

# EMERGENCY MEDICAL CARE COMMITTEE

## MEETING AGENDA

Thursday, January 15<sup>th</sup>, 2026, at 8:30 A.M.  
2995 McMillan Ave, Ste #178, San Luis Obispo



### MEMBERS

CHAIR Chris Javine, *Pre-hospital Transport Providers*, 2022-2026  
VICE – CHAIR Matt Bronson, *City Government*, 2020-2024  
Dr. Brad Knox, *Physician*, 2022-2026  
Bob Neumann, *Consumers*, 2022-2026  
Alexandra Kohler, *Consumers*, 2020-2024  
Jonathan Stornetta, *Public Providers*, 2020-2024  
Michael Talmadge, *EMS Field Personnel*, 2020-2024  
Jay Wells, *Sheriff's Department*, 2020-2024  
Julia Fogelson, *Hospitals*, 2022-2024  
Diane Burkey, *MICNs*, 2022-2026  
Dr. Rachel May, *Emergency Physician*, 2022-2026

### EX OFFICIO

Ryan Rosander, *EMS Director*  
Dr. Bill Mulkerin, *EMS Medical Director*  
Penny Borenstein, *Health Officer*

### STAFF

Maya Craig-Lauer, *PHEP Representative*  
Rachel Oakley, *EMS Coordinator*  
Eric Boyd, *EMS Coordinator*  
Kaitlyn Blanton, *EMS Coordinator*  
Alyssa Vardas, *Administrative Assistant*

AGENDA	ITEM	LEAD
Call To Order	Introductions	C. Javine
	Public Comment	
Action/Discussion	Approval of minutes: November 20 <sup>th</sup> , 2025, Minutes (attached)	C. Javine
Action/Discussion	Policy Revisions/Development: <ul style="list-style-type: none"> <li>320 EMT Certification 2025</li> <li>321 EMT Recertification 2025</li> <li>215 EMT Basic Scope of Practice</li> <li>2XX EMT Optional Skills Approval</li> <li>216 Emergency Medical Technician Accreditation</li> <li>2XX EMT AED Service Provider Approval</li> <li>204 Public Safety AED Service Provider</li> </ul>	R. Oakley
Action/Discussion	<b>Protocol Development:</b> <ul style="list-style-type: none"> <li>662 Burns</li> <li>664 Diving Emergencies</li> </ul>	R. Rosander
Action/Discussion	<b>EMCC Membership Discussion</b>	R. Rosander
Staff Reports	<ul style="list-style-type: none"> <li>Health Officer</li> <li>EMS Agency Director Report</li> <li>EMS Medical Director Report</li> <li>PHEP Staff Report</li> </ul>	P. Borenstein R. Rosander B. Mulkerin M. Craig-Lauer
Committee Members' Announcements or Reports	Opportunity for Board members to make announcements, provide brief reports on their EMS-related activities, ask questions for clarification on items not on the agenda, or request consideration of an item for a future agenda (Gov. Code Sec. 54954.2[a][2])	Committee Members
Adjourn	<b>Next Meeting: March 19, 2026</b>	C. Javine

# Emergency Medical Care Committee



**DRAFT** Meeting Minutes  
8:30 AM November 20<sup>th</sup>, 2025  
2995 McMillan Way, Suite 178  
San Luis Obispo, CA 93401

## MINUTES

### MEMBERS PRESENT:

Chair Chris Javine, Pre-Hospital Transport Providers  
Bob Neumann, Consumers  
Rachel May, Emergency Physicians  
Alexandra Kohler, Consumers  
Jonathan Stornetta, Public Providers  
Jay Wells, Sheriff's Department  
Michael Talmadge, EMS Field Personnel

### MEMBERS ABSENT:

Julia Fogelson, Hospitals  
Diane Burkey, MICNs  
Matt Bronson, City Government  
Brad Knox, Physicians

### EMS AGENCY STAFF PRESENT:

Rachel Oakley, EMSA  
Eric Boyd, EMSA  
Alyssa Vardas, EMSA

### PUBLIC COMMENTORS:

Rob Jenkins, CALFIRE  
Drasko Bogdanovic  
Dennis Rowley, Calstar

### EX OFFICIO:

Bill Mulkerin, EMSA

### 1. CALL TO ORDER

Chair Chris Javine called the meeting to order at 8:30 a.m.

### 2. REVIEW AND APPROVAL OF May 15<sup>th</sup>, 2025, MINUTES

It was requested to work on discussion points for minutes. Provide more of a summary of discussions, rather than quotations by committee members, to more accurately record important information discussed in committee meetings.

**Action: Rachel May moved to approve the minutes, Bob Neumann is second to approve, all approved, no opposition.**

The meeting discussed the implementation of a Narcan policy for EMS teams, allowing them to leave behind Narcan for overdose or opioid use disorder patients. The policy includes kits provided by the opioid safety coalition, with no cost to providers. The committee approved the policy and discussed the need for standardized training materials. They also reviewed the opioid withdrawal protocol, noting a two-month delay in buprenorphine supply. The committee approved several other policies, including updates to the drowning protocol, atrial fibrillation management, and fluid administration guidelines. They also discussed the potential for a centralized Narcan distribution system. The meeting discussed several key protocol updates and equipment needs. The 20-minute cool running water policy was highlighted, with Kevin Mackey's data suggesting significant benefits. The team debated the necessity of the Ken device and pediatric spine board, opting to make the latter optional. They also discussed the need for more saline bags (increasing from 2 to 6 for ALS transports) and the inclusion of specific medications like magnesium sulfate and buprenorphine. Future agenda items include updating the MCI policy, trauma steps, and potentially a crush injury protocol. The importance of timely transport and the use of dive emergency protocols was emphasized.

### **3. Protocols/Policies for Review:**

#### Narcan Policy

##### Discussion:

Suggestion on the need for training on the scene, signs, symptoms, and good Samaritan protection, with mentioning standard kits with information sheets.

Inquiries about the number of kits to be distributed.

Confirmation that the county will provide the kits.

#### Opioid Withdrawal

##### Discussion:

Discussion on the opioid withdrawal protocol, noting the addition of leaving behind Narcan in the notes section.

Mention of issues with getting buprenorphine, with a two-month delay reported by San Luis ambulance.

Confirmation of the go-live date for the policy as January 1, acknowledging supply unpredictability.

Discussion on the types of tablets and films, with a suggestion of clarifying the language in the formulary.

## SGA

### Discussion:

Policy 718, which adds pediatric SGA as a standard scope for paramedics and an optional scope for BLS providers.

Discussion on the need for additional training for BLS providers, mentioning the five-hour state requirement.

It was suggested to add padding under the shoulder for pediatric SGA, noting higher failure rates in infants under 10 kilograms.

## Airway Management

### Discussion:

Discusses protocol 602, which includes changes to the supraglottic airway and optional skills for BLS providers.

Discussion on the use of airway forms and image trend for data collection, with the suggestion of moving away from airway forms.

Emphasizes the importance of QI learning for advanced airway skills, especially with the addition of pediatric SGA.

## Drowning

### Discussion:

Explains the importance of focusing on respiratory and oxygenation in drowning cases, with specific guidelines for cardiac arrest.

Discussion on the need for high-flow oxygen and avoiding rough handling of hypothermic patients.

Mention of a training event in May to provide approved SGA training and drowning protocol education.

Agrees to remove references to scuba emergencies from the drowning protocol, as a separate protocol is being developed.

## Atrial Fibrillation Protocol and SVT Adjustments

### Discussion:

Introduces policy 645, which separates atrial fibrillation with rapid ventricular response (AFib with RVR) from other supraventricular tachycardias (SVT).

Discussion on the need for synchronized cardioversion at an appropriate AFib dose for patients in extremes.

Suggestion for including Flutter in the AFib with RVR protocol.

Suggestion of removing cardioversion sequences from the protocol, which is agreed upon.

Mention of the need to adjust the SVT protocol to include an escalating shock pattern, with further discussion planned.

### Fluid Administration and Sepsis

#### Discussion:

Discusses policy 619, which liberalizes fluid administration to allow for a repeat bolus in early shock or fluid down.

Discussion on the need for provider judgment in giving fluids before hypotension occurs.

Confirms the specific change to allow for a 500-milliliter bolus, which may be repeated once.

**Motion for approval with changes by Jonathan Stornetta and Jay Wells is second to approve. All in approval, no opposition.**

## **4. STAFF REPORTS/ANNOUNCEMENTS**

**Health Officer Update** - Dr. Borenstein was out.

**EMS Director Update** – Ryan Rosander was out.

**EMS Medical Director Update** - Dr. Mulkerin - mentions that we are working through the update class.

**PHEP Program Manager Update** - Maya discussed the POD that was in October and that they are planning for a surge exercise.

## **5. FUTURE AGENDA ITEMS**

Burn Protocol, Dive Emergency Protocol, MCI Policy

## **6. ADJOURNMENT**

#### **Action:**

Chair Javine adjourned the meeting at 9:41 a.m.



## COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

### PUBLIC HEALTH DEPARTMENT

**Nicholas Drews** Health Agency Director

**Penny Borenstein, MD, MPH** Health Officer/Public Health Director

MEETING DATE	January 15, 2026
STAFF CONTACT	Rachel Oakley
SUBJECT	EMT Policies and PS AED Service Provider Policy Revisions
SUMMARY	<p><u>Policy 320, EMT Certification w/ attach A</u></p> <ul style="list-style-type: none"><li>• Updated policy with new rush fee timeframe, to match other credentialling policies.</li><li>• Added language for EMTs to notify our Agency when employed by a relevant employer.</li><li>• Added language regarding removing livescan results that do not accompany an application after 30 days.</li><li>• Added return info to bottom of Application, Attachment A.</li></ul> <p><u>Policy 321, EMT Recertification</u></p> <ul style="list-style-type: none"><li>• Updated policy with new rush fee timeframe, to match other credentialling policies.</li><li>• Added language for EMTs to notify our Agency when employed by a relevant employer.</li></ul> <p><u>Policy 215, EMT Basic Scope of Practice Additional Skills</u></p> <ul style="list-style-type: none"><li>• Separated out the basic scope skills from optional skills, as only optional skills require training and accreditation to utilize skills.</li><li>• Basic Scope of Practice All Additional Skills are going to be automatically approved for Agencies to utilize, however, plans for skill(s) competency verification(s) and EMSQIP must be received.</li><li>• Language added for when skills can be utilized.</li><li>• Written notification must be made if skills are not wanted by an Agency.</li><li>• <u>Took out competency verifications and EMSQIP tracking of skills from CAC feedback, as all basic skills should be covered on state skills tracking sheet.</u></li><li>• <u>Implementation and QI should be done for skills 1 and 2, maybe 6.</u></li></ul> <p><u>Policy 2XX, EMT Optional Skills Approval w/ attach A/B</u></p> <ul style="list-style-type: none"><li>• Separated out from Basic Scope of Practice Additional Skills, as Optional Skills need additional training and accreditation to utilize skills.</li><li>• Language added for when skills can be utilized.</li><li>• Added all Optional Skills to the list offered.</li><li>• New application and training requirements attachments.</li><li>• Program approval fee added.</li><li>• <u>Feedback regarding suction needs for SGA implementation from OPS/CAC.</u></li><li>• <u>Intent to provide standardized training materials and train the trainer activities for implementation.</u></li></ul>

#### Emergency Medical Services

2995 McMillan Ave Ste 178 | San Luis Obispo, CA 93401 | (P) 805-781-2519

[www.slocounty.ca.gov/ems](http://www.slocounty.ca.gov/ems)

	<p><u>Policy 216, EMT Accreditation</u></p> <ul style="list-style-type: none"> <li>• Language added for when skills can be utilized.</li> <li>• Accreditation lists must be completed and turned in when updated.</li> <li>• No fee for accreditation at this time.</li> </ul> <p><u>NEW Policy 2XX, EMT AED Service Provider Approval</u></p> <ul style="list-style-type: none"> <li>• Establish criteria required by law.</li> <li>• Data requirement is being collected via Image Trend, no separate reporting required.</li> <li>• Procedure will consist of collecting attestations from Agencies.</li> <li>• <u>Feedback regarding Zoll vs AED agencies (ALS dept vs BLS dept).</u>  <u>Documentation requirements did not change. Policy is regarding orientation and maintenance of agency specific equipment for EMT personnel.</u></li> </ul> <p><u>Policy 204, PSFA AED Service Provider Approval</u></p> <ul style="list-style-type: none"> <li>• Updated policy to reflect current regulations.</li> <li>• Data requirement is being collected via Image Trend, no separate reporting required.</li> <li>• Procedure will consist of collecting attestations from Agencies.</li> </ul>
REVIEWED BY	SLOEMSA Administrator, Medical Director, Staff, and OPS & CAC Committees.
RECOMMENDED ACTION(S)	Approval by EMCC.
ATTACHMENT(S)	Draft policies listed above are attached.

## **POLICY #320: EMERGENCY MEDICAL TECHNICIAN CERTIFICATION**

### I. PURPOSE

- A. To establish criteria as defined by Title 22 of the California Code of Regulations (CCR), for the process of issuing a State of California emergency medical technicians (EMT) certification through the County of San Luis Obispo (SLO) Emergency Medical Services Agency (SLO~~EMS~~A-~~Agency~~).

### II. SCOPE

- A. This policy applies to all individuals seeking initial certification as an EMT in ~~the County of San Luis Obispo~~ (SLO).

### III. POLICY

- A. ~~Current CCR changes in state regulations~~ will supersede ~~information in~~ this policy ~~upon codification~~.
- B. To be eligible for certification as an EMT, an individual must be eighteen (18) years of age of older.
- C. All information on the EMT application is subject to verification. A candidate who supplies information found to be fraudulent may be subject to disciplinary action as outlined in SLO~~EMS~~A-~~Agency~~ Policy #300: Investigation and Disciplinary Process.
- D. All applicants are required to inform ~~the~~ SLO~~EMS~~A-~~Agency~~ of the following:
  1. If convicted of any crime other than a minor traffic violation.
  2. Any certification or licensure action against, or denial of an EMT, Advanced EMT, EMT-II certificate, paramedic license or MICN authorization including active investigations by an EMS Agency in another county or in the case of a paramedic, licensure action by the ~~S~~state EMS Authority.
  3. Any action against or denials of any EMS-related certification or license of another state or other issuing entity, including active investigations.
  4. Any action against any health-related license.
- E. It is the responsibility of the Certified EMT to notify ~~the~~ SLO~~EMS~~A-~~Agency~~ within seven (7) days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.
- F. Any item listed in section D that is action or active investigation indicated on the application, must include an written explanation letter regarding the investigation and/or conviction(s) in detail, and must include copies of verifying documentation from the arresting authority, certifying or licensing entity, and or court. A ~~f~~Failure to report such actions may result in an incomplete application and certification denial.

- G. All applications that indicate or are discovered to have circumstances that may preclude issuance of EMT certification will be subject to additional review as outlined in SLOEMSA Agency Policy #300: Investigation and Disciplinary Process.
- H. An application for EMT certification will be denied if the individual fails to meet the application requirements for certification.
- I. A candidate for EMT certification whose check returns for insufficient funds may be subject to disciplinary action as outlined in SLOEMSA Agency policy # 101: Fee Collection.
- J. The SLOEMSA Agency will issue an EMT certificate card to eligible applicants within forty-five (45) calendar days after successful completion of all certification requirements. If a request is made to expedite a completed application, including receipt of Live Scan results, within five (5) business days~~72 hours~~ of the request, a rush fee will apply.
- K. The effective date of certification will be the date of issue.
- L. Certification as an EMT will be statewide and for a maximum of two years~~or such other time period as specified in the current CCR~~.
- M. An EMT must notify the SLOEMSA within thirty (30) calendar days~~s~~ of any change in mailing address.
- M-N. An EMT must notify SLOEMSA within ten (10) calendar days of employment or change in employment, when using their EMT certification for job functions.
- N-O. Once certified and based on the continuous quality improvement process, the employer or the SLOEMSA Agency Medical Director may determine that an EMT warrants additional training, observation or testing. The employer, the SLOEMSA Agency Medical Director or his/her designee may create a specific and targeted program of remediation based upon the identified need of the EMT. If there is disagreement between the EMT, the employer and/or the SLOEMSA Agency Medical Director, the decision of the SLOEMSA Agency Medical Director will prevail.
- O-P. If the individual fails to complete this targeted program of remediation the SLOEMSA Agency Medical Director may suspend or revoke the certification for a minimum of one (1) year and up to two (2) years.
- Q. It is the responsibility of the EMT to notify the SLOEMSA Agency within seven (7) days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.
- P. A livescan result submitted without a completed application will be removed from the background database after thirty (30) days.
- Q-R. The SLOEMSA Agency Medical Director must approve any exception to certification requirements.

#### IV. PROCEDURE

- A. A candidate for EMT certification must submit a completed EMT Application for Certification -Attachment A to ~~the SLO EMSA Agency~~ that includes the following:
  1. Pay the current non-refundable application fee.
  2. A ~~E~~current government-issued photo identification proving that the individual is eighteen (18) years of age or older.
  3. An individual who meets one of the following criteria is eligible to apply for initial certification:
    - a. Proof of successful passing of the National Registry written and skills examinations and either:
      - (1) Proof of completion of a California EMT training program approved pursuant to the current CCR or approved out-of-state initial EMT training course, within the last two years, or
      - (2) Possess a current and valid out-of-state EMT certificate.
    - b. Current National Registry certification as an EMT- Basic, EMT- Intermediate or Paramedic.
    - c. Current out-of-state EMT-Intermediate or Paramedic certification.
    - d. Current and valid California Advanced EMT or EMT-II certification or current and valid California Paramedic license.
  4. Proof of current certification as a Cardiopulmonary Resuscitation (CPR) Provider according to the American Heart Association guidelines for BLS Healthcare Providers or other course provider approved by the ~~SLO EMSA Agency~~ Medical Director.
  5. Proof of criminal record clearance from the California Department of Justice and Federal Bureau of Investigation, utilizing the Request for Live Scan Service Form - Attachment B.

