supplemental oxygen therapy using a non-rebreather face mask or nasal cannula,
39 and bag-valve-mask ventilation.

40 (1) Training in the administration of oxygen shall result in the public safety first aid
41 provider being competent in the administration of supplemental oxygen and use of bag-
42 valve-mask ventilation for a patient requiring oxygen administration and ventilation. The
43 training shall include the following topics and skills:

44 (A) Integrating the use of supplemental oxygen by non-rebreather mask or nasal
45 cannula based upon local EMS protocols;

- 1 (B) Assessment and management of patients with respiratory distress;
- 2 (C) Profile of Oxygen to include, but not be limited to:
 - 3 1. Class;
 - 4 2. Mechanism of Action;
 - 5 3. Indications;
 - 6 4. Contraindications;
 - 7 5. Dosage and route of administration (mask, cannula, bag-valve-mask);
 - 8 6. Side/ adverse effects.
- 9 (D) Oxygen Delivery Systems;
 - 10 1. Set up of oxygen delivery including tank opening, use of regulator and liter flow
 - 11 selection;
 - 12 2. Percent of relative oxygen delivered by type of mask;
 - 13 3. Oxygen delivery for a breathing patient, including non-rebreather mask and nasal
 - 14 cannula;
 - 15 4. Bag-Valve-Mask and Oxygen delivery for a non-breathing patient.
- 16 (E) Safety precautions.
 - 17 (2) At the completion of the training, the student shall complete a competency based
 - 18 written and skills examination for the administration of oxygen which shall include the
 - 19 topics listed above and:
 - 20 (A) Assessment of when to administer supplemental oxygen and ventilation with a bag-
 - 21 valve-mask;
 - 22 (B) Managing a patient before and after oxygen administration;
 - 23 (C) Demonstrating preparation of the oxygen delivery system;
 - 24 (D) Demonstrating application of supplemental oxygen by non-rebreather mask and
 - 25 nasal cannula on a breathing patient;
 - 26 (E) Demonstrating use of bag-valve-mask on a non-breathing patient.
 - 27 (e) Administration of auto-injectors containing atropine and pralidoxime chloride for
 - 28 nerve agent exposure for self or peer care, when authorized by the Medical Director of a
 - 29 LEMSAs, while working for a public safety provider.
 - 30 (1) Training in the administration of auto-injectors containing atropine and pralidoxime
 - 31 shall result in the public safety first aid provider being competent in the administration of
 - 32 auto-injectors for nerve agent intoxication. The training shall include the following topics
 - 33 and skills:
 - 34 (A) Integrating the use of auto-injectors for nerve agent intoxication based upon local
 - 35 EMS protocols;
 - 36 (B) Assessment and recognition of patients with nerve agent intoxication;
 - 37 (C) Management of patients with nerve agent exposure, including the need for
 - 38 appropriate personal protective equipment, decontamination principles, and scene
 - 39 safety awareness;
 - 40 (D) Profile of atropine and pralidoxime chloride to include, but not be limited to:
 - 41 1. Class;
 - 42 2. Mechanism of action;
 - 43 3. Indications;
 - 44 4. Contraindications;
 - 45 5. Dosage and route of administration;

- 1 6. Side/ adverse effects.
- 2 (E) Auto-Injector delivery and types (i.e. Duo-Dote, Mark I);
- 3 1. Medical asepsis;
- 4 2. Site selection and administration;
- 5 3. Disposal of contaminated items and sharps;
- 6 4. Safety precautions.
- 7 (2) At the completion of the training, the student shall complete a competency based
- 8 written and skills examination for the administration of auto-injectors containing atropine
- 9 and pralidoxime chloride for nerve agent intoxication which shall include the topics listed
- 10 above and:
- 11 (A) Assessment of when to administer nerve agent auto-injector;
- 12 (B) Managing a patient before and after auto-injector administration;
- 13 (C) Accessing 9-1-1 or advanced life support services following administration of
- 14 atropine and pralidoxime;
- 15 (D) Demonstrating preparation, site selection, and administration of the auto-injector;
- 16 (E) Demonstrating universal precautions and body substance isolation procedure during
- 17 medication administration;
- 18 (F) Demonstrating aseptic technique during medication administration;
- 19 (G) Proper disposal of contaminated items and sharps.
- 20 (f) Administration of naloxone for suspected narcotic overdose.
- 21 (1) Training in the administration of naloxone shall result in the public safety first aid
- 22 provider being competent in the administration of naloxone and managing a patient of a
- 23 suspected narcotic overdose. The training shall include the following topics and skills:
- 24 (A) Common causative agents;
- 25 (B) Assessment findings;
- 26 (C) Management to include but not be limited to:
- 27 (D) Need for appropriate personal protective equipment and scene safety awareness;
- 28 (E) Profile of Naloxone to include, but not be limited to:
- 29 1. Indications;
- 30 2. Contraindications;
- 31 3. Side/adverse effects;
- 32 4. Routes of administration;
- 33 5. Dosages.
- 34 (F) Mechanisms of drug action;
- 35 (G) Calculating drug dosages;
- 36 (H) Medical asepsis;
- 37 (I) Disposal of contaminated items and sharps.
- 38 (2) At the completion of this training, the student shall complete a competency based
- 39 written and skills examination for administration of naloxone which shall include:
- 40 (A) Assessment of when to administer naloxone;
- 41 (B) Managing a patient before and after administering naloxone;
- 42 (C) Using universal precautions and body substance isolation procedures during
- 43 medication administration;
- 44 (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.

