
SENATE COMMITTEE ON HEALTH

Senator Caroline Menjivar, Chair

BILL NO: SB 796
AUTHOR: Richardson
VERSION: March 24, 2025
HEARING DATE: April 23, 2025
CONSULTANT: Vincent D. Marchand

SUBJECT: Emergency medical services: first aid training

SUMMARY: Requires the Emergency Medical Services Agency to act as the authorizing entity for optional cardiopulmonary resuscitation and first aid skills if a lifeguard, firefighter, or peace officer is employed by a state agency.

Existing law:

- 1) Establishes the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (EMS Act) to provide for a statewide system for EMS, and establishes the Emergency Medical Services Authority (EMSA), which is responsible for the coordination and integration of all state activities concerning EMS, including the establishment of minimum standards, policies, and procedures. [HSC §1797, et seq.]
- 2) Authorizes counties to develop an EMS program and designate a local EMS agency (LEMSA) responsible for planning and implementing an EMS system, which includes day-to-day EMS system operations. [HSC §1797.200, et seq.]
- 3) Requires every LEMSA to have a licensed physician as medical director to provide medical control and to assure medical accountability throughout the planning, implementation, and evaluation of the EMS system. [HSC §1797.202]
- 4) Defines "Emergency Medical Technician-I" or "EMT-I" as an individual trained in all facets of basic life support, as specified. Defines an "Emergency Medical Technician-II," "EMT-II," "Advanced Emergency Medical Technician," or "Advanced EMT" as an EMT-I with additional training in limited advanced life support according to specified standards. Both EMT-Is and EMT-IIs are certified at the local level by LEMSAs. [HSC §1797.80 and §1797.82]
- 5) Defines "Emergency Medical Technician-Paramedic," "EMT-P," "paramedic" or "mobile intensive care paramedic" as an individual whose scope of practice includes the ability to provide advanced life support, as specified, including administering specified medications. EMT-Ps are licensed and regulated at the state level through EMSA. [HSC §1797.84]
- 6) Requires all ocean, public beach, and public swimming pool lifeguards and all firefighters in this state, except those whose duties are primarily clerical or administrative, to be trained to administer first aid and cardiopulmonary resuscitation (CPR). Requires this training to meet standards prescribed by EMSA, and to be satisfactorily completed as soon as practical, but in no event more than one year after the date of employment. Requires completion of a refresher course at least every three years. Permits EMSA to designate a public agency or private nonprofit agency to provide for each county the required training, and requires the training to be provided at no cost to the trainee. [HSC §1797.182]

- 7) Requires all peace officers, as defined, except those whose duties are primarily clerical or administrative, to be trained to administer first aid and CPR. Requires this training to meet standards prescribed by EMSA, in consultation with the Commission on Peace Officers Standards and Training, and to be completed as soon as practical but in no more than one year after the date of employment. [HSC §1797.183]

This bill:

- 1) Requires EMSA to act as the authorizing entity for optional CPR and first aid skills if a lifeguard, firefighter, or peace officer is employed by a state agency.
- 2) Requires EMSA to develop, implement, and monitor policies, protocols, and quality assurance and improvement (QA/QI) measures to ensure the safe and effective use of these optional skills.

FISCAL EFFECT: This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) *Author's statement.* According to the author, the current training standards for first aid and CPR among state-employed lifeguards, firefighters, and peace officers lack centralized oversight, leading to inconsistencies in skill application. This bill seeks to establish the EMSA as the authorizing entity to ensure standardized, high-quality training and performance in these critical life-saving techniques.
- 2) *Background on EMS.* While EMSA is the lead agency and centralized resource to oversee emergency and disaster medical services, day-to-day EMS system management is the responsibility of the local and regional EMS agencies. California has 34 LEMSA systems that provide EMS for California's 58 counties. Regional systems are usually comprised of small, more rural, less-populated counties and single-county systems generally exist in the larger and more urban counties. There are seven regional EMS agencies comprised of 31 counties and 27 single-county LEMSAs. The EMS Act comprehensively regulates emergency medical care in California. Enacted in 1980, the Act provides for the creation of emergency medical procedures and protocols, certification of emergency medical personnel, and coordination of emergency responses by fire departments, ambulance services, hospitals, specialty care centers, and other providers within the local EMS system.
- 3) *Background provided by the author.* According to the author, California state agencies are required to obtain approval from EMSA, and 34 separate LEMSAs, prior to performing optional lifesaving skills, as outlined in Title 22 of the California Code of Regulations. First responders from the California Department of Forestry and Fire Protection (Cal Fire), California Department of Parks and Recreation (CA State Parks), and California Highway Patrol (CHP), would each be required to obtain all 35 approvals prior to performing optional skills such as the administration of naloxone, an emergency treatment for opioid overdoses. This lengthy approval process discourages statewide agencies from providing numerous lifesaving skills and medications. It took several months of negotiating for the CHP to obtain all 35 approvals for CHP personnel to administer naloxone. The author points out that CHP and other state agencies frequently respond to civil disturbance incidents, fires, and special protection details. Transfers across the state require retraining based on LEMSA jurisdiction requirements. The author states that CA State Parks' lifeguards provide medical aid within many parks and lakes, which are bordered by multiple counties. LEMSA approvals limit emergency medical care to specific authorized beaches based on jurisdiction location. Cal

Fire deploys first responders across the state during wildfires and major incidents. The current approval process requires Cal Fire to coordinate with each respective LEMSA to adhere to their regional requirements.