#### V. AUTHORITY

- Health and Safety Code Division 2.5
- California Code of Regulations, Title 22, Division 9

#### VI. ATTACHMENTS

- A. EMT Application for Certification/Re-certification
- B. Request for Live Scan Service Form

#### Approvals:

<u>EMS Agency, Administrator</u>	
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<u>EMS Agency, Medical Director</u>	
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Approvals:

<u>EMS Agency, Administrator</u>	
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<u>EMS Agency, Medical Director</u>	
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## **POLICY #321: EMERGENCY MEDICAL TECHNICIAN RECERTIFICATION**

### **I. PURPOSE**

- A.** To establish criteria as defined by Title 22 of the California Code of Regulations (CCR), for the process of issuing a State of California emergency medical technicians (EMT) re-certification through the County of San Luis Obispo (SLO) Emergency Medical Services Agency (SLOEMSA Agency).

### **II. SCOPE**

- A.** This policy applies to all individuals wishing to recertify as an EMT in ~~the County of San Luis Obispo~~ (SLO).

### **III. POLICY**

- A.** ~~Current CCR changes in state regulations~~ will supersede ~~information in this policy upon codification~~.
- B.** All information on the EMT application is subject to verification. A candidate who supplies information found to be fraudulent may be subject to disciplinary action as outlined in SLOEMSA Agency Policy #300: Investigation and Disciplinary Process.
- C.** All applicants are required to inform ~~the SLOEMSA Agency~~ of the following:
  1. If convicted of any crime other than a minor traffic violation.
  2. Any certification or licensure action against, or denial of an EMT, Advanced EMT, EMT-II certificate, paramedic license or MICN authorization including active investigations by an EMS Agency in another county or in the case of a paramedic, licensure action by the ~~State~~ EMS Authority.
  3. Any action against or denials of any EMS-related certification or license of another state or other issuing entity, including active investigations.
  4. Any action against any health-related license.
- D.** It is the responsibility of the Certified EMT to notify ~~the SLOEMSA Agency~~ within seven (7) days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.
- E.** Any item listed in section C that action or active investigation is indicated on the application ~~or by notification~~, must include an written explanation ~~letter regarding the investigation and/or conviction(s) in detail~~, and ~~must include~~ copies of verifying documentation from the arresting authority, certifying or licensing entity, and or court. A ~~failure to report such actions~~ may result in an incomplete application and certification revocation.

F. All applications that indicate or are discovered to have circumstances that may preclude issuance of EMT certification will be subject to additional review as outlined in SLOEMS A-Agency Policy #300: Investigation and Disciplinary Process.

G. An application for EMT recertification will be denied if the individual fails to meet the recertification requirements.

H. A candidate for EMT recertification whose check returns for insufficient funds may be subject to disciplinary action as outlined in EMS Agency policy # 101: Fee Collection.

F.

G.I. The SLOEMS A-Agency will issue an EMT certificate card to eligible applicantsindividuals within forty- five (45) calendar days after successful completion of all recertification requirements. If a request is made to expedite an application within five (5) business days72 hours of the request, certification expiration or another specific request, a rush fee will apply.

1. If the EMT recertification requirements are met within six (6) months prior to the expiration date, the effective date of certification will be the date immediately following the expiration date of the current certificate. The certification expiration date will be the final day of the final month of the two (2) year period.
2. If EMT recertification requirements are met more than six (6) months prior to the expiration date, the effective date of certification will be the date the individual satisfactorily completes all certification requirements and has applied for recertification. The certification expiration date must not exceed two (2) years and will be the final day of the final month of the two (2) year period.

H.J. In order to be eligible for recertification after a lapse in certification, the following criteria must be met:

1. An individual whose certification has a lapse of less than six (6) months must comply with the criteria as listed in the procedure section of this policy.
2. An individual whose certification has a lapse of six (6) months or more, but less than twelve (12) months, must comply with the criteria in the procedure section of this policy and complete an additional twelve (12) hours of continuing education (CEH) for a total of thirty-six (36) CEH.
3. An individual whose certification has a lapse of twelve (12) months or more must comply with the criteria in the procedure section, parts A and B of the procedure in this policy, complete an additional twenty-four (24) CEH for a total of forty-eight (48) CEH, and pass the National Registry Emergency Medical Technician (NREMT) certification examination pursuant to the CCR, Title 22, Section 100079. All CEs must be dated within the twenty-four (24) months prior to applying for reinstatement.

I.A. An application for EMT recertification will be denied if the individual fails to meet the recertification requirements.

J.A. A candidate for EMT recertification whose check returns for insufficient funds may be subject to disciplinary action as outlined in EMS Agency policy # 101: Fee Collection.

K. An EMT must notify the SLOEMSA Agency within thirty (30) calendar days, of any change in mailing address.

K.L. An EMT must notify SLOEMSA within ten (10) calendar days of employment or change in employment, when using their EMT certification for job functions.

L.M. Certification as an EMT will be statewide and for a maximum of two years ~~or such other time period as specified in the current CCR.~~

M.N. Based on the continuous quality improvement process, the employer or the SLOEMSA Agency Medical Director may determine that an EMT warrants additional training, observation or testing. The employer, the SLOEMSA Agency Medical Director or his/her designee, may create a specific and targeted program of remediation based upon the identified need of the EMT. If there is disagreement between the EMT, the employer and/or the SLOEMSA Agency Medical Director, the decision of the SLOEMSA Agency Medical Director will prevail.

N.O. If the individual fails to complete this targeted program of remediation the SLOEMSA Agency Medical Director may suspend or revoke the certification for a minimum of one (1) year and up to two (2) years.

O.P. The SLOEMSA Agency Medical Director must approve any exception to recertification requirements.

#### IV. PROCEDURE

- A. A candidate for EMT recertification must submit a completed EMT Application for Certification/Re-certification -Attachment A to the SLOEMSA Agency that includes the following:
  1. Pay the current non-refundable application fee.
  2. A current, government-issued, photo identification proving that the individual is eighteen (18) years of age or older.
  3. Proof of successful completion of an EMT refresher course or twenty-four (24) hours of CE.
  4. A completed EMT Skills Competency Verification Form - Attachment C.
  5. Proof of current certification as a Cardiopulmonary Resuscitation (CPR) Provider according to the American Heart Association guidelines for BLS Healthcare Providers or other course provider approved by the SLOEMSA Agency Medical Director.
- B. If a candidate has not previously completed a criminal record clearance from the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI), proof of a criminal record clearance must be submitted to the SLOEMSA Agency. Proof may be submitted by requesting that a criminal record clearance

from the DOJ and the FBI be sent to ~~the SLO EMSA Agency~~ and the California EMS Authority utilizing the Request for Live Scan Service Form - Attachment B.

V. AUTHORITY

- Health and Safety Code Division 2.5, ~~Section 1797.210 and 1798.200~~
- California Code of Regulations, Title 22, Division 9, ~~Chapter 2, Section 100080-100081 and Chapter 6~~
- ~~California Penal Code, Section 11105~~

VI. ATTACHMENTS

- A. EMT Application for Certification/Recertification
- B. Request for Live Scan Service Form
- C. EMT Skills Competency Verification Form

Approvals:

<u>EMS Agency, Administrator</u>	
<u>EMS Agency, Medical Director</u>	

**Approvals:**

<del>EMS Agency, Administrator</del>	
<del>EMS Agency, Medical Director</del>	

County of San Luis Obispo Public Health Department  
Division: Emergency Medical Services Agency

