



POLICY: 256.00
TITLE: Emergency Medical Technician-Paramedic Scope of Practice

EFFECTIVE: 12/12/18
REVIEW: 12/2023
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 3

EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC SCOPE OF PRACTICE

I. **AUTHORITY**

Division 2.5, California Health and Safety Code, sections 1797.206; 1797.214; 1797.218; 1797.220 and; 1797.221. Title 22, California Code of Regulations, sections 100144 and 100145.

II. **DEFINITIONS**

- A. "Advanced Emergency Medical Technician (AEMT)" means a California certified EMT with additional training in limited advanced life support (LALS) according to the standards prescribed by Chapter 3 of the Title 22, California Code of Regulations, Division 9.
- B. "Agency" means the Stanislaus County Emergency Medical Services Agency.
- C. "Emergency Medical Technician" or "EMT" means a person who has successfully completed an EMT course which meets the requirements of Title 22, California Code of Regulations, Chapter 2, and who is certified as an EMT in the state of California.
- D. "Emergency Medical Technician Paramedic" or "EMT-P" or "Paramedic" or "Mobile Intensive Care Paramedic" means an individual who is educated and trained in all elements of prehospital advanced life support, who is licensed by the state of California as a paramedic and accredited by the Agency Medical Director.

III. **PURPOSE**

To define the Emergency Medical Technician-Paramedic scope of practice approved for use within the Stanislaus County EMS Agency member counties.

IV. **POLICY**

- A. A Paramedic may perform any activity identified in the scope of practice of an EMT or an AEMT.
- B. As part of the State approved basic scope of practice, a Paramedic student or an accredited Paramedic, as part of the organized emergency medical services system in the region, while caring for patients in a hospital as part of his/her training or continuing education under 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, may perform the following procedures or administer the following medications in accordance with the written policies and procedures of the Agency:
 - 1. Utilize electrocardiographic devices and monitor electrocardiograms, including 12-lead electrocardiograms (ECG)

2. Perform defibrillation, synchronized cardioversion and external cardiac pacing .
3. Visualize the airway by use of the laryngoscope and remove foreign body(ies) with Magill forceps.
4. Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, perilaryngeal airways, stomal intubation, and adult oral endotracheal intubation.
5. Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/bi-level positive airway pressure(BPAP) and positive end expiratory pressure (PEEP) in spontaneously breathing patient.
6. Institute intravenous (IV) catheters, saline locks, needles, or other cannulae (IV lines) in peripheral veins; and monitor and administer medications through pre-existing vascular access.
7. Institute intraosseous (IO) needles or catheters.
8. Administer intravenous or intraosseous glucose solutions or isotonic balanced salt solutions, including Ringer's lactate solution.
9. Obtain venous blood samples.
10. Use glucose-measuring device.
11. Utilize Valsalva's maneuver.
12. Perform percutaneous needle cricothyrotomy.
13. Perform needle thoracostomy.
14. Monitor thoracostomy tubes.
15. Monitor and adjust IV solutions containing potassium equal to or less than 40 mEq./L.
16. Administer approved medications by the following routes: intravenous, intramuscular, subcutaneous, inhalation, transcutaneous, , sublingual, , oral or topical.
17. Administer, using prepackaged products when available, the following medications:
 - a. 10% 25% and 50% Dextrose
 - b. Activated Charcoal
 - c. Adenosine
 - d. Aerosolized or Nebulized beta-2 specific bronchodilators;
 - e. Amiodarone
 - f. Aspirin
 - g. Atropine Sulfate
 - h. Calcium Chloride
 - i. Diazepam
 - j. Diphenhydramine Hydrochloride
 - k. Dopamine Hydrochloride

- l. Epinephrine
 - m. Fentanyl
 - n. Glucagon
 - o. Ipratropium bromide
 - p. Lorazepam
 - q. Midazolam
 - r. Lidocaine Hydrochloride
 - s. Magnesium sulfate
 - t. Morphine Sulfate
 - u. Naloxone Hydrochloride
 - v. Nitroglycerine Preparation
 - w. Ondansetron
 - x. Pralidoxime Chloride
 - y. Sodium Bicarbonate
- C. As part of the State approved expanded scope of practice, a Paramedic student or an accredited Paramedic, as part of the organized emergency medical services system in the region, while caring for patients in a hospital as part of his/her training or continuing education under 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, may perform the following procedures or administer the following medications in accordance with the written policies and procedures of the Agency:
1. Perform pediatric oral endotracheal intubation only if the paramedic is working for an CAMTS(Commission on Accreditation of Medical Transport Systems) approved program.
 2. Administration of Ketamine for acute traumatic or burn injury in accordance with Stanislaus County EMS Agency policy 554.47
 3. Intravenous infusion of Heparin and Nitroglycerine – (Inter-Facility Transfer only – requires prior approval pursuant to Stanislaus County EMS Agency Policy #552.62)
- D. Base Hospital Physicians may order any medication or procedure within the local paramedic scope of practice for any patient condition regardless of the treatment protocols.
- E. Any skill that is not identified in this policy shall not be performed by paramedics, or paramedic students, even if they are directly supervised by a physician or registered nurse.