



<b>Administrative Policy</b>		<b>1104</b>
<b>Effective</b> <b>December 1, 2017</b>		<b>Expires</b> <b>March 31, 2019</b>
Policy: <b>Public Safety Personnel First Aid/CPR and Optional Skill Training</b>	Approval: Medical Director <b>Reza Vaezazizi, MD</b>	Signed 
Applies To: <b>EMS Training Programs, EMS System</b>	Approval: REMSA Director <b>Bruce Barton</b>	Signed 

**PURPOSE**

To establish procedures which allow for the approval of Public Safety Personnel First Aid and CPR training program providers, including the training and standards for REMSA approved optional skills, in Riverside County and to assist providers in meeting the standards and requirements.

**AUTHORITY**

[California Health and Safety Code - Division 2.5: Emergency Medical Services \[1797. - 1799.207.\]](#)  
[California Code of Regulations, Title 22. Social Security, Division 9. Ch. 1.5 Prehospital Emergency Medical Services](#)

**Public Safety Personnel First Aid and CPR Training Programs**

1. An agency or institution may request approval from the Riverside County EMS Agency as a Public Safety Personnel First Aid and CPR training provider. Applications for initial training program approval may be submitted between April 1 and August 1 of each calendar year. Completed applications must be received by August 1.
2. Any institution/agency requesting approval as a Public Safety Personnel, First Aid and CPR Training provider must meet the qualifications for training providers as outlined in Title 22 Regulations (Section 100014 and/or 100021). The requesting institution/agency must have a physical headquarters located within Riverside County where the course shall be conducted and administered. Programs must also have Riverside County based personnel for Program Direction and oversight.
3. Training Program Provider approval shall be up to four years, ending on the final day of the final month of the approval period.
4. Any training/refresher course offered by an approved provider must be executed within the approved periods. Courses beginning or ending outside of an approval period will not be considered approved courses and valid course completion cannot be issued to participants.
5. Approved training courses will abide by state laws, regulations, and Riverside County EMS Agency policies and procedures.
6. Minimum competency requirements for program participants to successfully complete and pass approved training/refresher programs or a challenge examination will not be less than 80% on written final examinations and 80% on skills examinations, with 100% of the skills' critical factors attained.
7. Program Director candidates must meet minimum qualifications as outlined in Section 100028, and are subject to clinical experience, CV/Resume review by REMSA. To be eligible, Program Director candidates must have completed a course consistent with Section 100023 within the past two years, or be an actively certified EMT, AEMT, or have an active/non-provisional: Paramedic, RN, physician's assistant or physician license. A minimum of two (2) years of pre-hospital education experience in the past five (5) years, at a training program level may qualify for clinical proficiency.

8. Principal Instructor (PI) candidates for Public Safety Personnel First Aid and CPR Training Programs must be approved by REMSA prior to instruction of courses. To be eligible, PI candidates must have completed a course consistent with Section 100023 within the past two years, or be an actively certified EMT, AEMT, or have an active/non-provisional: Paramedic, RN, physician's assistant or physician license.
9. Each course offered by an approved training program shall have a designated Principal Instructor (PI) who shall be responsible for covering the approved content as specified by the program, personally instruct a minimum of 51% of the course content, be available for student conferences and, in conjunction with the Program Director, oversee and approve all student grades.
10. Notification of each course offered by the approved provider shall be given to the EMS Agency using the "Notification of Proposed EMS Course" form, which shall be submitted as early as 60 days but not less than 30 days prior to the beginning of each course. Courses shall be approved by REMSA prior to offering.
11. Course completion records from each class offered will be submitted to REMSA on the Course Completion Record form, within fifteen (15) calendar days of the final exam of the training course.
12. Refresher classes may be offered annually, but must be offered no less than once every two years.
13. All qualified institutions/agencies shall submit the following:
  - a. A completed "Application for EMS Training/Refresher Program Approval" (form EMS/TR-APP).
  - b. The completed application packet a minimum of 120 days prior to the beginning of the first proposed course offering or 120 days prior to their current program expiration if applying for re-approval.
  - c. The names and qualifications of their Program Director, and Principal Instructor(s) using the appropriate forms.
14. The EMS Agency will notify the submitting institution/agency within twenty-one (21) working days of the receipt of the application packet that:
  - a. It has been received; and
  - b. It is complete or, if not, what information is missing.

