

SIERRA-SACRAMENTO VALLEY EMS AGENCY ALS PROGRAM POLICY

REFERENCE NO. 803

SUBJECT: PARAMEDIC SCOPE OF PRACTICE

PURPOSE:

To define the scope of practice of a Paramedic accredited in the S-SV EMS region.

AUTHORITY:

California Health & Safety Code, Division 2.5, Sections 1797.84, 1797.172,
1797.220.

California Code of Regulations, Title 22, Division 9.

PRINCIPLES:

1. A basic statewide scope of practice shall be used for the training and testing of Paramedics.
2. In addition to the basic scope of practice, procedures or medications may be added as part of the local optional scope of practice or through a trial study.
3. A paramedic may perform any activity identified in the scope of practice of an EMT-I.
4. Paramedics shall be licensed in the State, accredited by S-SV EMS Agency and sponsored by an approved Paramedic Service Provider in order to perform the scope of practice approved for paramedics.
5. Advanced life support activities carried out by paramedics at the scene of a medical emergency or during transport shall be under the following conditions only:
 - A. Paramedics, responding within a modified base hospital response area, render patient care based on S-SV approved policy/protocol (standing orders) without on-line medical control.
 - B. On-line medical direction by a base/modified base hospital physician or base hospital MICN.
 - C. Base/modified base hospital contact is required by all paramedics to perform the procedure(s) and/or administer medications(s) that are identified in S-SV policy/protocol as Base Hospital Order Only or Base Hospital Physician Order Only.
 - D. Direct medical supervision as outlined in (Reference No 838) Physician on Scene.

Effective Date: 07/01/05

Date last Reviewed / Revised: 04/05

Next Review Date: 04/09

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Approved:

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S-SV EMS Medical Director

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- E. Communication Failure Protocols (Reference No. 890) when unable to establish and/or maintain base hospital communications.

DEFINITIONS:

Local Optional Scope of Practice: The performance or monitoring of procedures or the administration of medications not included in the basic statewide scope of practice. The Medical Director of the EMS Agency and the Director of the EMS Authority must approve these procedures/medications. Paramedics must be trained and tested to demonstrate competence in performing the additional procedures and administering the additional medications.

POLICY:

A paramedic student or a licensed paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer, or while working in a small and rural hospital pursuant to Section 1797.195 of the Health and Safety Code, may perform the following procedures or administer the following medications when such are approved by the medical director of S-SV EMS agency:

BASIC SCOPE OF PRACTICE:

- A. Perform defibrillation and synchronized cardioversion.
- B. Visualize the airway by use of the laryngoscope and remove foreign body (-ies) with forceps.
- C. Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, stomal intubation, and adult oral endotracheal intubation.
- D. Institute intravenous (IV) catheters, saline locks, needles, or other cannula (IV lines), in peripheral veins and monitor and administer medications through pre-existing vascular access.
- E. Administer intravenous glucose solutions or isotonic balanced salt solutions, including Ringer's lactate solution.
- F. Obtain venous blood samples.
- G. Use glucose measuring device.
- H. Utilize Valsalva maneuver.
- I. Perform needle cricothyroidotomy.
- J. Perform needle thoracostomy.
- K. Monitor thoracostomy tubes.
- L. Monitor and adjust IV solutions containing potassium, equal to or less than 20 mEq/L.
- M. Administer approved medications by the following routes: intravenous, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, oral or topical.

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- N. Administer, using prepackaged products when available, the following medications:
1. 25% and 50% dextrose;
 2. activated charcoal;
 3. adenosine;
 4. aerosolized or nebulized beta-2 specific bronchodilators; - Albuterol
 5. aspirin;
 6. atropine sulfate;
 7. pralidoxime chloride;
 8. calcium chloride;
 9. diazepam;
 10. diphenhydramine hydrochloride;
 11. dopamine hydrochloride;
 12. epinephrine;
 13. furosemide;
 14. glucagon;
 15. midazolam;
 16. lidocaine hydrochloride;
 17. morphine sulfate;
 18. naloxone hydrochloride;
 19. nitroglycerin preparations, except intravenous,
 20. sodium bicarbonate.

LOCAL OPTIONAL SCOPE OF PRACTICE:

All licensed and accredited paramedics or a supervised paramedic student in the S-SV EMS Region may perform the following additional activities in the prehospital setting and/or during interfacility transport:

1. Adult nasotracheal intubation
2. Pediatric oral endotracheal intubation
3. Intraosseous infusion
4. Transcutaneous cardiac pacing for symptomatic bradycardia

Expanded Scope of Practice for Paramedic Interfacility Transport:

Only Paramedics who have successfully completed training program(s) approved by the S-SV EMS Agency Medical Director and employed by an ALS Ambulance provider approved for paramedic transport of preexisting nitroglycerin and heparin drips by the S-SV EMS Agency Medical Director will be permitted to provide the service of monitoring the following infusions during interfacility transports:

1. Preexisting intravenous infusion of Nitroglycerin
2. Preexisting intravenous infusion of Heparin