

EMERGENCY MEDICAL CARE COMMITTEE MEETING AGENDA



Thursday, September 16th, 2021, at 8:30 A.M.
Virtual Meeting Only
ZOOM LINK

<https://slohealth.zoom.us/j/97220177305?pwd=bTNHcUoyU2J0ZHEwcEsrM1IUU2VEdz09>

MEMBERS

CHAIR Dr. Rachel May, *Emergency Physicians, 2018-22*
VICE CHAIR Jonathan Stornetta, *Public Providers, 2020-24*
Bob Neumann, *Consumers, 2018-22*
Matt Bronson, *City Government, 2020-24*
Alexandra Kohler, *Consumers, 2020-24*
Chris Javine, *Pre-hospital Transport Providers, 2018-22*
Michael Talmadge, *EMS Field Personnel, 2020-24*
Jay Wells, *Sheriff's Department, 2020-24*
Julia Folgelson, *Hospitals, 2020-22*
Jennifer Sandoval, *MICNs, 2018-22*
Dr. Tom Hale, *Physicians, 2018-22*

EX OFFICIO

Vince Pierucci, *EMS Division Director*
Dr. Tom Ronay, *EMS Medical Director*

STAFF

Rachel Oakley, *EMS Coordinator*
Kyle Parker, *EMS Coordinator*
Michael Groves, *EMS Coordinator*
Amy Mayfield, *Administrative Assistant*
Denise Yi, *PHEP Program Manager*

AGENDA	ITEM	LEAD
Call to Order	Introductions	R. May
	Public Comment	
Action/Discussion	Approval of minutes: June 2021 Minutes (<i>attached</i>)	R. May
Action/Discussion	<ul style="list-style-type: none"> Approval of new committee members: <p>Quality Improvement Workgroup: Tim Benes, CCHCD Lisa Epps, Mercy Air Afton Parras, Med Com Dr. Brad Knox, ED Physicians Vacant, Fire Service-BLS</p> <p>Clinical Advisory Committee Dr. Brad Knox, ED Physicians (Tenet) Dr. Kyle Kelson, ED Physicians (Tenet) Tim Benes, CCHCD (Medical Director Appointee) Vacant, ED Physician (Dignity)</p>	V. Pierucci/Staff
Review/Receive and File	<ul style="list-style-type: none"> Policy #320: Emergency Medical Technician Certification Policy #321: Emergency Medical Technician Recertification Policy #320 and 321 Attachment A: EMT Application for Certification and Recertification Ambulance Patient Offload Times (APOT) 	R. Oakley
		M. Groves
Discussion	<ul style="list-style-type: none"> COVID Update 	V. Pierucci
Staff Reports	<ul style="list-style-type: none"> Health Officer EMS Agency Staff Report EMS Medical Director Report PHEP Staff Report 	P. Borenstein V. Pierucci T. Ronay D. Yi

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	Next Meeting: Thursday November 18th, 2021, 0830 Venue TBA	

Draft

Emergency Medical Care Committee
Meeting Minutes
Thursday, June 17, 2021
VIA ZOOM



Members

- CHAIR Dr. Rachel May, *Emergency, Physicians*
- VICE CHAIR Jonathan Stornetta, *Public Providers, 2020-24*
- Bob Neumann, *Consumers*
- Matt Bronson, *City Government*
- Alexandra Kohler, *Consumers*
- Michael Talmadge, *EMS Field Personnel*
- Chris Javine, *Pre-Hospital Transport Providers, 2018-22*
- Jay Wells, *Sheriff's Department*
- Julia Fogelson, *Hospitals*
- Dr. Tom Hale, *Physicians*
- Jennifer Sandoval, *MICNs*

Ex Officio

- Vince Pierucci, *EMS Division Director*
- Dr. Thomas Ronay, *LEMSA Medical Director*

Staff

- Michael Groves, *EMS Coordinator*
- Rachel Oakley, *EMS Coordinator*
- Kyle Parker, *EMS Coordinator*
- Amy Mayfield, *Administrative Assistant*

Guests – Chris Aten Cal Star, Luke Riley Mercy Air, Dr. Terry Sweeney
Mercy Air, Mike McDonough Director Cambria Community
Healthcare District.