The EMS Agency will notify the submitting institution/agency in writing of the approval/disapproval decision within 120 days of the receipt of the completed application packet. Approval shall only be granted only in the event of a compliant application, which meets all applicable state laws, regulations and Riverside County EMS Agency policies. If approval is not granted, the reasons will be specified in writing.

### **Public Safety Personnel First Aid and CPR Local Optional Scope of Practice Approval**

1. An agency that utilizes Public Safety Personnel may request approval from the Riverside County EMS Agency to utilize any of the Public Safety Personnel level REMSA approved local optional scope of practice (reference Section 100019). *All Public Safety Personnel utilizing REMSA Optional Skills for Public Safety Personnel must have completed a REMSA approved Public Safety Personnel First Aid and CPR Training Course.*
2. Any agency requesting approval to utilize Public Safety Personnel, First Aid and CPR LOSOP must meet the qualifications for as outlined in Title 22 Regulations (Section 100014 and/or 100021). A formal letter of request will be sent on agency letterhead, identifying which components of LOSOP the provider is requesting to utilize.
3. Requests for LOSOP utilization will contain: a date of the request; a proposed training timeline consistent with all state laws, regulations and REMSA policies; be initiated by the agency administration, identifying also, an agency LOSOP program coordinator. The requesting agency shall have a program coordinator that is responsible for oversight of the LOSOP program, including but not limited to, training documentation, continuous quality improvement evaluation of LOSOP skills, review of unusual occurrences related to LOSOP, data collection and reporting to REMSA, continuing competencies of LOSOP skills.

4. REMSA will review LOSOP requests and respond within ten (10) working days to acknowledge request, clarify further needs and identify what if anything is missing related to (3) above. Requests will be formally approved or disapproved within forty-five (45) days of REMSA receiving a complete request (as defined above).

## **Public Safety Personnel First Aid and CPR Local Optional Scope of Practice Standards**

1. To perform LOSOP skills Public Safety First Aid Providers must first meet criteria for initial training and continued re-training as defined by Title 22, Division 9, Chapter 1.5, Sections 100022 and 100023.
  - a. Training instructors must meet this criteria, and have completed a REMSA approved training course for LOSOP instruction.
2. Training for LOSOP skills will be consistent with all applicable state laws, regulations, REMSA policies and procedures and meet/exceed the minimum standards for LOSOP training set in Section 100019.
3. Continued competency of each LOSOP skill will be demonstrated at minimum every two (2) years, or as frequently as REMSA requests or continuous quality improvement evaluation proves necessary.
4. All equipment or administration devices necessary for LOSOP skills shall be provided and maintained by the PSP agency utilizing LOSOP skills.

### **EPINEPHRINE AUTO-INJECTORS**

1. Epinephrine auto-injectors may be used within LOSOP to treat suspected anaphylaxis.
2. Training for use of epinephrine auto-injectors will consist of REMSA approved training materials. Training shall have cognitive and psychomotor components, and shall result in the public safety first aid provider being competent in the administration of epinephrine via auto-injector and managing a patient of a suspected anaphylactic reaction.
3. 9-1-1 shall be contacted for all patients suffering anaphylaxis or receiving epinephrine administration.
4. Agencies utilizing this LOSOP skill shall provide the needed personal protective equipment to PSP providers as defined by REMSA policies.
5. Data collected for this patient type shall meet all current NEMESIS standards, shall be shared with 9-1-1 providers also responding to this patient, and shall be made available to REMSIS after each epinephrine administration as REMSA documentation policies define. Prehospital providers will record this epinephrine administration as “prior to arrival” and note the applicable PSP provider agency performing the skill.

