

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 801

SUBJECT: EMT SCOPE OF PRACTICE

PURPOSE:

To define the EMT scope of practice in the S-SV EMS region.

AUTHORITY:

California Health & Safety Code, Division 2.5, Sections 1797.107, 1797.109, 1797.160, 1797.170, 1797.220 and 1797.80.

California Code of Regulations, Title 22, Division 9, Chapter 2, Sections 100063 & 100064.

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, the assessment of temperature, blood pressure, pulse and respiration rates, level of consciousness, and pupil status.
4. Perform cardiopulmonary resuscitation (CPR), 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. basic oxygen delivery devices; and
 - e. manual and mechanical ventilating devices designed for prehospital use.
6. Use various types of stretchers and body immobilization devices.

Effective Date: 07/01/2010

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Approved:

SIGNATURE ON FILE
S-SV EMS Medical Director

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S-SV EMS Regional Executive Director

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7. Provide initial prehospital emergency care of trauma.
 8. Administer oral glucose or sugar solutions.
 9. Extricate entrapped persons.
 10. Perform field triage.
 11. Transport patients.
 12. Set up for ALS / LALS procedures, under the direction of an Advanced EMT or Paramedic.
 13. Perform automated external defibrillation when authorized by an EMT AED service provider.
 14. 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.
- B. In addition to the activities authorized by section A of this policy, a certified EMT or a supervised EMT student in the prehospital setting and/or during interfacility transport may:
1. Monitor peripheral lines delivering intravenous glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement if:
 - a. The patient is non-critical and deemed stable by the transferring or base hospital physician and the physician approves transport by an EMT.
 - b. Nothing has been added to the intravenous fluids and, in the prehospital setting, no other advanced life support procedures have been initiated.
 - c. The EMT may monitor, maintain, and adjust, if necessary, in order to maintain a preset rate of flow and turn off the flow of intravenous fluid.
 2. Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks foley catheters, tracheostomy tubes and/or indwelling vascular access lines, **excluding arterial lines**. Utilizing the following guidelines:
 - a. Nasogastric Tubes
 - Nasogastric tubes shall be clamped. No form of suction shall be allowed during transport.

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- A nasogastric tube shall be secured to the nose appropriately and shall also be secured to the patients clothing to prevent accidental dislodgement or patient discomfort.
 - Any tubing shall be clamped and no feedings shall be infused during transport to prevent the possibility of aspiration.
 - Unless contraindicated by medical condition, any patient fed within the last two (2) hours shall be placed on the gurney in semi-fowlers position to help prevent the possibility of aspiration.
- b. Abdominal Tubes (Gastrostomy tubes, ureterostomy tubes, wound drains, etc.)
- EMTs 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.
 - Drainage bags shall be secured to the patient in an appropriate fashion to prevent dislodgement, disconnection or backflow.
 - Any dressing drainage shall be noted and charted.
 - 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.
- c. Foley Catheters
- 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.
 - Amount and characteristics of urine shall be noted.
 - 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.
- d. Tracheostomy Tubes
- Tracheostomy tubes shall be checked to assure they are secured to the patient in an appropriate fashion.

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- EMTs may suction **at the opening only** to remove secretions the patient is unable to clear. Amount and characteristic of secretions shall be noted.
 - If the inner cannula becomes dislodged or is expelled, the EMT shall rinse it in sterile NaCl and gently reinsert it, or allow the patient to reinsert it if capable.
3. Transfer a patient that has a physician prescribed, locked down, patient operated medication pump.

C. Optional Skills

Certified EMT personnel may utilize the following optional skills, when employed with an approved EMT Optional Skill service provider and accredited to use that optional skill:

1. Use an Esophageal Tracheal Airway device (ETAD) on an unconscious patient with an absent gag reflex, who is apneic or has a respiratory rate less than 6/min, appears 16 years old or older and appears at least five (5) feet tall in accordance with S-SV Protocol 'Esophageal Tracheal Airway Device Treatment Guidelines', Reference No. 877.
2. Use a King Airway device on an unconscious patient with an absent gag reflex, who is apneic or has a respiratory rate less than 6/min, and appears at least four (4) feet tall in accordance with S-SV Protocol 'King Airway', Reference No. 1102.
3. Administration of epinephrine by auto-injector or for patients in severe distress for suspected anaphylaxis or asthma in accordance with S-SV Protocol 'EMT Administration of Epinephrine by Auto-Injector for Suspected Anaphylaxis &/or Severe Asthma', Reference No. 872.
4. Administration of atropine and pralidoxime chloride by auto-injector (Mark-I / DuoDote Kit) or preloaded syringe for nerve agent exposure in accordance with S-SV Protocol 'Nerve Agent Treatment', Reference No. E-8 .

NOTE: During a mutual aid response into another jurisdiction, an EMT may utilize the scope of practice for which s/he is trained, certified and accredited according to S-SV EMS policies and procedures.

CROSS REFERENCES:

Policy and Procedure Manual

EMT Optional Skill: Base Hospital Medical Control Requirements, Reference No. 377

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EMT Optional Skill: Service Provider Application, Approval Process and Requirements and Responsibilities, Reference No. 477

- Service Provider Application Form, Addendum A
- Status Report Form, Addendum B
- Skill Check Documentation Record - Form, Addendum C

CQI Process: EMT Optional Skill, Reference No. 620-E

EMT Administration of Epinephrine by Auto-Injector for Suspected Anaphylaxis &/or Severe Asthma, Reference No. 872

Esophageal Tracheal Airway Device Treatment Guidelines, Reference No. 877
AED Treatment Guideline, Reference No. 895

Nerve agent treatment, Reference No. E-8

King Airway, Reference No. 1102