AGENDA ITEM / DISCUSSION	ACTION
CALL TO ORDER	
Introductions – Roundtable	Meeting called to order at 08:30 am
Public Comment – no comment	
<p>Approval of March 18, 2021 minutes – One correction. Dr. Ronay - reviewed the foundation of the Community Paramedicine Initiatives from nearly a decade ago that some of our providers attended and contributed to. Specifically, the Paramedic Vaccinator Program that evolved - has now been shown to be effective during the Covid 19 pandemic. We can anticipate that the state will likely continue its use. Congratulations to our EMS providers who contributed to this successful expansion of EMT/PM skills.</p>	M/S/A as amended
REPORTS & DISCUSSION/ACTION ITEMS	
<p>Draft Policy #157 FP-C/CC-C Unified Scope of Practice V. Pierucci discusses amendment of this policy, stating, that without this amendment multiple accreditations would be required for each medic. Took this to Operations where there was no dissension. The LOSOP was reviewed by the State on June 15, 2021 and was subsequently approved. 33 of 58 Counties in CA have adopted unified scope. Mercy Air will provide data for QI committee. T. Hale – CCT requirements are a moving target. Concerned with this LOSOP. R. May – Agrees with Tom Hale and his concerns with LOSOP. There is little data to support need for LOSOP. Concerned that this was not discussed with Clinical Advisory. V. Pierucci – Understands comments and does not necessarily disagree. Regarding Clinical Committee, we are looking to build policy. In this instance, this was already done -look to air ambulance policy #155. Discussed the Gausche study on pediatric intubations (LA and Orange Counties). The study did not account for air ambulances, only ground, nor did it consider RN's. Medic and RN works as a team. Patients will be intubated based on Medical Director Protocols. Each shift has training for management of airways. L. Riley – Training is extensive. – This year we have had seven pediatric intubations with 100% first pass success rate. These skills are not new, RN's do them too. The RN's comfort is with the paramedics by their side confirming procedure. T. Sweeney –There is a lot of data submitted to the state for approval. – Flight crews practice daily at bases – RN's and medics have different skills; we want to keep medics up on skills. C. Aten – RN pushes drugs while Paramedic Intubates. They work together and assist each other simultaneously. T. Ronay – Have had the same discussions at state level over the past several years. Pediatric intubation is a hard skill. We have a low frequency. We have made a commitment for a higher skill level. Peer study process to review data by practitioners. Medics have CAMTS accreditation and are locally accredited. Starting point for large amount of data going forward. T. Hale – Concerned that complexity of pediatric intubations is challenging. He is all for expanding scope in reasonable fashion. Wants to see data going forward for standardizing scope of practice. He can support just had to say something without data being processed makes him worried about it. T. Ronay – Most challenging is when paralyzing a patient which stops breathing. T. Sweeney – They go through progression of airway management. This is a rare event. They go through initial measures and every pediatric intubation gets reviewed. They have been very successful.</p>	

R. May – Great to practice and train, concerned with decision on when to use skill.
 T. Ronay – Mentions the negative effect on patients that must be reintubated.
 T. Hale – Moves to approve.
 M. Talmadge – Seconds
 T. Hale – Requests Chris Javine's opinion.
 C. Javine – Concerns with the low frequency, states it's a high-risk skill, inconsistent policies regarding air providers and ground providers. When you have different levels of treatment, how do you work together? Can we collect enough data to make adjustments? He can approve going forward, with everyone knowing concerns.
 T. Hale – Get training out there. Have to trust in our EMS providers. He has a high level of trust for those that formed the state policy. He supports going forward with looking at every case.
 T. Sweeney – Directors that do flight reviews see a lot of data; we will watch.
 T. Ronay – Hopefully, we can start airway lab again. We will have these critical cases whether we want them or not, best to be prepared across the board.
 M. Talmadge – Will medic have RN?
 L. Reily – Yes, and they need specific certification.
 M. Talmadge – Cannot intubate without a nurse present.
 T. Ronay – This way both are able to manage.
 L. Reily – Nurse to do RSI, paramedic to do airway. They try to do this on the ground however this does not always happen, and it allows them to work as a team.
 M. McDougna – Used to intubate PEDS with other infrequent skills. They experienced concern and it was taken away. Today there is more tech to assist. These are more complicated situations where the patient can die. He would like the skills reinstated and agrees it is challenging.
 R. May – Hale and Talmadge 1st motion and 2nd. Approve – Jennifer Sandoval, Michael Talmadge, Bob Neumann, Dr. Tom Hale. Opposed – Dr. Rachel May, Chris Javine.

M/S/A 4-2 Approve Policy #157

Amend policy #205 and #209, addition of Wildland Engine as ALS

M. Groves – Issue came up asking for a Wildlife Engine to be added as an ALS capable unit for when needed.
 M. Talmadge – Requirement to staff ALS?
 M. Groves – No, 209 is still valid – not a requirement.
 M. Talmadge – They have sent out engines for ALS the last 30 years.
 R. May – Should have 12 lead capability.
 V. Pierucci – They don't have ability to transmit.
 R. May – Dangerous not to have 12 lead capabilities.
 V. Pierucci – Line medics have capability, this is just for type 3.
 M. Talmadge – Line medic tasked with more level of care.
 T. Ronay – Get them enough equipment to get patient to basecamp where there is more available equipment.
 R. May – Is this a list for type 3 or fire line?
 B. Neumann – Type 3 are smaller and go further into remote locations – Is supportive of this.
 M. Groves – Agrees with B. Neumann. Engine doesn't transport only starts care. Unit coming in will have more capabilities.
 R. May – SLO City FD is the engine ever going to be used elsewhere?
 M. Groves – No. Type 3 does not go to municipal operations.
 T. Hale – Move to approve/Neumann 2nds, 3rd Javine. Approve – Jennifer Sandoval, Michael Talmadge, Bob Neumann, Dr. Tom Hale, Chris Javine. Opposed – Dr. Rachel May
 M. Talmadge – Understands Dr. May's concerns that they will use Type 3 elsewhere.
 M. McDonough – point care and only used for wildland fire.