Note: Authority cited: Section 1797.107 and 1797.197, Health and Safety Code.

Reference: Sections 1797.182, 1797.183, Health and Safety Code; and Section 13518, Penal Code.

§ 100020. Trial Studies.

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

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

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

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

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

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

(5) A description of the training and competency testing required to implement the study. Training on subject matter shall be consistent with the related topic(s) and skill(s) specified in Section 100160, Chapter 4 (Paramedic regulations), Division 9, Title 22, California Code of Regulations.

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

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

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

14 (e) The Director of the Authority shall render the decision to approve or disapprove the
15 trial study within forty-five (45) calendar 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 LEMSA shall submit to the Commission on EMS a written report
19 which includes at a minimum the progress of the study, number of patients studied,
20 beneficial effects, adverse reactions or complications, appropriate statistical evaluation,
21 and general conclusion.

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

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

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

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

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

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

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

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

37 (2) Accept the study recommendations.

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

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

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

42 Reference: Sections 1797.182, 1797.183, and 1797.221, Health and Safety Code.

§ 100021. Public Safety AED Service Provider.

A public safety AED service provider is an agency or organization that employs individuals as defined in Section 100014, 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 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) Authorize personnel and maintain a listing of all public safety AED service provider authorized personnel and provide upon request to the LEMSA or the EMS Authority.

(d) 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, 1797.183 and 1797.190, Health and Safety Code and Section 13518, Penal Code.

§ 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:

(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 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

(3) 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, but in no event shall the retraining course including CPR and AED or pretest be offered less than once every two (2) years.

1 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
2 1797.182 and 1797.183, 1797.210, Health and Safety Code; and Section 13518, Penal
3 Code.

4 5 **Article 4. Public Safety First Aid and CPR Course Approval Requirements** 6

7 **§ 100023. Public Safety First Aid and CPR Approved Courses.**

8 The training requirements of this Chapter may be satisfied by successfully completing
9 any one of the following course options as determined by the employing agency in
10 accordance with the course content contained in Section 100017 of this chapter:

11 (a) A course in public safety first aid, including CPR and AED, developed and/or
12 authorized by the California Department of Forestry and Fire Protection (CAL FIRE) and
13 approved by the EMS Authority; or

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

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

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

25 (e) The U.S. Department of Transportation's emergency medical responder (EMR)
26 course which includes first aid practices and CPR and AED, approved by the LEMSA;
27 or

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

32 (g) An EMT course which has been approved pursuant to Chapter 2 of this division; or

33 (h) An Advanced EMT (AEMT) course which has been approved pursuant to Chapter 3
34 of this division; or

35 (i) Paramedic course which has been approved pursuant to Chapter 4 of this division; or

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

39 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
40 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

41 42 **§ 100024. Course Approval Process.**

43 (a) For those courses requiring approval, the following shall be submitted to the
44 approving authority as specified in Section 100023 of this chapter when requesting
45 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 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.
- 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.

§ 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.

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.

§ 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.

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

§ 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.

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.

§ 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.

1 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
2 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

3
4 **§ 100029. Validation of Course Completion.**

5 (a) Each trainee who successfully completes an approved course of instruction and
6 successfully passes the competency based written and skills exams shall be given a
7 certificate or written verification to that effect by the institution, organization or agency
8 which provides the instruction.

9 (b) Each certificate or written verification of course completion shall include the following
10 information:

11 (1) Indicate initial or refresher training and number of training hours completed;

12 (2) Date of issue;

13 (3) Date of expiration;

14 (i) Expiration of training shall be 2 years from the date of course completion.

15 (c) Each training program provider shall maintain a record of the names of trainees and
16 the date(s) on which training courses have been completed for at least four (4) years.

17 (d) Such training records shall be made available for inspection by the LEMSA or
18 approving authority upon request.

19 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
20 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.

21
22 **§ 100030. Program Review.**

23 (a) All course outlines, written tests, and competency testing criteria used in an
24 approved program shall be subject to oversight and periodic review as determined by
25 the approving authority.

26 (b) Program approval and renewal is contingent upon continued compliance with all
27 required criteria and provisions described in this Chapter, and may be revoked by the
28 approving authority as described in Section 100026 of this Chapter.

29 Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections
30 1797.182 and 1797.183, Health and Safety Code; and Section 13518, Penal Code.