

Sierra – Sacramento Valley EMS Agency Program Policy		
Emergency Medical Technician (EMT) Scope Of Practice		
	Effective: 06/01/2024	Next Review: 04/2027
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PURPOSE:

To establish the Emergency Medical Technician (EMT) scope of practice in the S-SV EMS region.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5.
- B. California Code of Regulations, Title 22, Division 9, Chapter 2, § 100063 and 100064.

POLICY:

- A. The scope of practice of an EMT in the S-SV EMS region shall not exceed those activities specified in this policy.
- B. 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, procedures and protocols established by S-SV EMS where the EMT is employed as part of an organized EMS system.
- C. Basic Scope of Practice:

During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer (IFT), a certified EMT or supervised EMT student is authorized to do any of the following:

1. Evaluate the ill and injured.
2. Render basic life support, rescue and emergency medical care to patients.
3. Obtain diagnostic signs to include, but not be limited to, temperature, blood pressure, pulse and respiration rates, pulse oximetry, level of consciousness and pupil status.

4. Perform cardiopulmonary resuscitation (CPR), including the use of mechanical adjuncts to basic cardiopulmonary resuscitation (as approved by S-SV EMS).
5. Administer oxygen.
6. Use the following adjunctive airway and breathing aids:
 - Oropharyngeal airway;
 - Nasopharyngeal airway;
 - Suction devices;
 - Basic oxygen delivery devices for supplemental oxygen therapy including, but not limited to, humidifiers, partial rebreathers, and venturi masks; and
 - Manual and mechanical ventilating devices designed for prehospital use including continuous positive airway pressure.
7. Use various stretchers and spinal motion restriction/immobilization devices.
8. Provide initial prehospital emergency care to patients, including, but not limited to:
 - Bleeding control through the application of S-SV EMS approved commercial tourniquet devices;
 - Use of S-SV EMS approved hemostatic dressings;
 - Spinal motion restriction or immobilization;
 - Seated spinal motion restriction or immobilization;
 - Extremity splinting; and
 - Traction splinting.
9. Administer oral glucose or sugar solutions.
10. Extricate entrapped persons.
11. Perform field triage.
12. Transport patients.
13. Apply mechanical patient restraint.
14. Set up for ALS procedures, under the direction of an AEMT or Paramedic.
15. Perform automated external defibrillation.
16. Assist patients with the administration of physician-prescribed devices including, but not limited to, patient-operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices.

D. Expanded Scope of Practice:

1. In addition to the basic scope of practice activities authorized above, a certified EMT may use any or all of the expanded scope of practice items listed in this section of the policy, under the following conditions:
 - The individual is part of the organized EMS system, functioning under the oversight of an S-SV EMS approved prehospital service provider.
 - The individual has been authorized by the S-SV EMS approved prehospital service provider to utilize the expanded scope of practice.
 - The individual has received adequate training on the expanded scope of practice items they have been authorized to use.
 - The expanded scope of practice items are not mandatory. S-SV EMS approved prehospital service providers may determine which, if any, expanded scope of practice items to use based on organizational or community needs.

 2. Authorized expanded scope of practice items include the following:
 - Administration of aspirin in accordance with S-SV EMS policies/protocols.
 - Performance of finger stick blood glucose testing in accordance with the S-SV EMS policies/protocols.
 - Monitoring of intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement under the following conditions:
 - If in the prehospital setting, no other ALS procedures have been initiated.
 - If during an IFT, the patient is non-critical and deemed stable by the transferring physician, the physician approves transport by an EMT, and nothing has been added to the intravenous fluids.
 - The EMT may monitor, maintain, and adjust, if necessary, in order to maintain a preset rate of flow and turn off the flow of intravenous fluid.
 - Transferring a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines under the following conditions:
 - Nasogastric Tubes:
 - Nasogastric tubes shall be clamped. No form of suction shall be allowed during transport.
 - A nasogastric tube shall be appropriately secured to the nose and shall also be secured to the patients clothing to prevent accidental dislodgement or patient discomfort.
 - Any tubing shall be clamped, and no feedings shall be infused during transport to prevent the possibility of aspiration.
 - Unless contraindicated by medical condition, any patient fed within the last two (2) hours shall be placed on the gurney in semi-fowlers position to help prevent the possibility of aspiration.
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- Abdominal Tubes (gastrostomy tubes, ureterostomy tubes, etc.):
 - EMTs shall check that abdominal tubes are secured in place in an appropriate fashion, the integrity of the drainage system is intact and drainage bags are emptied prior to transfer, with the time noted. Drainage amount and characteristics shall be noted.
 - Drainage bags shall be secured to the patient in an appropriate fashion to prevent dislodgement, disconnection, or backflow.
 - Any dressing drainage shall be noted.
 - Dislodged tubes shall not be reinserted. A clean, dry dressing shall be applied to the site. Time and circumstances of dislodgement shall be noted.
- Foley Catheters:
 - Catheters shall be checked prior to transfer to assure that the catheter is appropriately secured to the patient, the system is intact, and the drainage bag is secured to prevent dislodgement, disconnection and backflow.
 - Amount and characteristics of urine shall be noted.
 - If the drainage system becomes disconnected or dislodged during transport, the EMT will clamp the Foley if disconnected, but in no circumstances shall the catheter be reinserted if dislodged.
- Tracheostomy Tubes:
 - Tracheostomy tubes shall be checked to assure they are secured to the patient in an appropriate fashion.
 - EMTs may suction at the opening only to remove secretions the patient is unable to clear. Amount and characteristic of secretions shall be noted.
 - If the inner cannula becomes dislodged or is expelled, the EMT shall rinse it in sterile sodium chloride and gently reinsert it or allow the patient to reinsert it if capable.

E. Optional Skills:

1. In addition to the basic and expanded scope of practice activities authorized above, a certified EMT may use any or all of the optional skills listed in this section of the policy, under the following conditions:
 - The individual is part of the organized EMS system, functioning under the oversight of an S-SV EMS approved BLS optional skills provider.
 - The individual has been authorized by the S-SV EMS approved BLS optional skills provider to use the optional skills.
 - The individual has received adequate training on the optional skills that they have been authorized to use.

2. Authorized optional skills items include the following:

- Administration of intranasal (IN) naloxone in accordance with S-SV EMS policies/protocols.
- Administration of epinephrine by auto-injector or intramuscular (IM) injection in accordance with S-SV EMS policies/protocols.
- Use of a size 3, 4, or 5 i-gel airway devices in accordance with S-SV EMS policies/protocols.
- Administration of atropine and pralidoxime chloride by auto-injector in accordance with S-SV EMS policies/protocols.