M/S/A 5-1 Approve Amended Policy #205 and 209

Ambulance Patient Offload Times (APOT)

M. Groves presented Q-1 APOT data. We have one of the best – if not the best patient off load times in the State. SLO County overall APOT 90th percentile time is 14:37, well under the 20:00 standard. We had no reported "wall times" greater than 60 min during Q-1 at any of our hospitals, including Marian. Our mean and median times are under 10 min.

Staff Report and Discussion, No Action Required

EMS Division Director Report

COVID UPDATE

V. Pierucci – Our numbers look great in our county. We have stayed below 40 with a downwards trend. Still seeing variants – Westcoast more prevalent. After the 15th of July we will see more “normal business”. Mask mandate is up in the air. Cal osha meeting with government office. Max vaccinations greater than 150,000 in county pods. Over 50% fully vaccinated 68% have had single does. EOC to demobilize no later than end of July. -Vince transitioning to liaison role. Regarding PPE bulletin – email to ambulance providers and chiefs- in process of reviewing and changing.

OTHERS

M. Groves – Made chair of State QI committee.
T. Ronay – Pediatric readiness, please contact with changes. Behavioral health, lots of developments, expanding role of pre-hospital care, stay tuned.
PHEP – MRC – Our medical reserve corps was 16% of all voluntary hours in the state (almost 1/5)
R. May – Virtual base station in July. Case reviews, more details to come – spread the word. Request for future agenda item: What are the plans for supraglottic airways?
V. Pierucci – We will take to Clinical Committee.

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Staff Reports: No action required

Next Regular Meeting

Next meeting will be held September 16th, 2021. Most likely in person.

Meeting adjourned 10:20am

DRAFT



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

PUBLIC HEALTH DEPARTMENT

Mike Hill Health Agency Director

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

MEETING DATE	Virtual Meeting, September 16, 2021
STAFF CONTACT	Rachel Oakley 805.788.2518 roakley@co.slo.ca.us
SUBJECT	EMT Certification and Re-certification (Policies 320 and 321, Attachment A) Administrative Revision
SUMMARY	<p>Policies 320 and 321</p> <p>Since the last revision in March of 2017, there has been an update to Title 22, Division 9, Chapter 2, regarding the requirement for emergency medical technicians (EMT) to provide proof of criminal record clearance from the California Department of Motor Vehicles being dropped from certification requirements. This requirement and corresponding attachments have been eliminated from policies and procedures 320 and 321, as well as from the EMT application for certification.</p> <p>Since the beginning of the COVID pandemic, the County of San Luis Obispo Emergency Medical Services Agency (EMSA) has waived the requirement for initial EMT applicants to apply in person at the EMSA office. It has been decided to eliminate this requirement, however, in person applications will still be accepted during open hours and by appointment.</p> <p>A rush fee was added to the County fee schedule in 2014 but was never defined. EMSA is now defining what the rush fee is and when the rush fee will be charged. The 72hrs is consistent with other Health Agency programs that charge a rush fee for completion of documents.</p> <p>EMT Application for County Certification/Re-certification -Attachment A</p> <p>The EMT Application for County Certification/Re-certification has been updated since it's last version in January 2019. The EMS employer information has been reduced, as this is not required by Title 22 in order to certify. If an EMT is employed by an EMS provider, that information is still being requested, however verification of employment has been eliminated.</p> <p>The specific fee for certification and re-certification has been removed from the application, which will reduce staff time spent on revisions to the forms in the future.</p> <p>The EMT declaration and attestation section has been moved to the bottom of the second page. Page two was often missing from applications, which added significant staff</p>

County of San Luis Obispo Health Agency

2180 Johnson Avenue | San Luis Obispo, CA 93401 | (P) 805-788-2511

www.slocounty.ca.gov/EMSA

	time in collecting the filled out page and required items from the checklists, which completed the EMT application.
REVIEWED BY	EMS Staff, Dr. Ronay, Vince Pierucci
RECOMMENDED ACTION(S)	Receive and File
ATTACHMENT(S)	Draft Policies 320 and 321, Attachment A

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 Emergency Medical Services Agency (EMS 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. 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 or 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 EMS Agency Policy #300: Investigation and Disciplinary Process.
- D. All applicants are required to inform the EMS 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.
- E. It is the responsibility of the Certified EMT to notify the EMS Agency within 7 days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.
- F. Any action or active investigation indicated on the application, must include an explanation letter regarding the investigation and/or conviction(s) in detail, and must include copies of verifying documentation from the arresting authority and court. A Failure to report such actions may result in 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 EMS 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 EMS Agency policy # 101: Fee Collection.
- J. The EMS Agency will issue an EMT certificate card to eligible applicants within forty-five (45) 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 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 EMS Agency within thirty (30) calendar days, of any change in mailing address.
- N. Once certified and based on the continuous quality improvement process, the employer or EMS Agency Medical Director may determine that an EMT warrants additional training, observation or testing. The employer, EMS 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 EMS Agency Medical Director, the decision of the EMS Agency Medical Director will prevail.
- O. If the individual fails to complete this targeted program of remediation the EMS Agency Medical Director may suspend or revoke the certification for a minimum of one (1) year and up to two (2) years.
- P. It is the responsibility of the EMT to notify the EMS Agency within 7 days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.
- Q. The EMS 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 EMS 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. 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 Cardio Pulmonary Resuscitation (CPR) Provider according to the professional rescuers standards of the American Heart Association or other course provider approved by the EMS 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, Section 1797.210 and 1798.200
- California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100079 and Chapter 6
- California Penal Code, Section 11105