Policy 320 & 321 Attachment A  
**Effective Date: xx/xx/xxxx**

## EMT APPLICATION FOR CERTIFICATION

**Check one:**  **Initial Certification**  **Re-certification**

<b>APPLICANT INFORMATION</b>					
Last Name:			First Name and Middle Initial:		
Mailing Address, PO Box/Street:			Residence Address (if different than mailing):		
City:	State:	Zip:	City:	State:	Zip:
<input type="checkbox"/> This is a change of address			<input type="checkbox"/> This is a change of address		
Cell Phone Number:			Personal Email:		
Home Phone Number:			Work Email:		
Date of Birth:	Age:	CA Driver's License #:		Last 4 Digits of SSN:	
Current CA State EMT #:		Effective Date:		Expiration Date:	
<b>EMS Provider Employer Information</b>			<b>**FOR INITIAL APPLICATION ONLY**</b> California Assembly Bill 2293 requires local EMS Agencies to collect and report to the EMS Authority, on an annual basis, certain demographic data points.		
Address:			RACE/ETHNICITY – PLEASE CHECK ONE		
<input type="checkbox"/> American Indian or Alaska Native					
<input type="checkbox"/> Asian					
<input type="checkbox"/> Black or African American					
<input type="checkbox"/> Hispanic or Latino					
<b>**EMS AGENCY USE ONLY**</b>			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> Central Registry Checked			<input type="checkbox"/> White		
<input type="checkbox"/> Background Checked, Date:			<input type="checkbox"/> Decline to state.		
<input type="checkbox"/> Megan's Law Checked					
<input type="checkbox"/> Access Database Updated			GENDER – PLEASE CHECK ONE		
<input type="checkbox"/> MLO Certification Updated			<input type="checkbox"/> Female		
Date Card Sent to Applicant:			<input type="checkbox"/> Male		
Card Effective Date:			<input type="checkbox"/> Other (non binary)		
Card Expiration Date:			<input type="checkbox"/> Decline to state.		
Verified by and Date:					

Policy #: 320 &amp; 321 Attachment A

## USE APPROPRIATE CHECK LIST BELOW AND SIGN. SUBMIT BOTH PAGES.

Applicant Name:

Date:

EMT CERTIFICATION		EMT RE-CERTIFICATION	
<input type="checkbox"/> Completed Application (both pages). <input type="checkbox"/> National Registry course certificate or Current NREMT Card. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">NREMT Number:</div> <div style="width: 45%;">Expiration Date:</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">EMT Basic Course Completion Certificate.</div> <div style="width: 45%;">Training Program:</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Date of Completion:</div> <div style="width: 45%;">Out of State current EMT Certificate (if applicable).</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Certificate Number:</div> <div style="width: 45%;">Expiration Date:</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">DOJ / FBI Live Scan Receipt.</div> <div style="width: 45%;">Copy of CA Paramedic License (if applicable).</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Copy of CA Driver's License or government issued photo ID.</div> <div style="width: 45%;">Copy of CPR Card.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Expiration:</div> <div style="width: 45%;">Expiration:</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">AHA-BLS Healthcare Provider</div> <div style="width: 45%;">ARC-BLS Healthcare Provider</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Other (CAPCE approved BLS Healthcare Provider).</div> <div style="width: 45%;">Other (CAPCE approved BLS Healthcare Provider).</div> </div>		<input type="checkbox"/> Completed Application (both pages). <input type="checkbox"/> Copy of Current Certification Card. <input type="checkbox"/> Skills Verification Form. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Continued Education:</div> <div style="width: 45%;">24 Hours of CA Approved EMS CEs.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">24 Hours from Approved EMT Refresher Course.</div> <div style="width: 45%;">36 Hours of CE (expired for 6 to 12 months).</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">48 Hours of CE (expired for over 12 months).</div> <div style="width: 45%;">DOJ / FBI Live Scan Receipt if previously certified elsewhere.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">On file.</div> <div style="width: 45%;">Grandfathered Employer Letter*</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Copy of CA Paramedic License (if applicable).</div> <div style="width: 45%;">Copy of CA Driver's License or government issued photo ID.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Copy of CPR Card.</div> <div style="width: 45%;">Non-refundable application fee.</div> </div>	
<input type="checkbox"/> Non-refundable application fee.			

## DECLARATION and ATTESTATION

Have you ever been convicted of any felony or misdemeanor offense, in California or in any other state or place, including entering a plea of nolo contendere or no contest and including any conviction, which has been expunged (set aside)?	<input type="checkbox"/> On File with SLO EMSA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time?	<input type="checkbox"/> On File with SLO EMSA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any criminal charges currently pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If you answered yes to any of the above questions, you must submit with this application a written explanation</b> that describes the crime(s), date, location, court, sentence served, and parole if any, and/or the action taken against your certification, accreditation or professional license, any corrective action, and/or remediation as a result of the action. You must also attach any applicable court documents and police reports.			
<b>Attestation:</b> I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT certification in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as an EMT in California. Additionally, by signing this application I do authorize the release of all prior EMT application and/or certification action documentation for use of verification by County of SLO EMS Agency. It is my responsibility to notify the EMS Agency within 7 days of any arrest or change in my eligibility status. I also understand the application fees are non – refundable and that California Regulations require me to notify the EMS Agency in writing within 30 days of any change in my mailing address.			
Signature of Applicant:		Date:	

## **POLICY #215: EMT Basic Scope of Practice**

### **Additional Skills**

#### **I. PURPOSE**

- A. To establish the intent and requirements of the Medical Director for the County of San Luis Obispo (SLO) Emergency Medical Services Agency (SLOEMSA) regarding the use of Emergency Medical Technician (EMT) Basic Scope of Practice Additional Skills in SLO.

#### **II. SCOPE**

- A. This policy applies to SLO EMS Provider Agencies, fire departments and ambulance providers, that employ individuals as EMTs for emergency medical care in the SLO Emergency Medical Services (EMS) system.

#### **III. DEFINITIONS**

- A. Emergency Medical Technician (EMT): A person who has successfully completed an EMT course, passed all required tests, and has a current and valid California EMT certification.
- B. EMT Basic Scope of Practice Additional Skills: Refers to skills listed in Title 22 of California Code of Regulation (CCR) as EMT basic skills that require Medical Director approval.
- C. EMS Provider Agency: An agency or organization in SLO that is responsible for and approved to provide emergency medical care using certified/accredited EMTs and/or paramedics.

#### **IV. POLICY**

- A. All EMS Provider Agencies will be automatically approved to utilize all EMT Basic Scope of Practice Additional Skills.
  1. Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid;
  2. Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines;
  3. Administer naloxone or other opioid antagonist by intranasal and/or intramuscular routes for suspected narcotic overdose;
  4. Administer epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma;
  5. Perform finger stick blood glucose testing; and

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- 6. Administer over the counter medications, when approved by the medical director, including, but not limited to: Aspirin.
- B. The EMS Provider Agency will be responsible for notifying SLOEMSA if they would like to participate or opt out of EMT Basic Scope of Practice Additional Skills utilization.
- C. The EMS Provider Agency will be responsible for the initial and ongoing competency verifications for each EMT employed.
- D. An EMT shall successfully complete competency verifications for each skill prior to use of the skill in the field.
- ~~E. Continued competency verification must be completed and documented every two (2) years or more frequently as demonstrated by the EMS Provider Agency's EMS Quality Improvement Program (EMSQIP).~~
- F.E. EMTs verified to use any Basic Scope of Practice Additional Skill must be authorized by their EMS Provider Agency prior to utilizing skills.
- G.F. An EMT authorized to utilize Basic Scope of Practice Additional Skills may assist in the competency verification of those skills
- H.G. EMTs who fail to meet and/or maintain competency verification requirements may not be authorized to use their EMS Provider Agency's approved skills.
- I.H. When an authorized EMT has started a Basic Scope of Practice Additional Skill and an ALS unit arrives on scene prior to completing that skill, the EMT may continue the skill with the approval and under the direction of the arriving SLO accredited paramedic, if the continuation of the skill expedites necessary patient care.
- J.I. An authorized EMT, while on duty with an approved provider, may perform Basic Scope of Practice Additional Skills for any patient at the request and under the direction of an on scene SLO accredited paramedic.
- K.J. During a mutual aid response into another jurisdiction, an authorized EMT may utilize the Basic Scope of Practice Additional Skills for which they are authorized for use by their EMS Provider Agency in SLO.
- L.K. Any costs incurred creating, implementing, and maintaining for the use of Basic Scope of Practice Additional Skills will be the sole responsibility of the EMS Provider Agency.
- M.L. Devices and supplies required for utilizing Basic Scope of Practice Additional Skills will be maintained in accordance with drug manufacturer recommendations including, but not limited to expiration dates, storage, use, disposal, and temperature.
- N.M. The approval of Basic Scope of Practice Additional Skills does not expire. When approved skills are no longer desired for use by the EMS Provider Agency, a written notification must be submitted to SLOEMSA.

Q.N. SLOEMSA may audit all documentation and records pertaining to the use of Basic Scope of Practice Additional Skills.

P.O. Patient care will be documented according to SLOEMSA Policy #124, Documentation of Prehospital Care.

Q.P. Current CCR supersedes this policy.

Q. The SLOEMSA Medical Director must approve any exceptions to the requirements of this policy.

#### V. PROCEDURE:

- A. EMS Provider Agencies who do not wish to utilize the EMT Basic Scope of Practice Additional Skills must notify SLOEMSA in writing of that decision.
- B. EMS Provider Agencies who would like to utilize EMT Basic Scope of Practice Additional Skills need to submit the following to SLOEMSA:
  1. An EMT Basic Scope of Practice Additional Skills Coordinator who will be responsible for authorization oversight and compliance with policy and CCR.
  2. A description of the plans for initial competency and ongoing competency verification for authorized EMTs.
  3. A written procedure for ongoing EMSQIP activities specific to the use of EMT Basic Scope of Practice Additional Skills.

