

Valencia Scopes of Practice for EMS Personnel

- A. Prior to accomplishing a new skill, technique, medication, or procedure, it shall be documented by the service director, medical director, or approved EMS training institution that the EMS provider has been appropriately trained to perform those new skills, techniques, medications, or procedures.
- B. Service Medical Director Approved: Prior to utilizing any skill, technique, medication or procedure designated as Service Medical Director Approved, it shall be documented by the service director, medical director, or approved EMS training institution that the EMS provider has been appropriately trained to perform the skills, techniques, medications or procedures. Additionally, each EMS provider must have a signed authorization from the service’s medical director on file at the EMS service’s headquarters or administrative offices.
- C. Personnel with a limited licensure may not utilize items designated as Service Medical Director Approved.
- D. EMS First Responders (EMSFR):
  - (1) The following allowed skills, procedures, and drugs may be performed without medical direction:
    - (a) Basic airway management.
    - (b) Use of basic adjunctive airway equipment.
    - (c) Suctioning
    - (d) Cardiopulmonary resuscitation
    - (e) Obstructed airway management
    - (f) Bleeding control via direct pressure
    - (g) Spine immobilization; basic splinting.
    - (h) Scene assessment, triage, scene safety.
    - (i) Use of statewide EMS communications system.
    - (j) Emergency childbirth (normal presentation).
    - (k) Glucometry
    - (l) Oxygen
  - (2) Medical direction is required for the following items :
    - (a) Allowable Skills:
      - (1) Positive pressure oxygen delivery inhalation devices
    - (b) Allowable Drugs *and Routes*:
      - (1) Administration of approved medications by the following routes:
        - (i) PO
      - (2) Oral glucose preparations.
      - (3) Aspirin for adults with suspected cardiac chest pain.
    - (c) Service Medical Director Approved:
      - (1) Semi-automatic defibrillation (including rhythm documentation of cardiac activity).
    - (d) Wilderness Protocols: The following skills shall only be used by providers who have a current wilderness certification, from a Bureau approved Wilderness First Responder Course, who are functioning in a wilderness environment as a wilderness provider (an environment in which transport time to a hospital exceeds two (2) hours, except in the case of an anaphylactic reaction, in which no minimum transport

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time is required.), and are authorized by their Medical Director to provide the treatment.

- (1) Administration of epinephrine
- (2) Minor wound cleaning and management
- (3) Cessation of CPR
- (4) Field clearance of the Cervical-spine
- (5) Reduction of dislocations resulting from indirect force of the patella, digit, and anterior shoulder

E. EMT-BASIC (EMT-B):

- (1) All items in our EMS First Responder scope of practice
- (2) The following allowed skills, procedures, and drugs may be performed without medical direction:
  - (a) Emergency procedures as taught in standard EMT-B courses.
  - (b) Splinting.
  - (c) Wound management.
  - (d) Emergency childbirth.
- (3) Medical direction is required for the following items:
  - (a) Allowable Skills:
    - (1) Use of multi-lumen airways (examples: Combi-tube)
  - (b) Allowable Drugs *and Routes*:
    - (1) Acetaminophen in pediatric patients with fever during long transports.
  - (c) Service Medical Director Approved:
    - (1) Transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use.
    - (2) Insertion of the laryngeal mask airway
    - (3) Administration of drugs by the following routes:
      - (i) subcutaneous (SQ)
      - (ii) intramuscular (IM)
      - (iii) intranasal (IN)
      - (iv) inhalation
    - (4) Administration of naloxone by SQ, IM, or IN route
    - (5) Administer the following drugs under on-line medical control. When on-line medical control is unavailable, administration is allowed under off-line medical control if the licensed provider is working under medical direction using approved written medical protocols.
      - (i) Patient's own *bronchodilator* using pre-measured or metered dose inhalation device
      - (ii) Epinephrine, 1:1000, no single dose greater than 0.3ml, subcutaneous injection with pre-measured syringe or 0.3ml TB syringe for anaphylaxis or status asthmaticus refractory to other treatments