VI. ATTACHMENTS

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

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 Emergency Medical Services Agency (EMS 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. 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 EMS Agency Policy #300: Investigation and Disciplinary Process.
- C. All applicants are required to inform the EMS 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 EMS Agency within 7 days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.
- E. Any action or active investigation indicated on the application or by notification, must include an explanation letter regarding the investigation and/or conviction(s) in detail, and must include copies of verifying documentation from the arresting authority and court. A Failure to report such actions may result in 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 EMS Agency Policy #300: Investigation and Disciplinary Process.
- G. The EMS Agency will issue an EMT certificate card to eligible individuals within forty- five (45) days after successful completion of all recertification requirements. If a request is made to expedite an application within 72 hours of 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. 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 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 months or more, but less than twelve 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 months or more, but less than 24 months, must comply with the criteria in the procedure section of this policy, complete an additional twenty-four (24) CEH for a total of 48 CEH, and pass the National Registry Emergency Medical Technician (NREMT) certification examination pursuant to the CCR, Title 22, Section 100079.
 - 4. An individual whose certification has a lapse of greater than twenty-four (24) months must comply with requirements for initial EMT certification as outlined in EMS Agency Policy #320: EMT Certification.
- I. An application for EMT recertification will be denied if the individual fails to meet the recertification requirements.
- J. 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 EMS Agency within thirty (30) calendar days, of any change in mailing address.

- 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. Based on the continuous quality improvement process, the employer or EMS Agency Medical Director may determine that an EMT warrants additional training, observation or testing. The employer, the EMS 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 EMS Agency Medical Director, the decision of the EMS Agency Medical Director will prevail.
- N. If the individual fails to complete this targeted program of remediation the EMS Agency Medical Director may suspend or revoke the certification for a minimum of one (1) year and up to two (2) years.
- O. The EMS Agency Medical Director must approve any exception to certification requirements.

IV. PROCEDURE

- A. A candidate for EMT recertification must submit a **completed EMT Application for Certification/Re-certification - Attachment A** to the EMS Agency that includes the
 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 24 hours of CE.
 4. A completed **EMT Skills Verification Form - Attachment C**.
 5. Proof of current certification as a Cardiopulmonary Resuscitation (CPR) Provider according to the professional rescuers standards of the American Heart Association or other course provider approved by the EMS 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 EMS Agency. Proof may be submitted by requesting that a criminal record clearance from the DOJ and the FBI be sent to the EMS 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 Verification Form

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

Policy 320 & 321 Attachment A
 Effective Date: 10/01/2021

EMT APPLICATION FOR CERTIFICATION

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

APPLICANT INFORMATION					
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:		
EMS Provider Employer Information			**FOR INITIAL APPLICATION ONLY** California Assembly Bill 2293 requires local EMS Agencies to collect and report to the EMS Authority, on an annual basis, certain demographic data points.		
Name:		Phone Number:			
Address:			RACE/ETHNICITY – PLEASE CHECK ONE		
City:			<input type="checkbox"/> American Indian or Alaska Native		
State:			<input type="checkbox"/> Asian		
Zip:			<input type="checkbox"/> Black of African American		
<input type="checkbox"/> This is a change of employment.			<input type="checkbox"/> Hispanic or Latino		
EMS AGENCY USE ONLY			<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 & 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"/> Completed Application (both pages).	
<input type="checkbox"/> National Registry course certificate or Current NREMT Card.		<input type="checkbox"/> Copy of Current Certification Card.	
NREMT Number:		<input type="checkbox"/> Skills Verification Form.	
Expiration Date:		Continued Education:	
<input type="checkbox"/> EMT Basic Course Completion Certificate.		<input type="checkbox"/> 24 Hours of CA Approved EMS CEs.	
Training Program:		<input type="checkbox"/> 24 Hours from Approved EMT Refresher Course.	
Date of Completion:		<input type="checkbox"/> 36 Hours of CE (expired for 6 to 12 months).	
<input type="checkbox"/> Out of State current EMT Certificate (if applicable).		<input type="checkbox"/> 48 Hours of CE (expired for over 12 months).	
Certificate Number:		<input type="checkbox"/> DOJ / FBI Live Scan Receipt if previously certified elsewhere.	
Expiration Date:		<input type="checkbox"/> On file.	
<input type="checkbox"/> DOJ / FBI Live Scan Receipt.		<input type="checkbox"/> Grandfathered Employer Letter*	
<input type="checkbox"/> Copy of CA Paramedic License (if applicable).		<input type="checkbox"/> Copy of CA Paramedic License (if applicable).	
<input type="checkbox"/> Copy of CA Driver's License or government issued photo ID.		<input type="checkbox"/> Copy of CA Driver's License or government issued photo ID.	
<input type="checkbox"/> Copy of CPR Card (from approved list).		<input type="checkbox"/> Copy of CPR Card (from approved list).	
Expiration:		Expiration:	
<input type="checkbox"/> AHA-BLS Provider		<input type="checkbox"/> AHA-BLS Provider	
<input type="checkbox"/> CAL FIRE		<input type="checkbox"/> CAL FIRE	
<input type="checkbox"/> Atascadero Fire		<input type="checkbox"/> Atascadero Fire	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
<input type="checkbox"/> Non-refundable application fee.		<input type="checkbox"/> Non-refundable application fee.	

