

### OCEMS EMT SCOPE OF PRACTICE: EMT-OCEMS ACCREDITED



# I. <u>AUTHORITY</u>:

Health and Safety Code, Sections 1797.107, 1797.109, 1797.160, 1797.170 and California Code of Regulations, Title 22, Division 9, § 100061, 100063 and 100064.

### II. APPLICATION:

To define the scope of practice of an Accredited Emergency Medical Technician (EMT) practicing 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 supervised EMT student or certified EMT 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, the assessment of temperature, blood pressure, pulse and respiration rates, blood oxygen saturation level, level of consciousness, pain level, skin signs, and pupil status.
- 4. Perform cardiopulmonary resuscitation, including the use of mechanical adjuncts to basic cardiopulmonary resuscitation.
- 5. Use the following adjunctive airway breathing aids:
  - a. Oropharyngeal airway
  - b. Nasopharyngeal airway
  - c. Suction devices
  - d. Administer oxygen utilizing basic oxygen delivery devices
  - e. Manual and mechanical ventilating devices
- 6. Use stretchers and body immobilization devices including long boards, short boards, KED boards, pediatric immobilization devices and cardboard or vacuum splints.
- 7. Provide initial prehospital emergency care of trauma.
- 8. Administer oral glucose or sugar solutions.
- 9. Extricate entrapped persons.
- 10. Perform field triage based on OCEMS policies and procedures including MCI policy #900.00.
- 11. Transport patients based on OCEMS Policies, & Procedures, and Treatment Guidelines.
- 12. Set up for ALS procedures, under the direction of an Advanced EMT (AEMT) or Paramedic.

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- 13. Perform automated external defibrillation.
- 14. Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions, including Ringer's Lactate for volume replacement.
- 15. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluids to include these physician prescribed medications:
  - a. Total parenteral nutrition (TPN)
  - b. Folic Acid
  - c. Thiamine
  - d. Multivitamins
  - e. Antibiotic, antifungal, and antiviral agents
- 16. Transfer of a patient who is deemed appropriate for Basic Life Support transfer by the transferring physician, who has any of the following:
  - a. Nasogastricng tubes
  - b. Gastrostomy tubes
  - c. Heparin locks
  - d. Tracheostomy tubes
  - e Hemodialysis shunts
    - (both subcutaneous and external)
  - f. Long-term established central venous lines (e.g. PIC lines) for on-going medication administration
- g. Colostomy bags
- h. Urostomy bags
- i. Foley catheters
- j. Enteric Feeding Tubes
- k. Continuous flow oxygen
- I. Thoracostmy (chest) tube(s)
  - 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.
- 17. Assist ALS providers to perform blood glucose determination.
- 18. Transport patients with subcutaneous or intravenous implanted or external patient- operated infusing pumps but not limited too:
  - a. Insulin
  - b. Meperidine (Demerol)
  - c. Morphine
  - d. Total parenteral nutrition (TPN)
- 19. Transport patients with Fentanyl patches previously placed on the patient.
- Transport patients with Nitrobid, nitroglycerine patches, nitroglycerine paste or clonidine patches previously placed on the patient.
- 21. If available and indicated, concomitant with notifying ALS providers, allow patient self administration or *assist* patient with physician prescribed emergency medications limited to the following:
  - a. Nitroglycerine aerosol or tablets
  - b. Albuterol inhalation metered dose inhaler or nebulizer treatment
  - c. Epinephrine auto-injector
  - d. Aspirin

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- 22. Assist ALS providers in placement of 12-lead ECG leads.
- 23. Assist ALS providers during endotracheal intubation by handing them the flexible intubation guide.
- 24. Place pulse oximetry probes and record oxygen saturation results. If patient is short of breath and pulse oximeter reading is less than 95%, administer oxygen.
- 25. Place mechanical tourniquets for uncontrolled external bleeding of extremities.
- 26. Place and initiate operation of the Autopulse® external chest compression device for management of cardiopulmonary arrest.
- 27. Administer atropine and 2-PAM by means of Duodote® or Mark-1 kit to self or under ALS direction.
- 28. 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.

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