F. EMT-INTERMEDIATE (EMT-I):

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- (1) All items in our EMT-Basic scope of practice
- (2) Medical direction is required for all items in the EMT-Intermediates scope of practice
- (3) Allowable Skills:
  - (a) Peripheral venous puncture.
  - (b) Blood drawing.
- (4) Allowable Drugs *and Routes*:
  - (a) Administration of approved medications via the following routes:
    - (1) Intravenous.
    - (2) Nebulized inhalation.
    - (3) Sublingual.
    - (4) Intradermal
    - (5) Intraosseous tibial infusions in pediatric patients. (May be used only after two peripheral intravenous attempts have failed or if there is no reasonable possibility of securing peripheral intravenous access. Limited to one attempt, unless second attempt authorized by online medical control at the receiving institution).
    - (6) Endotracheal (for administration of epinephrine only, under the direct supervision of an EMT-Paramedic, or if the EMS service has an approved special skill for endotracheal intubation).
  - (b) I.V. fluid therapy (except blood or blood products).
  - (c) 50% Dextrose - intravenous
  - (d) Epinephrine (1:1000), subcutaneous for anaphylaxis and known asthmatics in severe respiratory distress (no single dose greater than 0.3 cc).
  - (e) Epinephrine (1:10,000) in pulseless cardiac arrest for both adult and pediatric patients. In pediatric patients may be given IO in 1:1000 concentration per PALS protocols. Epinephrine may be administered via the endotracheal tube in accordance with ACLS and PALS guidelines.
  - (f) Albuterol via inhaled administration.
  - (g) Nitroglycerin (sublingual) for chest pain associated with suspected acute coronary syndromes. Must have intravenous access established prior to administration.
  - (h) Diphenhydramine for allergic reactions.
  - (i) Glucagon, to treat hypoglycemia in diabetic patients when intravenous access is not obtainable.
- (5) Drugs Allowed for Monitoring During Transport:
  - (a) Monitoring I.V. solutions during transport that contain potassium (not to exceed 20 mEq/1000cc or more than 10 mEq/hour).
- (6) Immunizations and Biologicals: Administration of Immunizations, Vaccines, Biologicals, and TB skin testing is authorized under the following circumstances:
  - (a) To the general public as part of a Department of Health initiative or emergency response, utilizing Department of Health protocols. The administration of immunizations is to be under the supervision of a public health physician, nurse, or other authorized public health provider.
  - (b) Administer vaccines to EMS and public safety personnel
  - (c) TB skin tests may be applied and interpreted if the licensed provider has successfully completed required Department of Health training.
  - (d) In the event of disaster or emergency, the State EMS Medical Director *or Chief Medical Officer for the Department of Health* may temporarily authorize the administration of other immunizations, vaccines, biologicals, or *tests* not listed above.

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E. EMT-PARAMEDIC:

- (1) All items in our EMT-Intermediate scope of practice
- (2) Medical direction is required for all items in the EMT-Paramedic scope of practice
- (3) Allowable Skills:
  - (a) Direct laryngoscopy.
  - (b) Endotracheal intubation.
  - (c) Thoracic decompression (needle thoracostomy)
  - (d) Surgical cricothyroidotomy.
  - (e) LMA insertion.
  - (f) Insertion of nasogastric tubes.
  - (g) Cardioversion and defibrillation.
  - (h) External cardiac pacing.
  - (i) Cardiac monitoring.
- (4) Allowable Drugs *and Routes*:
  - (a) Administration of approved medications via the following routes:
    - (1) Intraosseous
    - (2) Topical.
    - (3) Endotracheal.
    - (4) Rectal.
  - (b) Adenosine
  - (c) Atropine Sulfate.
  - (d) Benzodiazepines
  - (e) Calcium preparations.
  - (f) Diphenhydramine
  - (g) Dopamine Hydrochloride
  - (h) Epinephrine.
  - (i) Furosemide
  - (j) Glucagon
  - (k) Lidocaine.
  - (l) Magnesium Sulfate.
  - (m) Narcotic analgesics.
  - (n) Sodium Bicarbonate.
  - (o) ipratropium
- (5) Skills Approved for Monitoring in Transport.
  - (a) Internal cardiac pacing.
  - (b) chest tubes
- (6) Patient's Own Medication that May be Administered
  - (a) epoprostenol sodium

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