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Title 22@ Social Security

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Division 9@ Prehospital Emergency Medical Services

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Chapter 5@ Community Paramedicine and Triage to Alternate Destination

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Section 100123.01@ Community Paramedic and Transportation to Alternate Destination Training Programs  
Administration and Faculty Requirements

## **100123.01 Community Paramedic and Transportation to Alternate Destination Training Programs Administration and Faculty Requirements**

### **(a)**

Each training program shall have a program medical director who is a board certified or board eligible emergency medical physician currently licensed in the State of California, who has experience in emergency medicine and has education or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to the following: (1) Review and approve educational content, standards, and curriculum; including training objectives and local protocols and policies for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy. (2) Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program. (3) Approval of hospital clinical and field internship experience provisions. (4) Approval of instructor(s). (5) The program medical director will certify that guest educators invited by primary instructors to provide instruction or facilitation have the appropriate expertise to deliver the proposed educational content.

### **(1)**

Review and approve educational content, standards, and curriculum; including training objectives and local protocols and policies for the clinical and field instruction, to certify

its ongoing appropriateness and medical accuracy.

**(2)**

Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.

**(3)**

Approval of hospital clinical and field internship experience provisions.

**(4)**

Approval of instructor(s).

**(5)**

The program medical director will certify that guest educators invited by primary instructors to provide instruction or facilitation have the appropriate expertise to deliver the proposed educational content.

**(b)**

Each training program shall have a program director who shall meet the following requirements: (1) Has knowledge or experience in local EMS protocol and policy, (2) Is a board certified or board eligible California licensed emergency medicine physician, registered nurse, paramedic, or an individual who holds a baccalaureate degree in a related health field or in education, and (3) Has education and experience in methods, materials, and evaluation of instruction including: (A) A minimum of one (1) year experience in an administrative or management level position, and (B) A minimum of three (3) years academic or clinical experience in prehospital care education.

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**(2)**

Is a board certified or board eligible California licensed emergency medicine physician,

registered nurse, paramedic, or an individual who holds a baccalaureate degree in a related health field or in education, and

**(3)**

Has education and experience in methods, materials, and evaluation of instruction including: (A) A minimum of one (1) year experience in an administrative or management level position, and (B) A minimum of three (3) years academic or clinical experience in prehospital care education.

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A minimum of one (1) year experience in an administrative or management level position, and

**(B)**

A minimum of three (3) years academic or clinical experience in prehospital care education.

**(c)**

Duties of the program director shall include, but not be limited to the following:

(1) Administration, organization, and supervision of the educational program. (2)

In coordination with the program medical director, approve the instructor(s), teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and all methods of evaluation. (3) Ensure training program compliance with this chapter and other related laws. (4) Ensure that all course completion records include a signature verification. (5) Ensure the preceptor(s) are trained according to the subject matter being taught.

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**(2)**

In coordination with the program medical director, approve the instructor(s), teaching

assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and all methods of evaluation.

**(3)**

Ensure training program compliance with this chapter and other related laws.

**(4)**

Ensure that all course completion records include a signature verification.

**(5)**

Ensure the preceptor(s) are trained according to the subject matter being taught.

**(d)**

Each training program shall have instructor(s), who are responsible for areas including, but not limited to, curriculum development, course coordination, and instruction and shall: (1) Be a physician, registered nurse, physician assistant, nurse practitioner, paramedic, who is currently certified or licensed in the State of California, (2) Have six (6) years' experience in an allied health field or community paramedicine, or four (4) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree, and (3) Be knowledgeable in the course content of the U.S. DOT National Emergency Medical Services Education Standards, and (4) Be able to demonstrate expertise and a minimum of two (2) years of experience within the past five (5) years in the subject matter being taught by that individual, and (5) Be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction. (6) An instructor may also be the program medical director or program director.

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Be a physician, registered nurse, physician assistant, nurse practitioner, paramedic, who is currently certified or licensed in the State of California,

**(2)**

Have six (6) years' experience in an allied health field or community paramedicine, or four (4) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree, and

**(3)**

Be knowledgeable in the course content of the U.S. DOT National Emergency Medical Services Education Standards, and

**(4)**

Be able to demonstrate expertise and a minimum of two (2) years of experience within the past five (5) years in the subject matter being taught by that individual, and

**(5)**

Be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.

