

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2220.14
	<u>PROGRAM DOCUMENT:</u> EMT Scope of Practice	Draft Date:	
		Effective:	11/01/17
		Revised:	03/30/15
		Review:	05/01/19

EMS Medical Director

EMS Administrator

Purpose:

- A. This program document outlines the scope of practice of Emergency Medical Technician (EMT) personnel practicing in Sacramento County. Any activity conducted outside this established scope of practice places the individual's certificate at risk for certification review in accordance with California Code of Regulations, Title 22, Division 9, Chapter 2.

B. Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Policy:

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

- A. Evaluate the ill and injured.
- B. Render basic life support, rescue and medical care to patients.
- C. Obtain diagnostic signs including, temperature, blood pressure, pulse and respiration rates, pulse oximetry, level of consciousness, and pupil status.
- D. Perform cardiopulmonary resuscitation (CPR), including the use of mechanical adjuncts to basic CPR and automated external defibrillators (AED).
- E. Administer Oxygen.
- F. Use the following adjunctive airway breathing aids:
 - 1. Oropharyngeal airway nasopharyngeal airway
 - 2. Suction devices
 - 3. Basic oxygen delivery devices for supplemental oxygen therapy including, but not limited to, humidifiers, partial non-rebreathers, and venturi masks; and manual and mechanical ventilating devices designed for prehospital use including continuous positive airway pressure (CPAP)
- G. Use various types of stretchers and body immobilization devices.
- H. Provide initial prehospital emergency care to patients of trauma, including, but not limited to:
 - 1. Bleeding Control through the application of tourniquets
 - 2. Spinal Immobilization
 - 3. Seated spinal immobilization

4. Extremity splinting
 5. Traction splinting
 6. Extricate entrapped persons
 7. Perform basic field triage
 8. Transport patients
- I. Set-up for ALS procedures, under the direction of Advanced EMT or Paramedic.
 - J. Manage patients within their scope of practice.
 - K. Administer oral glucose or sugar solutions and aspirin.
 - L. 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.

Once new EMT regulations are in place this can be administratively added and pushed out prior to Nov 1:

- M. In addition, a certified EMT or a supervised EMT student who is part of the organized EMS system and in the prehospital setting and/or during interfacility transport is allowed to:
 1. Monitor peripheral lines delivering intravenous glucose solution without medication or isotonic balanced salt solutions without medication, including Ringers lactate for volume replacement.
 2. Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has a nasogastric tube, gastrostomy tube, heparin locks, Foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines.
 3. Administer naloxone or other opioid antagonist by intranasal and/or intramuscular routes for suspected narcotic overdose
 4. Administer epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma
 5. Perform finger stick blood glucose testing
- N. 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 and procedures established by the LEMSA within the jurisdiction where the EMT is employed as part of an organized EMS system.