#### VI. AUTHORITY

- Title 22, California Code of Regulations, Division 9.

#### Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

## **POLICY # (2XX): EMT Optional Skills Approval**

### **I. PURPOSE**

- A.** To establish criteria for approval, including requirements and responsibilities, of Emergency Medical Services (EMS) Provider Agencies to adopt all or part(s) of the Emergency Medical Technician (EMT) Optional Skills, for their Agency's use in the County of San Luis Obispo (SLO).

### **II. SCOPE**

- A.** This policy applies to SLO EMS Provider Agencies, fire departments and ambulance providers, that employ individuals as EMTs for emergency medical care in the SLO EMS system.

### **III. DEFINITIONS**

- **EMS Provider Agency:** An agency or organization in SLO that is responsible for and approved to provide emergency medical care using certified/accredited EMTs and/or paramedics.
- **Emergency Medical Technician (EMT):** A person who has a current and valid EMT certification issued in California.
- **EMT Accreditation:** The local authorization of EMTs to use EMT Optional Skills by SLO Emergency Medical Services Agency (SLOEMSA). Refer to Policy #216 for complete EMT Accreditation process and requirements.
- **EMT Optional Skills:** Refers to skills listed in Title 22, California's Code of Regulations (CCR), as optional skills that require Medical Director policy and procedure for approval and EMT accreditation.

### **IV. POLICY**

- A.** An EMS Provider Agency must apply to SLOEMSA and be approved prior to implementing training, competencies, and skill utilization on one or more EMT Optional Skills.
- B.** SLOEMSA will notify the applicant within twenty-one (21) business days of receiving the application of its decision to approve or deny the application.
- C.** SLOEMSA may revoke or suspend the EMS provider agency's EMT Optional Skills approval for failure to meet and maintain the requirements of this policy.
- D.** EMTs trained and verified to use any EMT Optional Skill must be accredited by SLOEMSA as outlined in Policy # 216, EMT Accreditation.
  - 1.** When an accredited EMT has started an EMT Optional Skill and an ALS unit arrives on scene prior to completing that skill, the EMT may continue the skill with the approval and under the direction of the arriving SLO accredited paramedic, if the continuation of the skill expedites necessary patient care.

2. An accredited EMT, while on duty with an approved provider, may perform Optional Skills for any patient at the request and under the direction of an on scene SLO accredited paramedic.
3. During a mutual aid response into another jurisdiction, an accredited EMT may utilize the EMT Optional Skills for which they are authorized for use by their EMS Provider Agency in SLO.

E. EMTs who fail to meet and/or maintain training, competency, and accreditation requirements may not utilize their EMS Provider Agency's approved EMT Optional Skills.

F. Ongoing training, continued competency verification, and accreditation for personnel must be completed and documented every two (2) years or more frequently as demonstrated by the EMS Provider Agency's EMS Quality Improvement Program (EMSQIP).

G. Any costs incurred while creating, implementing, and maintaining for the use of EMT Optional Skills will be the sole responsibility of the EMS provider agency.

H. Devices and supplies required for utilizing EMT Optional Skills will be maintained in accordance with drug manufacturer recommendations including, but not limited to expiration dates, storage, use, disposal, and temperature.

I. Primary instructor(s) must be a physician, registered nurse, physician assistant, or paramedic licensed in California.

1. Verification of primary instructor's eligibility is the responsibility of the EMS Provider Agency.
2. An accredited EMT authorized to EMT Optional Skill(s) may assist in demonstration of competency and training of those skills.

J. Training will include a written examination, instructor demonstration, and student demonstration of each skill, verifying competency.

1. Attachment B – EMT Optional Skills Training Requirements has specific training requirements outlined for each EMT Optional Skill.
2. The SLOEMSA Medical Director may require the use of specific training materials. If so, the materials will be provided along with the EMS Provider Agency's approval for EMT Optional Skill(s).

K. The approval of EMT Optional Skills will be valid for four (4) years from the approval date.

1. To maintain approval, reapply using the procedures listed below.
2. If EMT Optional Skills are no longer wanted or needed, submit a written notification to SLOEMSA.

L. SLOEMSA may audit all documentation and training records pertaining to the use of EMT Optional Skills.

- M. Patient care will be documented according to SLOEMSA Policy #124, Documentation of Prehospital Care.
- N. A non-refundable fee will be collected as part of the application and review requirements. An application whose check returns for insufficient funds may result in denial or suspension until fee is paid and will incur additional fees as outlined in SLOEMSA Policy #101, Fee Collection.
- O. Current CCR supersedes this policy.
- P. The SLOEMSA Medical Director must approve any exceptions to the requirements of this policy.

#### V. PROCEDURE

- A. The EMS Provider Agency requesting to implement EMT Optional Skills must submit a complete application to SLOEMSA, which includes the following:
  1. A letter of intent that describes the need and geographic area where one or more of the EMT Optional Skills will be utilized. The letter needs to be signed by a Chief Officer or Operations Director agreeing to abide by SLOEMSA policies, procedures, and all laws and regulations regarding EMT Optional Skills.
  2. Identify an EMT Optional Skills Liaison who will be responsible for the EMS Provider Agency's approval oversight.
  3. Identify primary instructor(s) and verify eligibility.
  4. A copy of all training materials, including presentations, handouts, written exams, and descriptions of skill demonstrations that verify competency in each skill.
  5. A description of the plans for initial and ongoing training and competency verification for authorized EMTs.
  6. A written procedure for ongoing EMSQIP activities specific to the use of EMT Optional Skills.
  7. Payment of fee.

#### VI. AUTHORITY

- Title 22, California Code of Regulations, Division 9.

#### VII. ATTACHMENTS

- A. EMT Optional Skills Application
- B. EMT Optional Skills Training Requirements

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

County of San Luis Obispo Public Health Department  
Division: Emergency Medical Services Agency

Policy 2XX Attachment A  
Effective Date: xx/xx/xxxx

## EMT OPTIONAL SKILLS APPLICATION

APPLICANT INFORMATION	
EMS Provider Agency Name:	
EMS Provider Agency Address:	Liaison's Name:
Liaison's Phone Number:	Liaison's Email:

EMT OPTIONAL SKILLS APPLYING FOR:	
<input type="checkbox"/> Use of perilyngeal airway adjuncts. <input type="checkbox"/> Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma. Administer the medications: <input type="checkbox"/> Atropine and/or <input type="checkbox"/> Pralidoxime Chloride.	
<input type="checkbox"/> Monitor preexisting vascular access devices and intravenous lines delivering fluids with additional medications pre-approved by the Director of the Authority.	

SUBMIT THE FOLLOWING WITH THIS APPLICATION:	
<input type="checkbox"/> Letter of intent. <input type="checkbox"/> Identify an EMT Optional Skills Liaison. <input type="checkbox"/> Identify primary instructor(s) and verify eligibility. <input type="checkbox"/> Copy of all training materials, including presentations, handouts, written exams, and descriptions of skill demonstrations that verify competency in each skill. <input type="checkbox"/> A description of the plans for initial training and competency verification for authorized EMTs. <input type="checkbox"/> Copy of the EMSQIP and written procedure for ongoing activities specific to the use of EMT Optional Skills. <input type="checkbox"/> Pay non-refundable fee.	

ATTESTATION OF EMT OPTIONAL SKILLS APPLICANT	
<i>I hereby certify that I have reviewed and understand the County of San Luis Obispo EMS Policy #2XX, EMT Optional Skills Authorization and Title 22, Div. 9 requirements.</i>	
Applicant's Name:	Applicant's Title:
Signature:	Date:

*****EMS AGENCY USE ONLY BELOW THIS LINE*****	
Received Date:	<input type="checkbox"/> Email confirmation of application received.
Response Date (w/in 21 work days):	<input type="checkbox"/> Letter on file.

## EMT Optional Skills Training Requirements

To be used for initial and ongoing training and competency verification of EMT Optional Skills.

### 1. Use of perilyngeal airway adjuncts:

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

1. Anatomy and physiology of the respiratory system.
2. Assessment of the respiratory system.
3. Review of basic airway management techniques, which includes manual and mechanical.
4. The role of the perilyngeal airway adjuncts in the sequence of airway control.
5. Indications and contraindications of the perilyngeal airway adjuncts.
6. The role of pre-oxygenation in preparation for the perilyngeal airway adjuncts.
7. Perilyngeal airway adjuncts insertion and assessment of placement.
8. Methods for prevention of basic skills deterioration.
9. Alternatives to the perilyngeal airway adjuncts.

(B) 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 perilyngeal airway adjuncts.