**(6)**

An instructor may also be the program medical director or program director.

**(e)**

Required course content: (1) The community paramedicine training program medical director and training program director will be required to certify that all delineated education standards are met. In addition, the Authority and the authorizing LEMSA shall assure that each training program curriculum meets the minimum educational standards set forth in this Division and is focused on the knowledge and skills needed to successfully complete the International Board of Specialty Certification (IBSC) examination. (2) The triage to alternate destination

training program medical director shall certify that all delineated triage to alternate destination education standards are met. In addition, the Authority and the authorizing LEMSA shall assure that each training program has a curriculum that meets the minimum educational standards set forth in this division.

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**(2)**

The triage to alternate destination training program medical director shall certify that all delineated triage to alternate destination education standards are met. In addition, the Authority and the authorizing LEMSA shall assure that each training program has a curriculum that meets the minimum educational standards set forth in this division.

**(f)**

Minimum training and curriculum requirements, triage paramedic training: (1) Triage paramedic training curriculum shall include at a minimum the following: (A) Screening and responding to mental health and substance use crisis intervention, including co-occurring mental health and substance use disorders to be provided by a licensed physician, surgeon, or licensed addiction medicine specialist with experience in the emergency department of a general acute care hospital. (B) Mental health conditions. (C) Assessment and treatment of intoxicated patients. (D) The prevalence and causes of substance use disorders and associated public health impacts. (E) Suicide risk factors. (F) Alcohol and

substance use disorders. (G) Triage and transport parameters. (H) Health risks and interventions in stabilizing acutely intoxicated patients. (I) Common medical conditions and infections with presentations similar to psychosis and intoxication which require medical testing and treatment. (J) Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use and other substance use disorders. (K) LEMSA policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility. (L) The Emergency Medical Treatment and Labor Act (EMTALA) law as it pertains to psychiatric, and substance use disorder-related emergencies. (2) LEMSAs shall verify that the participating triage paramedic has completed training in all the following topics: (A) Psychiatric disorders. (B) Neuropharmacology. (C) Alcohol and substance abuse. (D) Patient consent. (E) Patient documentation. (F) Medical quality improvement.

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Triage paramedic training curriculum shall include at a minimum the following: (A) Screening and responding to mental health and substance use crisis intervention, including co-occurring mental health and substance use disorders to be provided by a licensed physician, surgeon, or licensed addiction medicine specialist with experience in the emergency department of a general acute care hospital. (B) Mental health conditions. (C) Assessment and treatment of intoxicated patients. (D) The prevalence and causes of substance use disorders and associated public health impacts. (E) Suicide risk factors. (F) Alcohol and substance use disorders. (G) Triage and transport parameters. (H) Health risks and interventions in stabilizing acutely intoxicated patients. (I) Common medical conditions and infections with presentations similar to psychosis and intoxication which require medical testing and treatment. (J) Disease process, behavioral emergencies, and injury patterns common to those with chronic

alcohol use and other substance use disorders. (K) LEMSA policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility. (L) The Emergency Medical Treatment and Labor Act (EMTALA) law as it pertains to psychiatric, and substance use disorder-related emergencies.

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Screening and responding to mental health and substance use crisis intervention, including co-occurring mental health and substance use disorders to be provided by a licensed physician, surgeon, or licensed addiction medicine specialist with experience in the emergency department of a general acute care hospital.

**(B)**

Mental health conditions.

**(C)**

Assessment and treatment of intoxicated patients.

**(D)**

The prevalence and causes of substance use disorders and associated public health impacts.

**(E)**

Suicide risk factors.

**(F)**

Alcohol and substance use disorders.

**(G)**

Triage and transport parameters.

**(H)**

Health risks and interventions in stabilizing acutely intoxicated patients.

**(I)**

Common medical conditions and infections with presentations similar to psychosis and intoxication which require medical testing and treatment.



**(J)**

Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use and other substance use disorders.

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LEMSA policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility.

**(L)**

The Emergency Medical Treatment and Labor Act (EMTALA) law as it pertains to psychiatric, and substance use disorder-related emergencies.

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**(A)**

Psychiatric disorders.

**(B)**

Neuropharmacology.

**(C)**

Alcohol and substance abuse.

**(D)**

Patient consent.

**(E)**

Patient documentation.

**(F)**

Medical quality improvement.