DECLARATION and ATTESTATION

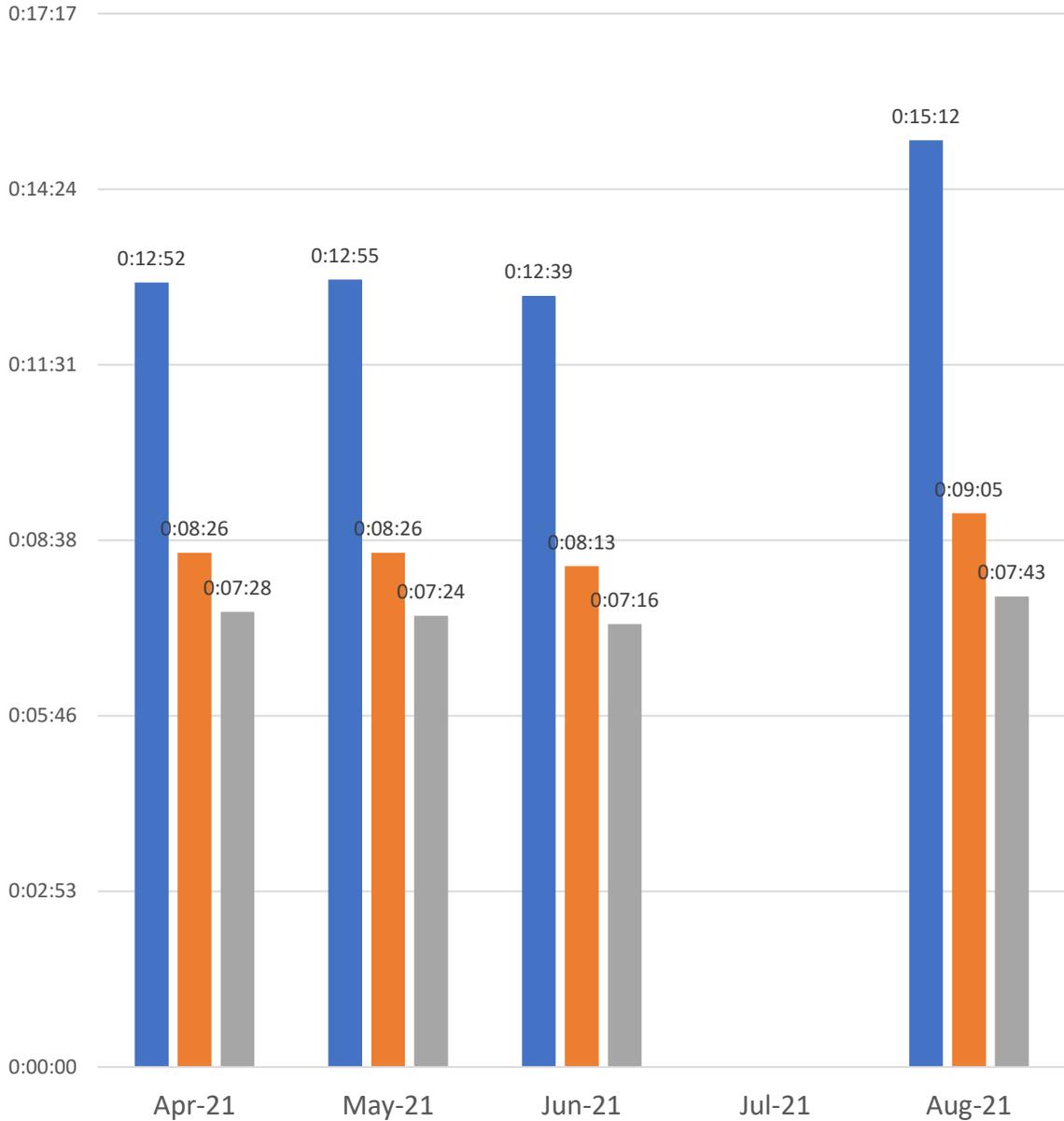
Have you ever been convicted of any felony or misdemeanor offense, in California or in any other state or place, including entering a plea of nolo contendere or no contest and including any conviction, which has been expunged (set aside)?	<input type="checkbox"/> On File with SLO EMSA <input type="checkbox"/> 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

If you answered yes to any of the above questions, you must submit with this application a written explanation 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.

