



OCEMS EMT SCOPE OF PRACTICE: EMT-OCEMS ACCREDITED

I. AUTHORITY:

Health and Safety Code, Sections 1797.107, 1797.109, 1797.160, 1797.170 and California Code of Regulations, Title 22, Division 9, § 10006~~04~~, 10006~~23~~ and 10006~~34~~.

II. APPLICATION:

To define the scope of practice of an OCEMS Accredited Emergency Medical Technician (EMT) operating in Orange County.

III. POLICY:

During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a certified EMT or supervised EMT student is authorized to do any of the following interventions within the Orange County EMS System:

The interventions identified in this policy establish the scope of practice for OCEMS-accredited EMT personnel. Field utilization of these skills shall be performed in accordance with applicable OCEMS Standing Orders, Procedures, Treatment Guidelines, and Policies.

ASSESSMENT

1. Evaluate the ill and injured by means of a primary and secondary exam/assessment, including but not limited to: (OCEMS Procedure # B-O1, B-O2).
 - a. Level of consciousness / Glasgow coma scale
 - b. Pain level
 - c. Skin signs
 - d. Pupil status/size and symmetry
 - d-e. Pediatric Assessment Triangle (PAT) for patient ages < 15 years of age.
- ~~2.~~
- ~~3. Render basic life support, rescue and emergency medical care to patients.~~
- ~~4.~~
2. Obtain and monitor diagnostic signs, to include, including but not limited to:
 - a. Temperature
 - b. Blood pressure
 - c. Pulse rate and r
 - d. Respiratory rate
 - e. s, r Pulse oximetry (SpO2)
 - f. End Tidal CO2 (EtCO2)
3. Perform finger-stick blood glucose testing

AIRWAY AND BREATHING

- ~~6. Perform cardiopulmonary resuscitation, which may include the placement and use of a mechanical external chest compression device in the management of basic cardiopulmonary resuscitation. Render basic life support, rescue, and emergency medical care to patients~~
- ~~4.~~
- ~~7.5. Administer oxygen.~~
- 8.6. Use the following adjunctive airway and breathing aids:
 - a. Oropharyngeal airway
 - b. Nasopharyngeal airway
 - c. Suction devices

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- d. Basic oxygen delivery devices for supplemental oxygen therapy for an SPO2 $\leq$ 94% including, but not limited to, humidifiers, partial rebreathers, and venturi masks; and
- e. Manual and mechanical ventilating devices designed for prehospital use including continuous positive airway pressure. (CPAP)

CIRCULATION AND RESUSCITATION

- 7. Perform cardiopulmonary resuscitation, including placement and use of an Automated Chest Compression Device (ACCD)
- 8. Perform Automated External Defibrillation (AED)

HEMORRHAGE AND TRAUMA CARE

- 9. Use stretchers and spinal motion restriction or immobilization devices, including: long boards; short boards; Kendrick Extraction Device (KED) boards; pediatric immobilization devices; and cardboard, air, or vacuum splints.
- 10. Provide initial prehospital emergency care to patients, including, but not limited to:
 - a. Placement of FDA-approved tourniquets for control of external extremity bleeding
 - b. Use of hemostatic dressings for control of external hemorrhage from a list approved by the Authority
 - c. Extremity splinting, including traction splinting
 - d. Administer oral glucose or sugar solutions.
 - e-d. Extricate entrapped persons.
 - f-e. Perform field triage based on OCEMS policies and procedures, including MCI policy #900.00.
 - g-f. Transport patients based on OCEMS Policies, & Procedures, and Treatment Guidelines.

MEDICATION ADMINISTRATION

- 11. Administer:
 - h-a. Oral glucose or sugar solutions
 - ondansetron ODT
 - b. Naloxone (Narcan) or other approved opioid antagonist by approved routes
 - c. Epinephrine by auto-injector for suspected anaphylaxis and/or allergic reaction
 - d. Atropine and pralidoxime chloride injection (2-PAM) by means of DuoDote® or Mark-1 kit to self or equivalent under ALS direction
- 12. Assist patient with the administration of the patient's own physician-prescribed devices and medications including, but not limited to:
 - i. Apply mechanical patient restraints.
 - j. Set up for ALS procedures, under the direction of an Advanced EMT or Paramedic.
 - k. Perform automated external defibrillation.
 - a. Assist patients with the administration of physician-prescribed devices including, but not limited to, patient-operated medication pumps
 - b. sublingual Nitroglycerin, and self-administered emergency medications, including
 - c. Albuterol and/or ipratropium (Atrovent®) inhalation metered dose inhaler (MDI) or nebulizer
 - d. eEpinephrine devices. Examples of approved activities include: auto-injector
 - f-e. Aspirin

ALS ASSISTANCE

- 13. Set up for ALS procedures under the direction of a Paramedic
- 14. Assist ALS providers in placement of 12-lead ECG leads.
- 15. Assist ALS providers during placement of advanced airway devices.

