



POLICY: 236.00
TITLE: EMT Scope of Practice

EFFECTIVE: 10/9/19

REVIEW: 10/2024
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 4

EMT SCOPE OF PRACTICE

I. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.170; Title 22, California Code of Regulations, Division 9, Chapter 2, Section 100063.

II. DEFINITIONS

- A. "Agency" means the Stanislaus County EMS Agency.
- B. "Basic Life Support" or "BLS" means care provided by prehospital providers that includes first aid, cardiopulmonary resuscitation and other non-invasive care; which includes airway adjuncts.
- C. "Emergency Medical Technician or "EMT" means a person who has successfully completed a basic EMT course which meets the requirements of Title 22, California Code of Regulations, Chapter 2, and is certified in the State of California as an EMT.
- D. "Region" means the geographic jurisdiction of Stanislaus County Emergency Medical Services Agency.

III. PURPOSE

To define the EMT's scope of practice approved by the Agency Medical Director for use within the Region.

IV. 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 in accordance with the written policies and procedures of the Agency:

- A. Evaluate the ill and injured.
- B. Render Basic Life Support, rescue and emergency medical care to patients.
- C. Obtain diagnostic signs to include, but not limited to, 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 cardiopulmonary resuscitation.

- E. Administer oxygen.
- F. Use of the following adjunctive airway and breathing aids:
 - 1. Oropharyngeal airway;
 - 2. Nasopharyngeal airway;
 - 3. Perilaryngeal and supraglottic airways (such as King Tube or iGel);
 - 4. Suction devices;
 - 5. Basic oxygen delivery devices for supplemental oxygen therapy including, but not limited to, humidifiers, partial rebreathers, and venturi masks; and
 - 6. Manual and mechanical ventilating devices designed for pre hospital use including continuous positive airway pressure (CPAP) and/or bag valve mask.
- G. Administer naloxone by intranasal and/or intramuscular routes for suspected narcotic overdose.
- H. Administer epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma.
- I. Administer epinephrine by an agency approved injection kit for anaphylaxis
- J. Perform finger stick blood glucose testing
- K. Use various types of stretchers and body immobilization devices.
- L. Provide initial prehospital emergency care of trauma patients, including, but not limited to:
 - 1. Bleeding control through the application of tourniquets
 - 2. Use of state approved hemostatic dressings
 - 3. Spinal movement restriction
 - 4. Extremity splinting
 - 5. Traction splinting
 - 6. Extrication of entrapped persons
 - 7. Provide field triage
 - 8. Transport patients
 - 9. Apply mechanical patient restraint
- M. Administer the following over the counter medications by mouth:
 - 1. Oral glucose or sugar solutions; and
 - 2. Aspirin (324 mg)
- N. Set up for ALS procedures, under the supervision of a Paramedic.
- O. Perform automated external defibrillation
- P. Assist patients with the administration of physician prescribed devices, including but not limited to, patient operated medication pumps, metered dose inhalers, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices.

In cases of assistance with nitroglycerin tablets or spray, the EMT shall monitor administration to ensure that doses are given at the prescribed times and in the prescribed amounts. If no specific directions are noted on the prescription, the EMT shall ensure that doses are given at five (5) minute intervals and that no more than a total of three (3) doses are given. Blood pressure will be taken and recorded prior to each dose. The EMT should not assist with the administration of medication when blood pressure is less than 100 mmHg

systolic OR either the patient complains of or the patient assessment shows an altered level of consciousness.

- Q. During inter-facility transport, the EMT may monitor, maintain a preset rate of flow and turn off if necessary, glucose solutions or isotonic balanced salt solutions including Ringer's Lactate for volume replacement, medication delivery, or to maintain intravenous access. The IV solution may not contain any medications. The only action an EMT may take is to monitor the rate or turn off the infusion if infiltration of the IV occurs.
- R. EMTs may transfer and monitor patients with the following invasive tubes and other medical adjuncts:
1. Nasogastric Tubes
 - a. Nasogastric tubes shall be clamped. No form of suction shall be allowed during transport.
 - b. A nasogastric tube shall be secured to the nose appropriately and shall also be secured to the patient's clothing to prevent accidental dislodgement or patient discomfort.
 - c. Any tubing shall be clamped, and no feedings shall be infused during transport to prevent the possibility of aspiration.
 - d. Unless contraindicated by medical condition, any patient fed within the last two (2) hours shall be placed on the gurney in semi-fowler's position to help prevent the possibility of aspiration.
 2. Abdominal Tubes (Gastrostomy tubes, ureterostomy tubes, wound drains, etc.) EMT's 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.
 - a. Drainage bags shall be secured to the patient in an appropriate fashion to prevent dislodgement, disconnection or backflow.
 - b. Any dressing drainage shall be noted and charted.
 - c. Dislodged tubes shall not be reinserted. A clean, dry dressing shall be applied to the site. Time and circumstances of dislodgement shall be noted on the PCR.
 3. Foley Catheters
 - a. 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.
 - b. 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.
 4. Tracheostomy Tubes
 - a. Tracheostomy tubes shall be checked to assure they are secured to the patient in an

appropriate fashion.

- b. EMTs may suction **at the opening only** to remove secretions the patient is unable to clear. Amount and characteristic of secretions shall be noted.
- c. If the inner cannula becomes dislodged or is expelled, the EMT shall rinse it in sterile saline and gently reinsert it or allow the patient to reinsert it if capable.