Attestation: 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:
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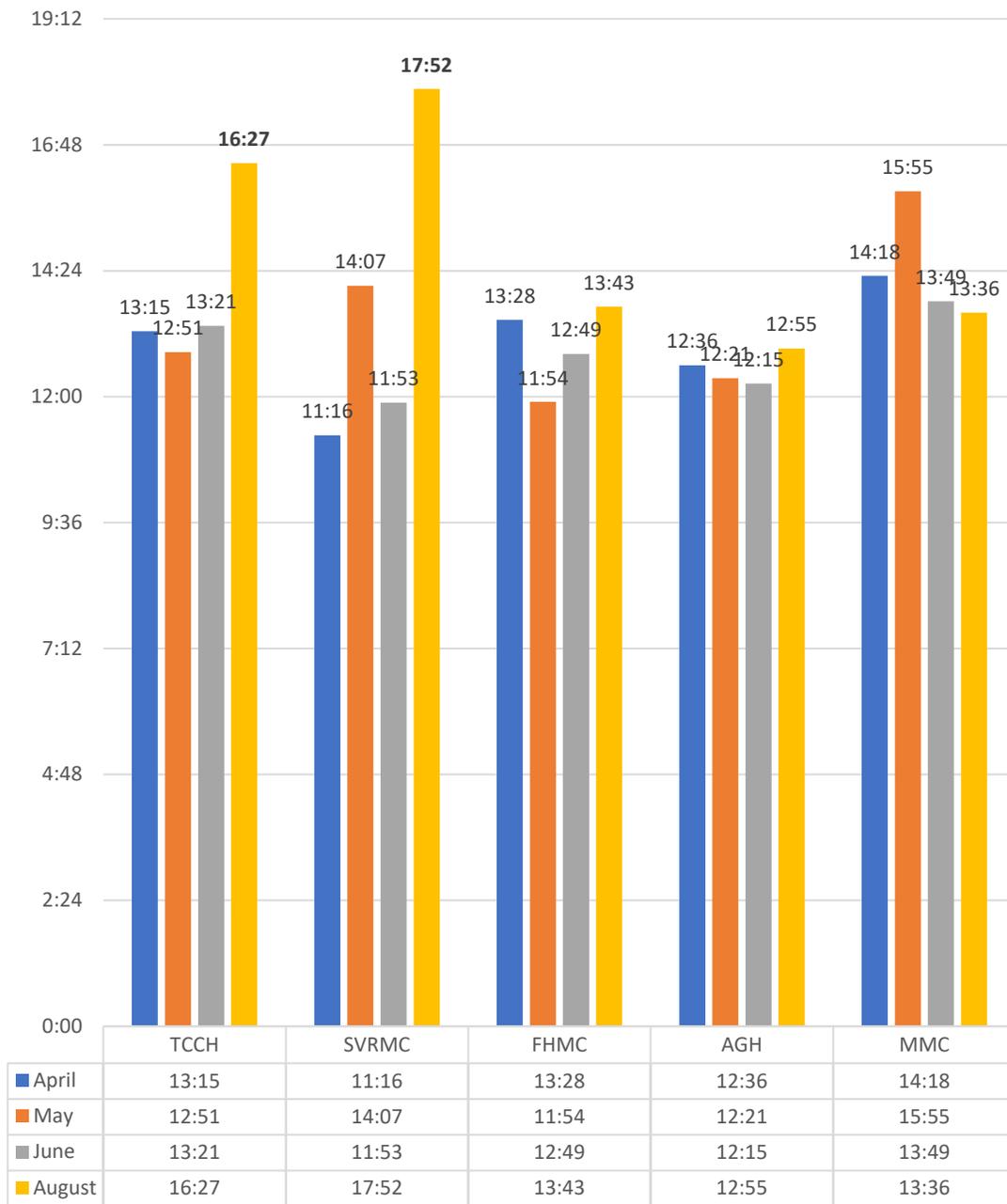
APOT All Hospitals, Q-2 and August 2021



	Apr-21	May-21	Jun-21	Aug-21
■ 90th%	0:12:52	0:12:55	0:12:39	0:15:12
■ Mean	0:08:26	0:08:26	0:08:13	0:09:05
■ Median	0:07:28	0:07:24	0:07:16	0:07:43