PATIENT DISPOSITION

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16. Withhold resuscitation of a patient meeting declared dead criteria as identified in OCEMS policy 330.50 and honor valid end-of-life documents in accordance with OCEMS policy including:
- Physician Orders for Life-Sustaining Treatment (POLST)
 - Advanced Healthcare Directive
 - Physician-signed DNR orders
 - Other legally recognized end-of-life documents

TRANSPORT AUTHORITY

In addition to the activities authorized by the above subdivision of this policy, the medical director of the LEMSA may also establish policies and procedures to allow a certified EMT or a supervised EMT student who is part of the organized EMS system and in the prehospital setting and/or during interfacility transport to:

17. Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions, including Lactated Ringer's, for volume replacement. Monitor, maintain, and adjust as necessary in order to maintain a preset flow rate, and discontinue flow when authorized
18. Transfer of a patient who is deemed appropriate for Basic Life Support transfer by the transferring physician, who has any of the following:
- | | |
|--|--|
| a. <u>Nasogastric tubes</u> | i. <u>Colostomy bag</u> |
| b. <u>Gastrostomy tubes</u> | j. <u>Urostomy bags</u> |
| c. <u>Heparin locks</u> | k. <u>Foley catheters</u> |
| d. <u>Tracheostomy tubes</u> | l. <u>Enteric feeding tubes</u> |
| e. <u>Dialysis shunts (both subcutaneous and external)</u> | m. <u>Continuous flow oxygen</u> |
| f. <u>Long-term established central venous lines (e.g., PIC lines)</u> | n. <u>Thoracostomy (chest) tube(s) clamped or attached to closed drainage system</u> |
| g. <u>Cardiac pacemaker (implanted)</u> | o. <u>Surgical drain suction devices with present parameters</u> |
| h. <u>Automated Implantable Cardioverter-Defibrillator (AICD)</u> | |

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- ❖ All arterial lines are excluded from EMT transport.
- ❖ Central vascular lines used for patient monitoring or infusing intravenous fluid and medications are excluded from EMT transport.

- a-19. Transport intravenous infusions of the following solutions and medications when set at a preset rate of flow by medical staff of the sending facility:

- ~~a~~ Total parenteral nutrition (TPN)
- ~~b~~ Folic Acid
- ~~c~~ Thiamine
- ~~d~~ Multivitamins
- ~~e~~ Normal Saline
- ~~f~~ Lactated Ringer's Solution

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- b-20. Transport patients with subcutaneous or intravenous implanted or external patient-operated infusion pumps that are infusing at a preset rate the following:
- ~~a~~ Insulin



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- a. ~~_____~~
- b. ~~b~~) Morphine
- b. ~~_____~~
- c. ~~e~~) Total parenteral nutrition (TPN)

21. Transport patients with skin patches previously placed on the patient, including:

- a. ~~_____~~ Nitrobid
- b. ~~_____~~ Nitroglycerine patches and paste, f
- c. ~~F~~entanyl patches, or e
- e. ~~C~~lonidine patches previously placed on the patient.
- d. ~~_____~~
- d. If available and indicated, assist a patient with their own physician-prescribed medications:
 - a) Nitroglycerine aerosol or tablets
 - b) Albuterol and/or ipratropium (Atrovent®) inhalation metered dose inhaler or nebulizer
 - e) Epinephrine auto-injector
 - d) Aspirin

In addition to the activities authorized by the above subdivision of this policy, the medical director of the LEMSA may also establish policies and procedures to allow a certified EMT or a supervised EMT student who is part of the organized EMS system and in the prehospital setting and/or during interfacility transport to:

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1. Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions, including Ringer's Lactate for volume replacement. Monitor, maintain, and adjust if necessary in order to maintain a preset rate of flow and turn off the flow of intravenous fluid;
2. Transfer of a patient who is deemed appropriate for Basic Life Support transfer by the transferring physician, who has any of the following:
 - a. ~~Nasogastric tubes~~
 - b. ~~Gastrostomy tubes~~
 - c. ~~Heparin locks~~
 - d. ~~Tracheostomy tubes~~
 - e. ~~Dialysis shunts (both subcutaneous and external)~~
 - f. ~~Long-term established central venous lines (e.g. PIC lines)~~
 - g. ~~Cardiac pacemaker (implanted)~~
 - h. ~~Automatic internal defibrillator (implanted)~~
 - i. ~~Colostomy bags~~
 - j. ~~Urostomy bags~~
 - k. ~~Foley catheters~~
 - l. ~~Enteric feeding tubes~~
 - m. ~~Continuous-flow oxygen~~
 - n. ~~Thoracostomy (chest) tube(s) clamped or attached to closed drainage system~~
 - o. ~~Surgical drain suction devices with preset parameters~~
- ❖ ~~All arterial lines are excluded from EMT transport.~~
- ❖ ~~Central vascular lines used for patient monitoring or infusing intravenous fluid and medications are excluded from EMT transport.~~
3. Administer naloxone or other opioid antagonist by intranasal and/or intramuscular routes for suspected narcotic overdose.
4. Administer epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma.
5. Perform finger-stick blood glucose determination.
6. Assist ALS providers in placement of 12-lead ECG leads.
7. Assist ALS providers during placement of advanced airway devices.