4) *Regulations on public safety first aid and optional skills.* Pursuant to the requirement in existing law that lifeguards, firefighters, and peace officers obtain training to administer first aid and CPR, EMSA adopted regulations detailing the training that meets these requirements, and listing the authorized skills. Lifeguards, firefighters, and peace officers who meet these requirements are considered “public safety first aid” (PSFA) providers. While there could be firefighters, peace officers, or lifeguards who are certified as EMTs or paramedics, those individuals would be providing care under the authorization provided by the EMT or paramedic certificate or license, which have a more expansive scope than PSFA providers, and they would not be considered PSFA providers. The authorized skills for PSFA providers include the following: CPR and the use of an automated external defibrillator; supporting airway and breathing using manual airway opening methods, including manual methods to remove an airway obstruction; performing spinal immobilization and splinting of extremities; emergency eye irrigation using water or normal saline; assist with administration of oral glucose; assist patients with administration of physician-prescribed epinephrine devices and naloxone; assist in emergency childbirth; hemorrhage control; chest seals and dressings; simple decontamination techniques; care for amputated body parts; and basic wound care. The regulations specify that the “authorized skills of a PSFA provider shall not exceed” these activities. [22 CCR §100027.02]

EMSA also adopted regulations permitting public safety personnel to perform “optional skills” when the PSFA provider has been trained and tested to demonstrate competence following initial instruction, and when authorized by the Medical Director of the LEMSA. The regulations require the LEMSA to establish policies and procedures that require PSFA personnel to demonstrate trained optional skills competency at least every two years, or more frequently as determined by the EMS quality improvement program. The optional skills include the following:

- a) Administration of epinephrine by auto-injector for suspected anaphylaxis. Requires the training to include, among other things, signs and symptoms of anaphylaxis, epinephrine indications and contraindications, dosage and administration, and side/adverse effects. Requires students to complete a competency based written and skills examination for administration of epinephrine;
- b) Supplemental oxygen therapy using a non-rebreather face mask or nasal cannula, and bag-valve-mask ventilation. Requires the training to include, among other things, integrating the use of supplemental oxygen upon local EMS protocols, assessment and management of patients with respiratory distress, oxygen delivery systems and use of regulator and liter flow selection, percent of relative oxygen delivered by type of mask, and side/adverse effects. Requires the student to complete a competency based written and skills examination;
- c) Administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent exposure for self or peer care, when authorized by the Medical Director of a LEMSA while working for a public safety provider. Specifies required training similar to epinephrine, including assessment and recognition of patients with nerve agent intoxication. Requires the student to complete a competency based written and skills examination;

- d) Administration of naloxone for suspected narcotic overdose. Specifies training, and also requires a written and skills examination; and,
- e) Use of oropharyngeal airways (OPAs) and nasopharyngeal airways (NPAs). Specifies training, including anatomy and physiology of the respiratory system, assessment of the respiratory system, and the role of OPA and NPA airway adjuncts in the sequence of airway control. Requires a written and skills examination.

5) *Prior legislation.* SB 997 (Portantino, Chapter 872, Statutes of 2024) prohibits local educational agencies from prohibiting students in middle schools, junior high schools, high schools, or adult schools, from carrying fentanyl test strips, or a federally approved opioid antagonist for over-the-counter use for the emergency treatment of persons suffering from an opioid overdose while on a school site, or while participating in school activities.

SB 234 (Portantino, Hurtado, and Umberg, Chapter 596, Statutes of 2023) requires each stadium, concert venue, and amusement park to maintain unexpired doses of opioid antagonist on its premises and to ensure at least two employees are aware of their location.

6) *Opposition.* The Emergency Medical Services Administrators Association of California (EMSAAC) opposes this bill, stating that LEMSAs are an integral component of California's two-tiered EMS system structure and are responsible for organizing and overseeing the unique needs of California's diverse counties. While EMSAAC members understand the challenges state agencies experience providing EMS care throughout multiple LEMSA jurisdictions, it does not believe that legislation is the appropriate mechanism to address these patient care issues. Specifically, EMSAAC is concerned that certified EMTs and licensed paramedics employed by a state agency would also be covered under this bill, and that by designating EMSA as the authorizing entity to oversee "optional CPR and first aid skills," this bill creates conflicts with other certification/licensure/accreditation states and regulations applicable to these personnel. EMSAAC also notes that while existing regulations clearly define specific procedures and medications that are designated as "optional skills," the proposed language in this bill does not define optional CPR and first aid skills, and so it would be up to EMSA to determine what would be considered optional skills for all personnel employed by a state agency. This would result in inequitable EMS care within a LEMSA's jurisdictional area. EMSAAC argues that these important matters should be addressed through the regulatory rulemaking process.

7) *Policy comment.* While the author indicates it is the intent to only cover peace officers, lifeguards, and firefighters who are operating as "PSFA providers," and not affect requirements applicable to licensed or certified EMTs and paramedics, EMSAAC is concerned this is not clear. Additionally, EMSAAC is concerned that while it appears the author's intent is to just cover the "optional skills" outlined in regulation; this bill does not make this clear. The author may wish to consider an amendment to cross-reference the regulations that outline requirements for PSFA providers and that define optional skills, which may address some of the concerns expressed by the opposition.

SUPPORT AND OPPOSITION:

Support: None received

Oppose: Emergency Medical Services Administrators' Association of California