**(g)**

Minimum training and curriculum requirements, community paramedic training:

(1) Foundations of community paramedicine. (A) Subjects and theories to be learned: (i) Overview of the United States and California healthcare systems and reimbursement. (ii) Overview of public health. (iii) Effect of the Affordable Care Act on development of community paramedicine nationally and in California. (iv) Roles of the community paramedic. (v) Community paramedic scope of practice. (vi) Legal and ethical issues in client- and community-centered care. (vii) Chronic disease management. (viii) Subacute disease management. (ix) Personal safety and wellness. (x) International Board of Specialty Certification (IBSC). (xi) Research in evidence-based practice. (B) Knowledge and abilities acquired include: (i) Understanding the relationship of the system of care as a community paramedic within public health. (ii) Advocating for the client and the health care team through an equity lens. (iii) Maintaining a healthy workplace stressor balance. (2) Cultural humility, equity and access within community paramedicine and healthcare. (A) Subjects and theories to be learned: (i) Social determinants of health. (ii) Biomedical ethics. (iii) Equity versus equality. (iv) Implicit bias in healthcare. (v) Disparities in healthcare access and health outcomes by age, race, gender, ethnicity, language, ability status, socioeconomic status, mental health, and community. (vi) Cultural humility as a framework for public health and community paramedic practice. (vii) Roles of the culturally effective community paramedic. (viii) Trauma-informed care. (B) Knowledge and abilities acquired should include: (i) Examination of potential biases toward clients and/or communities. (ii) Application of evidence-based tools and models for practicing cultural humility in client-centered care. (iii) Connect with culturally diverse/aware community partners. (iv) Application of culturally effective community paramedic

as community advocate. (v) Access qualified interpreter services for language access and communication with clients and community. (3) Interdisciplinary collaboration and systems of care navigation. (A) Subjects and theories to be learned: (i) Healthcare coordination. (ii) Systems of care navigation. (iii) Outreach and advocacy for target and at-risk populations. (iv) Client referral. (v) Documentation across disciplines. (vi) Overview of the subject areas of nutrition, palliative care, hospice care, end of life care, home health vs. home care, mental health care, and substance use care. (B) Knowledge and abilities acquired include: (i) Collegial communications with interdisciplinary team members. (ii) Appreciative inquiry with care team members. (iii) Interdependent relationships with team members. (iv) Appropriate referrals and system navigation. (4) Client-centered Care. (A) Subjects and theories to be learned: (i) Client approach and the biopsychosocial assessment, including embedding cultural humility practices in client case management. (ii) Motivational interviewing. (iii) Interventional techniques. (iv) Crisis intervention. (v) Client assessment, referral, and education. (vi) Creating a care plan. (vii) Implementing a care plan. (viii) Resources for client case management. (ix) Service coordination and client counseling. (x) Documentation and follow up. (B) Knowledge and abilities acquired include: (i) Core proficiency in health assessment, referral, health education, service coordination, and client-centered counseling. (ii) Create resource map and examine webs of resources. (iii) Create outreach strategies to connect client/community to resources. (5) Community and public health. (A) Subjects and theories to be learned: (i) Population based care. (ii) Health equity across populations. (iii) Epidemiology. (iv) Public health mission. (v) Community health/needs assessment. (vi) Public health disaster response. (vii) Prevention. (viii) Isolation and quarantine. (ix) Public education. (x) Interagency

communications. (B) Knowledge and abilities acquired include: (i) Engages in public health planning and implementation. (ii) Develops resources that aid in public health responses. (iii) Coordinates and manages mass events.

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Foundations of community paramedicine. (A) Subjects and theories to be learned: (i) Overview of the United States and California healthcare systems and reimbursement. (ii) Overview of public health. (iii) Effect of the Affordable Care Act on development of community paramedicine nationally and in California. (iv) Roles of the community paramedic. (v) Community paramedic scope of practice. (vi) Legal and ethical issues in client- and community-centered care. (vii) Chronic disease management. (viii) Subacute disease management. (ix) Personal safety and wellness. (x) International Board of Specialty Certification (IBSC). (xi) Research in evidence-based practice. (B) Knowledge and abilities acquired include: (i) Understanding the relationship of the system of care as a community paramedic within public health. (ii) Advocating for the client and the health care team through an equity lens. (iii) Maintaining a healthy workplace stressor balance.

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Legal and ethical issues in client- and community-centered care.