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- ~~8. Place pulse oximetry probes and record oxygen saturation results. If patient is short of breath and pulse oximetry reading is less than 95%, administer oxygen 6 liters/minute by nasal cannula or 10 liters/minute by mask.~~
- ~~11. Administer atropine and 2-PAM by means of Duodote® or Mark-1 kit to self or to others under ALS direction.~~
- ~~12. Withhold resuscitation of a patient meeting declared dead criteria as identified in OCEMS policy 330.50 and honor a DNR request, Advanced Healthcare Directive or California POLST form as defined by OCEMS policy 350.51.~~

The scope of practice of an EMT shall not exceed those activities authorized in this policy, ~~Section 100064, and Section 100064.1.~~

During a mutual aid response into another jurisdiction, an EMT may utilize the scope of practice for which s/he is trained and authorized according to the policies and procedures established by the LEMSA within the jurisdiction where the EMT is employed as part of an organized EMS system.

Approved:

~~Carl H. Schultz, MD
OCEMS Medical Director~~

~~Michael Noone, NRP
OCEMS Assistant Administrator~~

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**ORANGE COUNTY EMERGENCY MEDICAL SERVICES (OCEMS)
POLICY 315.00 ATTACHMENT I - FIELD REFERENCE GUIDE**

**TREATMENT PROTOCOLS FOR OCEMS ACCREDITED EMTS
DURING INTERFACILITY AND 911 FIELD RESPONSES**



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Treatment during Interfacility Transport

During the transport of a patient requiring a BLS level of care, an OCEMS Accredited EMT may transport a patient with the following:

Transport of Intravenous Infusions with the Specified Solutions and Medications when set at a Preset Rate of Flow by Medical Staff of the Sending Facility:

1. Folic Acid
2. Thiamine
3. Multivitamins
4. Normal Saline
5. Total parenteral nutrition (TPN)
6. Lactated Ringer's Solution

Transport Patients with Medical Devices

Arterial lines and central vascular access lines used for monitoring of patient vital or infusing fluid or Meds are EXCLUDED from BLS transport.

1. Nasogastric tubes
2. Gastrostomy tubes
3. Enteric Feeding tubes
4. Thoracostomy (chest) tubes
5. Heparin locks
6. Colostomy and Urostomy bags
7. Foley catheters
8. Hemodialysis shunts (subcutaneous and external)
9. Long term established central venous lines used for on-going medication administration (PIC lines)
10. Tracheostomy tubes
11. Continuous flow oxygen

Patient Operated Medication Pumps

Implanted or external pumps infusing to include but not limited to:

1. Insulin
2. Morphine
3. Total parenteral nutrition (TPN)

Patients with Medication Patches

Patches must be previously placed by facility

Treatment on Scene

An OCEMS Accredited EMT may perform or assist ALS with the following procedures:

1. Evaluate the ill and injured and render basic life support.
 - Perform field MCI triage (OCEMS policy 900.00)
2. Perform primary & secondary assessment (SO-BLS)
3. Obtain vital signs to include assessment of: Blood pressure, Pulse, Temperature (when available), Respiratory rate, Pulse oximetry (when available), EtCO2 (when indicated), Level of consciousness, Pupil status
 - a. Blood pressure, Pulse, Temperature, Respiratory rate, and Pulse oximetry
 - b. Level of consciousness
 - c. Pupil status
4. Perform Automated External Defibrillation
5. Perform CPR including use of Autopulse® device
6. Utilize FDA approved mechanical tourniquets for uncontrolled bleeding of extremities
7. Administer Oxygen
8. Perform finger stick blood glucose determination
9. Administer oral glucose solutions
10. Self administration of Mark 1/ Duodote® autoinjector
11. Render basic life support, rescue and emergency medical care to patients
 - Ensure a patent airway & remove any airway obstruction
12. Use of adjunctive airway and breathing aids
13. Perform field triage and patient extrication

Assist patients with prescribed meds:

Assistance to patients with prescribed or home medications requires ALS response for the following:

1. Nitroglycerine aerosol or tablets
2. Albuterol inhalation - metered dose or nebulizer
3. Epinephrine auto-injector
4. Aspirin for cardiac chest pain

Assist Paramedics with the following:

OCEMS Accredited Paramedic must be on scene or enroute for an EMT to perform the following:

1. Placement of ECG leads for 12 lead acquisition
2. Prepare Intravenous (IV) fluid therapy
3. Assist with preparation for ALS airway procedures

Honor DNR Request

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1. Fentanyl patches

2. Nitrobid, Nitroglycerine patches or Nitroglycerine paste

3. Clonidine (Catapres) patches

1. Physician signed DNR or Copy

2. Advance Healthcare Directive

3. California POLST Form (Refer to OCEMS policy 350.51)

Withhold Resuscitative Efforts

EMT's may withhold resuscitative efforts consistent with OCEMS P&P 350.50 Patients meeting criteria "declared dead"

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