### **OXYGEN ADMINISTRATION**

1. The administration of supplemental oxygen and/or the use of bag-valve-mask ventilation may be used in LOSOP for the patient requiring assistance with oxygenation and/or ventilation.
2. Training for use of oxygen administration shall consist of REMSA approved training materials. Training shall have cognitive and psychomotor components, and shall result in the public safety first aid provider being competent in the administration of supplemental oxygen; the use of oxygen administration devices (i.e. nasal cannula, non-rebreather mask, and bag-valve-mask); the set-up and use of any oxygen tank, regulator and liter-flow selection; and managing a patient with respiratory distress or respiratory failure.
3. Agencies utilizing this LOSOP skill shall provide the needed personal protective equipment to PSP providers as defined by REMSA policies.

4. Data collected for this patient type shall meet all current NEMESIS standards, shall be shared with 9-1-1 providers also responding to this patient, and shall be made available to REMSIS after each oxygen administration as REMSA documentation policies define. Prehospital providers will record this oxygen administration as “prior to arrival” and note the applicable PSP provider agency performing the skill.

#### **ATROPINE AND PRALIDOXIME CHLORIDE AUTOINJECTORS FOR NERVE AGENT EXPOSURE**

1. The administration of atropine and pralidoxime chloride auto-injectors in the case of self or peer exposure to nerve agents may be used in LOSOP.
2. Training for the use of atropine and pralidoxime chloride auto-injectors shall consist of REMSA approved training materials. Training shall have cognitive and psychomotor components and shall result in the public safety provider being competent in the administration of auto-injectors for nerve agent intoxication.
3. 9-1-1 shall be contacted for all agency personnel suffering from nerve agent exposure or receiving atropine and pralidoxime administration.
4. Agencies utilizing this LOSOP skill shall provide the needed personal protective equipment to PSP providers as defined by REMSA policies.
5. Data collected for this patient type shall meet all current NEMESIS standards, shall be shared with 9-1-1 providers also responding to this patient, and shall be made available to REMSIS after each atropine and pralidoxime administration as REMSA documentation policies define. Prehospital providers will record this atropine and pralidoxime administration as “prior to arrival” and note the applicable PSP provider agency performing the skill. The agency will also complete the appropriate REMSA notification form and submit to REMSA.

#### **NALOXONE HYDROCHLORIDE**

1. The administration of naloxone hydrochloride for suspected narcotic overdose may be utilized in LOSOP.
2. Training for use of naloxone hydrochloride for suspected narcotic overdose shall consist of REMSA approved training materials. Training shall have cognitive and psychomotor components, shall result in the public safety first aid provider being competent in the administration of naloxone and managing a patient of a suspected narcotic overdose.
3. 9-1-1 shall be contacted for any patient suffering from narcotic overdose or receiving naloxone administration.
4. Agencies utilizing this LOSOP skill shall provide the needed personal protective equipment to PSP providers as defined by REMSA policies.
5. Data collected for this patient type shall meet all current NEMESIS standards, shall be shared with 9-1-1 providers also responding to this patient, and shall be made available to REMSIS after each naloxone administration as REMSA documentation policies define. Prehospital providers will record this naloxone administration as “prior to arrival” and note the applicable PSP provider agency performing the skill.

#### **NASOPHARYNGEAL AIRWAY ADJUNCT AND OROPHARYNGEAL AIRWAY ADJUNCT**

1. The use of NPA and OPA adjuncts for airway management may be utilized in LOSOP.
2. Training for use of NPA and OPA adjuncts shall consist of REMSA approved training materials. Training shall have cognitive and psychomotor components, shall result in the public safety first aid provider being competent in the competent in the use of the devices and airway control.

3. 9-1-1 shall be contacted for all patients requiring NPA or OPA use or airway management strategies.
4. Agencies utilizing this LOSOP skill shall provide the needed personal protective equipment to PSP providers as defined by REMSA policies.
5. Data collected for this patient type shall meet all current NEMSIS standards, shall be shared with 9-1-1 providers also responding to this patient, and shall be made available to REMSIS after each NPA or OPA use as REMSA documentation policies define. Prehospital providers will record this NPA or OPA placement/use as “prior to arrival” and note the applicable PSP provider agency performing the skill.