(C) EMT shall demonstrate skills competency at least every two (2) years, or more frequently as determined by the EMSQIP.

### 2. Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma:

(A) Training in the administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma shall consist of no less than two (2) hours to result in the EMT being competent in the use and administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training hours listed above shall be the following topics and skills:

1. Names
2. Indications
3. Contraindications
4. Complications
5. Side/adverse effects
6. Interactions
7. Routes of administration
8. Calculating dosages
9. Mechanisms of drug actions
10. Medical asepsis
11. Disposal of contaminated items and sharps
12. Medication administration

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

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

### **3. Administer the medications listed in this subsection:**

(A) Using prepackaged products, the following medications may be administered:

1. Atropine
2. Pralidoxime Chloride

(B) This training shall consist of no less than two (2) hours of didactic and skills laboratory training to result in competency. In addition, a basic weapons of mass destruction training is recommended.

Training in the profile of medications listed in subsection (A) shall include, but not be limited to:

1. Indications
2. Contraindications
3. Side/adverse effects
4. Routes of administration
5. Dosages
6. Mechanisms of drug action
7. Disposal of contaminated items and sharps
8. Medication administration

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

1. Assessment of when to administer these medications,
2. Managing a patient before and after administering these medications,
3. Using universal precautions and body substance isolation procedures during medication administration,
4. Demonstrating aseptic technique during medication administration,
5. Demonstrating the preparation and administration of medications by the intramuscular route, and
6. Proper disposal of contaminated items and sharps.

**4. Monitor preexisting vascular access devices and intravenous lines delivering fluids with additional medications pre-approved by the Director of the Authority. Approval of such medications includes SLOEMSA applying to EMS Authority and will be obtained pursuant to CCR procedures.**

## **POLICY #216: EMT ACCREDITATION**

### **I. PURPOSE**

- A. To establish criteria as defined by Title 22 of the California Code of Regulations (CCR), for the local accreditation of emergency medical technicians (EMTs) in the County of San Luis Obispo.

### **II. SCOPE**

- A. This policy applies to EMTs working for any County of San Luis Obispo (SLO) Emergency Medical Services (EMS) Provider Agency, who have been trained and successfully completed competency-based evaluations on each EMT Optional Skill approved for their EMS Provider Agency.

### **III. DEFINITIONS**

- EMS Provider Agency: An agency or organization in SLO that is responsible for and approved to provide emergency medical care using certified/accredited EMTs and/or paramedics.
- Emergency Medical Technician (EMT): A person who has a current and valid EMT certification issued in California.
- EMT Accreditation: The local authorization of EMTs to use EMT Optional Skills by SLO Emergency Medical Services Agency (SLOEMSA).
- EMT Optional Skills: Refers to skills listed in the CCR as optional skills that require Medical Director policy and procedure for approval and EMT accreditation.

### **IV. POLICY**

- A. Candidates for initial accreditation must complete the mandatory training conducted by their EMS Provider Agency and pass the competency based written and skills evaluations.
- B. Initial accreditation will be valid from the date of accreditation until the end of the EMTs current certification. Reaccreditation will then correspond with their two-year EMT certification cycle.
- C. EMT accreditation will expire when an EMT is no longer employed by an approved EMS Provider Agency in SLO or if the EMT fails to meet any of the requirements of this policy.
- D. Ongoing training, continued competency verification, and accreditation for personnel must be completed and documented every two (2) years or more frequently as demonstrated by the EMS Provider Agency's EMS Quality Improvement Program (EMSQIP).
- E. The EMS Provider Agency will provide a list of all accredited EMTs to SLOEMSA. This list shall be maintained and provided to SLOEMSA when updated.

F. Accredited EMTs may use EMT Optional Skills in the following situations:

1. When on duty with their EMS Provider Agency.
2. When an accredited EMT has started an EMT Optional Skill and an ALS unit arrives on scene prior to completing that skill, the EMT may continue the skill with the approval and under the direction of the arriving SLO accredited paramedic, if the continuation of the skill expedites necessary patient care.
3. An accredited EMT may perform Optional Skills for any patient at the request and under the direction of an on scene SLO accredited paramedic.
4. During a mutual aid response into another jurisdiction, an accredited EMT may utilize the EMT Optional Skills for which they are authorized for use by their EMS Provider Agency in SLO.

G. Once accredited and based on the continuous EMSQIP, the employer or SLOEMSA Medical Director may determine that an accredited EMT needs additional training, observation, or testing. The employer and SLOEMSA's Medical Director, may create a specific and targeted program of remediation based on the identified need of the EMT. If there is disagreement between the EMT, the employer and/or SLOEMSA's Medical Director, the decision of SLOEMSA's Medical Director will prevail.

H. The SLOEMSA Medical Director shall approve exceptions to any accreditation requirement.

I. Current CCR will supersede this policy.

V. PROCEDURE

A. Initial accreditation: The date of initial accreditation is valid when an authorized representative of the EMT's approved EMS Provider Agency completes and forwards the following documentation to SLOEMSA.

1. A list of all EMTs that have successfully completed the initial EMT Optional Skills training curriculum including written test and skills assessment. List shall include:
  - a. Name of the skill(s) tested.
  - b. Name of EMT personnel being accredited.
  - c. Date training and assessment completed.
  - d. State EMT certification number.
  - e. State EMT certification expiration date (accreditation expiration date).

B. SLOEMSA will review and send a notification of receipt to the approved EMS Provider Agency.

C. Reaccreditation: At least every two years, or more often as deemed necessary by the EMSQIP, the approved EMS Provider Agency will provide refresher training, as necessary, to ensure the EMT can demonstrate competency through a written test and skill(s) assessment.

1. The approved EMS Provider Agency will submit an updated list of all EMTs that have successfully completed the reaccreditation refresher training, including a written test and skills assessment.

VI. AUTHORITY

- Title 22, California Code of Regulations, Division 9.

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

## **POLICY #2XX: EMT AED SERVICE PROVIDER**

### **APPROVAL**

#### **I. PURPOSE**

- A.** To establish criteria as defined by Title 22 of the California code of Regulations (CCR), for the approval, requirements and responsibilities of an emergency medical technician (EMT) automatic external defibrillation (AED) Service Provider in the County of San Luis Obispo (SLO).

#### **II. SCOPE**

- A.** This policy applies to all agencies or organizations that employ individuals as EMTs for emergency medical services (EMS) and obtain AEDs for the purpose of providing AED services to the general public.
  - 1.** Except for State or Federal Agencies, who are approved by the State.

#### **III. DEFINITIONS**

- A.** EMS Provider Agency: An agency or organization in SLO that is responsible for and approved to provide emergency medical care using certified/accredited EMTs and/or paramedics.

#### **IV. POLICY**

- A.** An EMS Provider Agency must submit a written request to the County of SLO Emergency Medical Services Agency (SLOEMSA) to be approved as an EMT AED Service Provider.
- B.** SLOEMSA will provide a written response to the request within twenty-one (21) days.
- C.** An approved EMT AED Service Provider must provide an orientation of specific AED equipment to all EMTs upon hiring and prior to authorization for use on a patient.
- D.** An approved EMT AED Service Provider must ensure initial and continued competence of AED authorized EMTs.
- E.** EMTs who fail to meet and maintain AED competency will not be authorized to use an AED on a patient.
- F.** An approved EMT AED Service Provider must ensure maintenance of AED equipment.

- G. An EMT AED Service Provider approval may be revoked or suspended for failure to maintain the requirements of this policy and CCR.
  - 1. Current CCR supersedes this policy.
- H. Patient care will be documented according to SLOEMSA Policy #124, Documentation of Prehospital Care, and include data required in section I for each occurrence.
- I. An approved EMT Service Provider will track and submit the following data annually or when requested by SLOEMSA:
  - 1. The total number of patients with sudden cardiac arrest receiving CPR prior to arrival of emergency medical care.
  - 2. The number of patients on whom shocks were administered, witnessed (seen or heard) and not witnessed.
  - 3. The number of these persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation.
- J. An EMT AED Service Provider approval does not expire.
  - 1. If approval is no longer wanted or required, the EMS Provider Agency must submit a written notification to SLOEMSA.
- K. Any costs incurred creating, implementing and maintaining an EMT AED Service Provider approval will be the sole responsibility of the EMS Provider Agency.
- L. An approved EMT AED Service Provider and its authorized EMTs will be recognized statewide.
- M. SLOEMSA's Medical Director must approve any exceptions to the requirements of this policy.

## V. PROCEDURE

- A. EMS Provider Agencies seeking approval as an EMT AED Service Provider must submit a written request to SLOEMSA, and include:
  - 1. A statement that all employed EMTs either have been or will be oriented to the Agency's specific AED equipment prior to use on a patient.
  - 2. A statement ensuring continued competency of AED authorized EMTs.
  - 3. A statement ensuring continued maintenance of AED equipment.