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Advocating for the client and the health care team through an equity lens.

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Maintaining a healthy workplace stressor balance.

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Cultural humility, equity and access within community paramedicine and healthcare.

(A) Subjects and theories to be learned: (i) Social determinants of health. (ii)

Biomedical ethics. (iii) Equity versus equality. (iv) Implicit bias in healthcare. (v)

Disparities in healthcare access and health outcomes by age, race, gender, ethnicity,

language, ability status, socioeconomic status, mental health, and community. (vi)

Cultural humility as a framework for public health and community paramedic practice.

(vii) Roles of the culturally effective community paramedic. (viii) Trauma-informed

care. (B) Knowledge and abilities acquired should include: (i) Examination of potential

biases toward clients and/or communities. (ii) Application of evidence-based tools and

models for practicing cultural humility in client-centered care. (iii) Connect with

culturally diverse/aware community partners. (iv) Application of culturally effective

community paramedic as community advocate. (v) Access qualified interpreter

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**(3)**

Interdisciplinary collaboration and systems of care navigation. (A) Subjects and theories to be learned: (i) Healthcare coordination. (ii) Systems of care navigation. (iii) Outreach and advocacy for target and at-risk populations. (iv) Client referral. (v) Documentation across disciplines. (vi) Overview of the subject areas of nutrition, palliative care, hospice care, end of life care, home health vs. home care, mental health care, and substance use care. (B) Knowledge and abilities acquired include: (i) Collegial communications with interdisciplinary team members. (ii) Appreciative inquiry with care team members. (iii) Interdependent relationships with team members. (iv) Appropriate referrals and system navigation.

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Healthcare coordination.

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Client-centered Care. (A) Subjects and theories to be learned: (i) Client approach and the biopsychosocial assessment, including embedding cultural humility practices in client case management. (ii) Motivational interviewing. (iii) Interventional techniques. (iv) Crisis intervention. (v) Client assessment, referral, and education. (vi) Creating a care plan. (vii) Implementing a care plan. (viii) Resources for client case management. (ix) Service coordination and client counseling. (x) Documentation and follow up. (B) Knowledge and abilities acquired include: (i) Core proficiency in health assessment, referral, health education, service coordination, and client-centered counseling. (ii) Create resource map and examine webs of resources. (iii) Create outreach strategies to connect client/community to resources.

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**(iii)**

Interventional techniques.

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Crisis intervention.

**(v)**

Client assessment, referral, and education.

**(vi)**

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**(vii)**

Implementing a care plan.

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Resources for client case management.

**(ix)**

Service coordination and client counseling.

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Community and public health. (A) Subjects and theories to be learned: (i) Population based care. (ii) Health equity across populations. (iii) Epidemiology. (iv) Public health mission. (v) Community health/needs assessment. (vi) Public health disaster response. (vii) Prevention. (viii) Isolation and quarantine. (ix) Public education. (x) Interagency communications. (B) Knowledge and abilities acquired include: (i) Engages in public health planning and implementation. (ii) Develops resources that aid in public health responses. (iii) Coordinates and manages mass events.

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Population based care.

**(ii)**

Health equity across populations.

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Epidemiology.

**(iv)**

Public health mission.

**(v)**

Community health/needs assessment.

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Public health disaster response.

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Public education.

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Interagency communications.

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Engages in public health planning and implementation.

**(ii)**

Develops resources that aid in public health responses.

**(iii)**

Coordinates and manages mass events.

**(h)**

Community Paramedicine and Triage Paramedic Required Testing:(1) ISBC community paramedic exam approved paramedic training programs shall include a minimum of two (2) formative examinations and one (1) final comprehensive competency-based examinations to test the knowledge and skills specified in this chapter. (2) Triage paramedic approved programs shall include a minimum of one (1) final comprehensive competency-based examination to test the knowledge and skills specified in this chapter. (3) Documentation of successful student clinical and field internship performance, if applicable.

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ISBC community paramedic exam approved paramedic training programs shall include a minimum of two (2) formative examinations and one (1) final comprehensive competency-based examinations to test the knowledge and skills specified in this chapter.

**(2)**

Triage paramedic approved programs shall include a minimum of one (1) final comprehensive competency-based examination to test the knowledge and skills specified in this chapter.

**(3)**

Documentation of successful student clinical and field internship performance, if applicable.