Date: 07/01/2023 Policy #2110

#### I. Purpose:

A. To identify the scope of practice of an Emergency Medical Technician (EMT) in Imperial County.

### II. Authority:

- A. California Health and Safety Code Division 2.5: Emergency Medical Services 1797.170, 1797.175, 1797.210
- B. California Code of Regulations, Title 22 Division 9, Sections 100063, 100064

#### III. <u>Definitions:</u>

A. Emergency Medical Technician – a person who has successfully completed an EMT course that meets the requirements established by CCR Title 22, Division 9, has passed all required tests, and has been certified by a California EMT certifying entity.

## IV. Policy:

- A. 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:
  - 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:
    - a. Temperature
    - b. Blood pressure
    - c. Pulse rate
    - d. Respiration rates
    - e. Pulse oximetry
    - f. Level of consciousness
    - g. Pupil status
  - 4. Perform cardiopulmonary resuscitation (CPR), including the use of mechanical adjuncts to basic cardiopulmonary resuscitation.
  - 5. Administer oxygen
  - 6. Use the following adjunctive airway and breathing aids:
    - a. Oropharyngeal airway
    - b. Nasopharyngeal airway

# EMT Basic Scope of Practice

- c. Suction devices
- d. Basic oxygen delivery devices for supplemental oxygen therapy
- e. Manual and mechanical ventilating devices designed for prehospital use including continuous positive airway pressure
- 7. Use various types of stretchers and spinal immobilization devices
- 8. Provide initial prehospital emergency care of trauma, including, but not limited to:
  - a. Bleeding control through the application of tourniquets
  - b. Use of hemostatic dressings from a list approved by the Imperial County EMS Agency
  - c. Spinal immobilization
  - d. Seated spinal immobilization
  - e. Extremity splinting
  - Traction splinting
- 9. Administer oral glucose or sugar solutions
- 10. Extricate entrapped persons
- 11. Perform field triage
- 12. Transport patients
- 13. Mechanical patient restraint
- 14. Set up for ALS procedures, under the direction of an Advanced EMT or Paramedic
- 15. Perform automated external defibrillation
- 16. Assist patient with the administration of physician-prescribed devices including patientoperated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices.
- B. Perform skills in accordance with Imperial County EMS Agency EMT Optional Skill Accreditation Policy.
  - 1. Application and use of continuous positive pressure ventilation
  - 2. Epinephrine auto-injector
  - 3. Point of care glucose check
  - 4. Naloxone administration intranasal
  - 5.King airway application and monitoring

- C. During interfacility transfers, a certified EMT may monitor peripheral IV lines including, heplocks, saline locks, Hichmans, and Port-a-Catheters, provided the following conditions are met:
  - 1. A written order signed by the transferring physician is provided to the EMT stating the patient is stable for transportation by a BLS ambulance. The order must include the rate of infusion for the IV fluids and the type of solution infusing
  - 2. No medications can be added to the IV fluids
- D. The following IV solutions may be monitored by the EMT during interfacility transfers:
  - 1. D5/Water
  - 2. Normal Saline (NaCL)
  - 3. Lactated Ringers
- E. Patients with vascular access lines through shunts or fistulas are not to be transported by EMTs
- F. During interfacility transfers, a certified EMT may monitor patients with the following invasive tubes and other medical adjuncts:
  - 1. Nasogastric Tubes (NGT) Abdominal tubes (gastrostomy tubes, ureterostomy tubes, wound drains, etc.)
  - 2. Foley catheters
  - 3. Tracheostomy Tubes
- G. Can provide medications or procedures covered in local optional scope of practices.

APPROVED:

SIGNATURE ON FILE – DATE

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**EMS Medical Director**