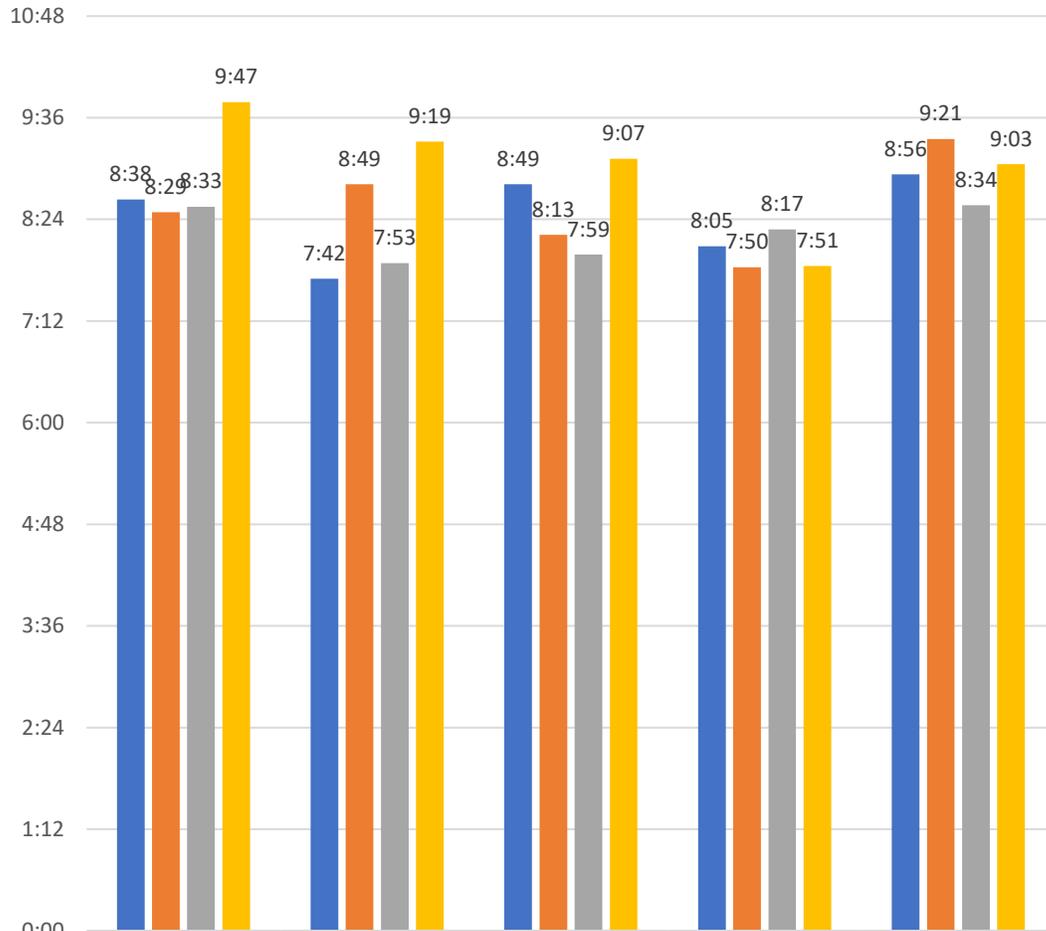
■ 90th% ■ Mean ■ Median

APOT 90th Percentile by Hopital, Q2 and August 2021



■ April ■ May ■ June ■ August

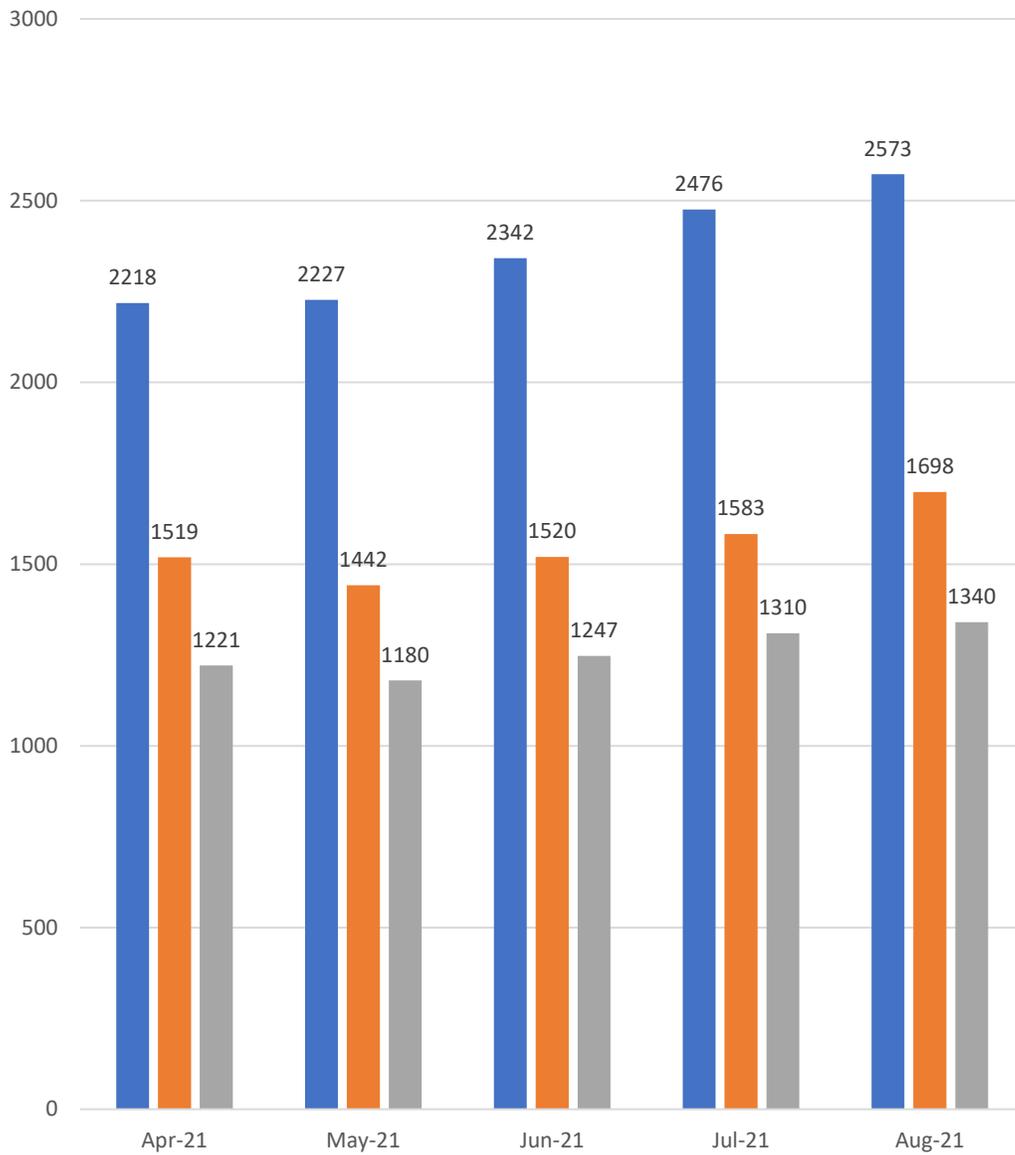
APOT Average by Hospital, Q2 and August 2021