## VI. AUTHORITY

- Title 22, California Code of Regulations, Division 9

**Approvals:**

EMS Agency, Administrator	
EMS Agency, Medical Director	

**POLICY #204: PUBLIC SAFETY AED SERVICE PROVIDER****APPROVAL****PURPOSE**

I. A. To establish criteria as defined by Title 22 of the California code of Regulations (CCR), for the approval, requirements and responsibilities of a Public Safety automatic external defibrillation (AED) Service Provider in the County of San Luis Obispo (SLO).

**SCOPE**

II. A. This policy applies to all agencies or organizations that employ individuals as public safety personnel, lifeguard, firefighter, and peace officer, for first responder emergency medical services (EMS) and obtain AEDs for the purpose of providing AED services to the general public.

1. Except for State or Federal Agencies, who are approved by the State.

**DEFINITIONS**

III. 

- Public Safety AED Service Provider: An agency, or organization which is responsible for, and is approved to operate, an AED.
- Public Safety Agency: An agency in SLO that employs Public Safety Personnel.
- Public Safety Personnel:
  - Firefighters: Any 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.
  - Lifeguards: Any 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.
  - Peace Officers: 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 police officer required by law to complete PSFA training.

IV.

**POLICY**

A. A Public Safety Agency must submit a written request to the County of SLO Emergency Medical Services Agency (SLOEMSA) to be approved as a Public Safety AED Service Provider.

- B. SLOEMSA will provide a written response to the request within twenty-one (21) days.
- C. An approved Public Safety AED Service Provider must provide an orientation of specific AED equipment to all Public Safety Personnel upon hiring and prior to authorization for use on a patient.
- D. An approved Public Safety AED Service Provider must ensure initial and continued competence of AED authorized Public Safety Personnel.
- E. Public Safety Personnel who fail to meet and maintain AED competency will not be authorized to use an AED on a patient.
- F. An approved Public Safety AED Service Provider must ensure maintenance of AED equipment.
- G. A Public Safety AED Service Provider approval may be revoked or suspended for failure to maintain the requirements of this policy and CCR.
  - 1. Current CCR supersedes this policy.
- H. Patient care provided by Public Safety Personnel will be reported and handed off to any arriving EMS personnel who is authorized at a higher medical level, as soon as is feasible.
- I. ~~An approved Public Safety Service Provider will track and submit the following data, annually:~~
  - 1. ~~The total number of patients with sudden cardiac arrest receiving CPR prior to arrival of emergency medical care.~~
  - 2. ~~The number of patients on whom shocks were administered, witnessed (seen or heard) and not witnessed.~~
  - 3. ~~The number of these persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation.~~
- J.I. A Public Safety AED Service Provider approval does not expire.
  - 1. If approval is no longer wanted or required, the Public Safety Agency must submit a written notification to SLOEMSA.
- K.J. Any costs incurred creating, implementing and maintaining a Public Safety AED Service Provider approval will be the sole responsibility of the Public Safety Agency.
- V. L.K. An approved Public Safety AED Service Provider and its authorized Public Safety Personnel will be recognized statewide.
- M.L. SLOEMSA's Medical Director must approve any exceptions to the requirements of this policy.

## PROCEDURE

A. Public Safety Agencies seeking approval as a Public Safety AED Service Provider must submit a written request to SLOEMSA, and include:

1. A statement that all employed Public Safety Personnel either have been or will be oriented to the Agency's specific AED equipment prior to use on a patient.
2. A statement ensuring continued competency of AED authorized Public Safety Personnel.
3. A statement ensuring continued maintenance of AED equipment.

#### AUTHORITY

- Title 22, California Code of Regulations, Division 9

VI. Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	



## COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

### PUBLIC HEALTH DEPARTMENT

**Nicholas Drews** Health Agency Director

**Penny Borenstein, MD, MPH** Health Officer/Public Health Director

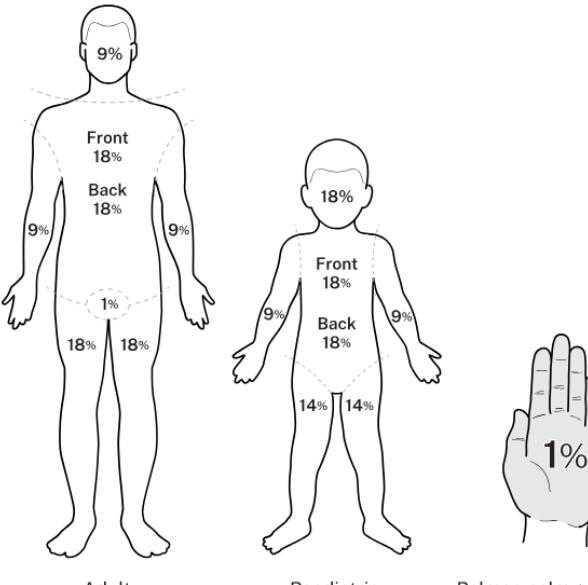
MEETING DATE	January 15, 2026
STAFF CONTACT	Ryan Rosander, EMS Director 805.788.2512 rrosander@co.slo.ca.us
SUBJECT	Burns and Dive Emergencies
SUMMARY	<p>The EMS Agency was recently reminded by the Diablo Canyon Fire Department and other stakeholders that San Luis Obispo County currently lacks a dedicated Dive Emergency Protocol, creating a significant gap in guidance for first responders operating along our coastline. While existing protocols address elements such as airway management, drowning, seizures, and capnography, there is no unified standard for treating conditions unique to diving incidents, including decompression sickness, arterial gas embolism, barotrauma, and Swimming-Induced Pulmonary Edema. To address this need, staff propose developing a comprehensive Dive Emergency Protocol that outlines assessment priorities, 100% oxygen administration, advanced airway considerations, essential dive history elements, and guidance on transporting the patient with their dive equipment. Establishing this protocol will enhance consistency, improve patient outcomes, and align SLO County with other coastal EMS systems, and staff request committee direction to proceed with development and stakeholder review.</p> <p>The EMS Agency is updating the County's Burn Protocol to give first responders clear and consistent direction when treating thermal, chemical, electrical, and inhalation injuries. The protocol will reinforce core steps such as stopping the burning process, cooling and irrigating when appropriate, applying dry sterile dressings, watching closely for airway compromise, and providing age-appropriate medications and fluids. It will also include recognized burn center referral criteria and keep Policy #155 to guide when helicopter transport to an out-of-county burn center is appropriate. These updates will improve consistency across the system and help ensure that burn patients receive the right care and timely access to specialty treatment.</p>
REVIEWED BY	Dr. William Mulkerin, SLOEMSA Staff, Diablo Canyon Staff, Operations, Clinical Advisory
RECOMMENDED ACTION(S)	Recommended the following for approval by EMCC: Protocol #662: Burns, #664: Diving Emergencies
ATTACHMENT(S)	Protocol #662, #664

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#### Emergency Medical Services

2995 McMillan Ave Ste 178 | San Luis Obispo, CA 93401 | (P) 805-781-2519  
[www.slocounty.gov/emsa](http://www.slocounty.gov/emsa)

BURNS	
ADULT	PEDIATRIC ( $\leq 34$ KG)
BLS	
<ul style="list-style-type: none"> <li><b>Universal Protocol #601</b></li> <li>Pulse Oximetry <ul style="list-style-type: none"> <li>O<sub>2</sub> administration per Airway Management Protocol #602</li> </ul> </li> <li><b>Thermal Burns:</b> Stop the burning process. Do not break blisters. Cover the affected body surface with a dry, sterile dressing or sheet</li> <li><b>Chemical Burns:</b> Brush off dry powder, if present. Remove any contaminated or wet clothing. Irrigate with copious amounts of saline or water.</li> <li><b>Tar Burns:</b> Cool with water; do not remove tar.</li> <li><b>Electrical Burns:</b> Turn off the power source and safely remove the victim from the hazard area. Cover the affected body surface with a dry, sterile dressing or sheet.</li> <li>Additional skills as approved by SLOEMSA</li> <li>Consider Policy #155: EMS Helicopter Operations for direct transport out of county to a burn center for those patients who meet burn center referral criteria (see notes).</li> <li>For pts meeting burn center referral criteria, transport to the nearest hospital with a helipad, as air transport to a burn center may be necessary (see notes).</li> <li>Determination of Death on Scene: Refer to SLOEMSA Policy #125 - Determination of Death/Do Not Resuscitate (DNR)/End of Life Care.</li> </ul>	Same as Adult
ALS	
<ul style="list-style-type: none"> <li>Protocol #603: Pain Management</li> <li>For wheezing, <b>Albuterol</b> 2.5-5 mg via</li> </ul>	<ul style="list-style-type: none"> <li>Protocol #603: Pain Management</li> <li>For wheezing <b>Albuterol</b> 2.5-5 mg via</li> </ul>