	TCC	SVRMC	FHMC	AGH	MMC
■ April	8:38	7:42	8:49	8:05	8:56
■ May	8:29	8:49	8:13	7:50	9:21
■ June	8:33	7:53	7:59	8:17	8:34
■ August	9:47	9:19	9:07	7:51	9:03

■ April ■ May ■ June ■ August

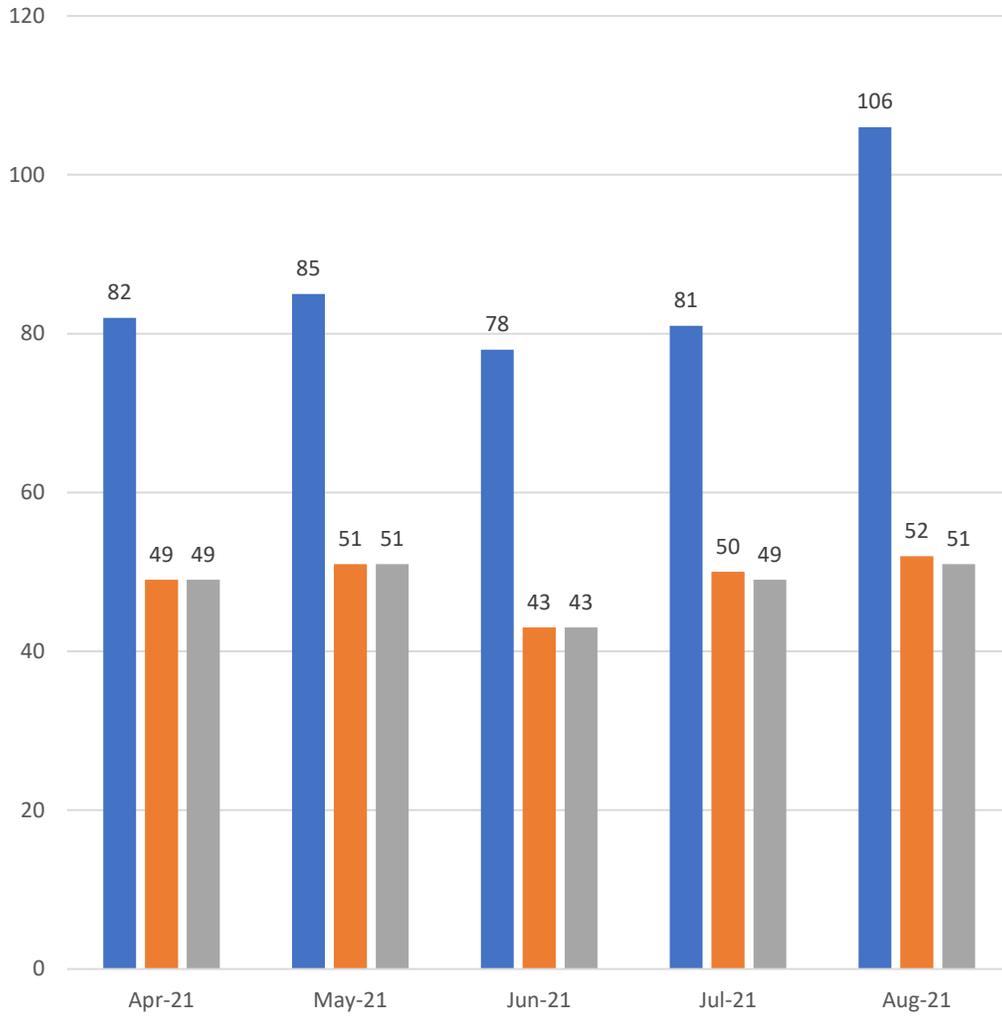
Total Calls, Total Transports, 9-1-1 Transports SLA



	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Total Calls	2218	2227	2342	2476	2573
Total Trans	1519	1442	1520	1583	1698
9-1-1 Trans	1221	1180	1247	1310	1340

■ Total Calls
 ■ Total Trans
 ■ 9-1-1 Trans

Total Calls, Total Transports, 9-1-1 Transports CCHCD



	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Total Calls	82	85	78	81	106
Total Trans	49	51	43	50	52
9-1-1 Trans	49	51	43	49	51

■ Total Calls ■ Total Trans ■ 9-1-1 Trans