<p>HHN/Mask/CPAP/BVM with adjunct over 5-10 min</p> <p><u>Combined with:</u></p> <ul style="list-style-type: none"> <li>• <b>Ipratropium Bromide</b> 500 mcg via HHN/Mask/CPAP/BVM with adjunct over 5-10 min           <ul style="list-style-type: none"> <li>- Repeat once after 20 minutes</li> </ul> </li> <li>• <b>Consider Normal Saline up to 500mL IV/IO</b> <ul style="list-style-type: none"> <li>- May repeat x1 for persistent hypotension.</li> <li>- May repeat x1 based on ALS provider discretion for normotensive patients.</li> </ul> </li> </ul>	<p>HHN/Mask/BVM with adjunct over 5-10 min</p> <p><u>Combined with:</u></p> <ul style="list-style-type: none"> <li>• <b>Ipratropium Bromide</b> 250 mcg via HHN/Mask/BVM with adjunct over 5-10 min           <ul style="list-style-type: none"> <li>- Repeat once after 20 minutes</li> </ul> </li> <li>• <b>Consider Normal Saline up to 20mL/kg IV/IO, not to exceed 500 mL</b> <ul style="list-style-type: none"> <li>- May repeat x1 for persistent hypotension.</li> <li>- May repeat x1 based on ALS provider discretion for normotensive patients.</li> </ul> </li> </ul>
<b>Base Hospital Orders Only</b>	
<ul style="list-style-type: none"> <li>• As needed</li> </ul>	<ul style="list-style-type: none"> <li>• As needed</li> </ul>
<b>Notes</b>	
<ul style="list-style-type: none"> <li>• <b>Endotracheal intubation remains the gold standard</b> for airway management in burn patients due to the rapid and often unpredictable progression of upper airway edema following thermal injury or inhalation of superheated gases. Facial burns, singed nasal hairs, carbonaceous sputum, stridor, or voice changes may signal impending airway obstruction.</li> </ul>	
 <p>The figure consists of three line drawings. The first, labeled 'Adult', shows a full human body with BSA percentages: 9% for the head and neck, 18% for each arm, 18% for each leg, 9% for the anterior trunk, 9% for the posterior trunk, and 1% for the perineum. The second, labeled 'Paediatric &lt; 9 years', shows a smaller human figure with BSA percentages: 18% for the head and neck, 18% for each arm, 18% for each leg, 9% for the anterior trunk, 9% for the posterior trunk, and 14% for the perineum. The third is a close-up of a hand with a 1% BSA label.</p> <p>Adult</p> <p>Paediatric &lt; 9 years</p> <p>Palmar, palm + fingers of patient = 1%</p>	
<ul style="list-style-type: none"> <li>• <b>For reference, burn center referral criteria are:</b> <ul style="list-style-type: none"> <li>- Partial-thickness burns of greater than 10 percent of the total body surface area.</li> <li>- Burns that involve the face, hands, feet, genitalia, perineum, or major joints.</li> <li>- Third-degree burns in any age group.</li> <li>- Electrical burns, including lightning injury.</li> <li>- Chemical burns.</li> <li>- Inhalation injury.</li> </ul> </li> </ul>	

- Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality.
- Burns and concomitant trauma (such as fractures) when the burn injury poses the greatest risk of morbidity or mortality. If the trauma poses the greater immediate risk, the patient's condition may be stabilized initially in a trauma center before transfer to a burn center. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.
- Burns in children; children with burns should be transferred to a burn center verified to treat children. In the absence of a regional pediatric burn center, an adult burn center may serve as a second option for the management of pediatric burns.
- Burn injury in patients who will require special social, emotional, or rehabilitative intervention

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DIVING EMERGENCIES		
ADULT	PEDIATRIC ( $\leq 34$ KG)	
BLS		
<ul style="list-style-type: none"><li>Universal Protocol #601</li><li><b>100% O<sub>2</sub> administration via NRB mask, regardless of signs, symptoms, or SpO<sub>2</sub>, unless oxygen toxicity is the suspected etiology (see notes)</b></li><li>Airway Management Protocol #602<ul style="list-style-type: none"><li>Pulse Oximetry</li></ul></li><li>Procedure #701: Capnography End Tidal CO<sub>2</sub> Monitoring</li><li>Additional skills as approved by SLOEMSA (e.g., i-Gel placement)</li><li>Always treat and transport the patient <b>supine</b> unless actively vomiting or the patient does not tolerate the supine position</li><li>If applicable, Protocol #663: Drowning</li><li>If applicable, Protocol #620: Seizure</li><li>Address hypothermia and warming measures</li><li>Obtain and transport the patient with their dive computer and all their dive gear, including regulator, weights, tank, buoyancy control device, etc., if possible. Do not delay transport.<ul style="list-style-type: none"><li>Obtain maximum dive depth, time spent at depth, rate of ascent, number of dives, surface interval, gas(es) used (e.g., standard air, Nitrox, Trimix, Heliox, Hyperoxic Mix (100%) O<sub>2</sub>)</li></ul></li><li>Consider Policy #155: EMS Helicopter Operations for direct transport out of the county to a hyperbaric chamber.</li><li>Consider transport to the nearest hospital with</li></ul>	<b>Same as Adult</b>	

a helipad, should air transport to a hyperbaric chamber be necessary.	
<b>ALS</b>	
<ul style="list-style-type: none"> <li>Consider Normal Saline up to 500mL IV/IO for possible dehydration</li> <li>If barotrauma is suspected, with symptoms of tension pneumothorax– Needle Thoracostomy Procedure #705</li> <li>Frequent neurologic exams</li> </ul>	<ul style="list-style-type: none"> <li>Consider Normal Saline up to 20mL/kg IV/IO, not to exceed 500 mL for possible dehydration</li> <li>If barotrauma is suspected, with symptoms of tension pneumothorax– Needle Thoracostomy Procedure #705</li> </ul>
<b>Base Hospital Orders Only</b>	
• As needed	• As needed
<b>Notes</b>	
<ul style="list-style-type: none"> <li>The number one cause of diving fatalities is drowning.</li> <li>Due to the possibility of barotrauma, CPAP is generally contraindicated for patients with a dive emergency.</li> <li>C-Spine immobilization is not recommended except with strong evidence/report of traumatic mechanism.</li> <li>Seizures can occur during diving emergencies and are most often caused by oxygen toxicity, hypoxia, hypercapnia, or arterial gas embolism</li> <li><b>Pneumothorax (Dive-Related):</b> Rapid pressure changes during ascent may cause alveolar rupture resulting in pneumothorax; assess for acute dyspnea, chest pain, unilateral breath sounds, hypoxia, or hemodynamic instability, provide high-flow oxygen and ventilatory support, and if tension pneumothorax is suspected, perform <b>immediate</b> needle thoracostomy, as this is the only definitive prehospital intervention.</li> <li><b>Swimming-Induced Pulmonary Edema (SIPE)</b> happens when immersion in cold water and exertion increases central blood volume and pulmonary capillary pressure, causing fluid to leak into the alveoli without aspiration or drowning. The result is pulmonary edema despite the absence of water inhalation. <ul style="list-style-type: none"> <li>If SIPE is suspected and the patient has moderate/severe SOB, call base hospital for orders (e.g., CPAP)</li> </ul> </li> <li><b>Decompression sickness (DCS) or the bends</b> happen when dissolved inert gases (mainly nitrogen) come out of solution and form bubbles in the bloodstream and tissues during ascent. These bubbles can cause blockages, inflammation, and tissue damage throughout the body.</li> <li><b>Arterial Gas Embolism (AGE)</b> is one of the most serious diving-related medical emergencies. It occurs when air bubbles enter the arterial bloodstream, usually due to lung overexpansion injury during ascent. Holding a single breath while ascending can cause this condition, with symptoms often appearing within seconds to minutes of surfacing.</li> <li><b>Oxygen toxicity</b> occurs when a diver breathes oxygen at a high partial pressure (PPO<sub>2</sub>) for too long, causing toxic effects on the brain and lungs. While rare to encounter in the field, it is primarily a concern when diving deep on enriched air (Nitrox) or pure oxygen in technical or rebreather diving.</li> <li><b>Carbon monoxide (CO) poisoning</b> occurs when compressed breathing gas inside a scuba tank becomes contaminated with carbon monoxide, usually due to a faulty compressor intake or</li> </ul>	

malfuncting filtration system. Even very low levels of CO in a dive tank can be lethal under pressure, because the gas's partial pressure increases with depth, worsening its toxic effects.

- **Nitrogen narcosis:** A reversible condition in divers caused by the increased partial pressure of nitrogen at depth, leading to euphoria, confusion, poor judgment, and impaired coordination. Nitrogen narcosis is often described as the “rapture of the deep” and relieved by ascending to a shallower depth.
- Divers Alert Network: 919-684-9111 is an additional resource that may be helpful, either for EMS crews or for receiving hospitals, to discuss possibilities for hyperbaric chamber therapy.

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