Scope of Practice Statements

Emergency Medical Services Authority
California Health and Human Services Agency

EMSA # 300
November 2017
# Table of Contents

## Introduction ........................................................................................................................................... 4

## The EMS Authority ......................................................................................................................... 4

## Local EMS Agencies ....................................................................................................................... 4

## California EMS Personnel Levels .................................................................................................. 4

## Reading the Scope of Practice Pages ............................................................................................ 5

## Airway and Breathing ...................................................................................................................... 6

### Airway Suctioning .......................................................................................................................... 7

### Automatic Transport Ventilator ...................................................................................................... 8

### Bag Valve Mask – BVM .................................................................................................................. 9

### CPAP & BiPAP Ventilation ............................................................................................................. 10

### Endotracheal Intubation – Adult ..................................................................................................... 11

### Facilitated Intubation ..................................................................................................................... 12

### Humidifier ..................................................................................................................................... 13

### Supraglottic Airway ......................................................................................................................... 14

### Manually Triggered Ventilator ....................................................................................................... 15

### Nasopharyngeal Airway Adjunct – NPA ....................................................................................... 16

### Nasotracheal Intubation .................................................................................................................. 17

### Oropharyngeal Airway Adjunct – OPA ......................................................................................... 18

### Pediatric Oral Endotracheal Intubation ......................................................................................... 19

### Periaryngeal Airway Adjunct ......................................................................................................... 20

### Positive Pressure Ventilation Device ............................................................................................ 21

### Rapid Sequence Intubation ........................................................................................................... 22

### Supplemental Oxygen Therapy ..................................................................................................... 23

### Indirect Laryngoscopy Using Video Devices ............................................................................... 24

### Visualize Airway & Forceps Removal of FBO ............................................................................ 25

## Cardiac and Medical ....................................................................................................................... 26

### Automated External Defibrillator – AED ...................................................................................... 27

### Blood Chemistry Analysis ............................................................................................................ 28

### Blood Glucose Monitoring ........................................................................................................... 29

### Synchronized Electrical Cardioversion ....................................................................................... 30

### Manual Defibrillation .................................................................................................................... 31

### Manual Electrocardiography Interpretation .................................................................................. 32

### Ventricular Assist / Mechanical Circulatory Support Device ...................................................... 33

### Magnets for Internal Implantable Defibrillators ......................................................................... 34

### Mechanical CPR Device ............................................................................................................... 35
Nasogastric/Orogastric Intubation
Impedance Threshold Device
TB Testing
Transcutaneous Pacing
Vagal Maneuvers

Patient Assessment
Auto Blood Pressure
CO₂ Determination by Capnography
Manual Blood Pressure
Pulse Oximeter
Venous Blood Sampling

Pharmacological Intervention
Activated Charcoal Suspension
Administration of Aspirin
Administration of Oral Glucose
Assisting Patient with Prescribed Medication
Beta-agonists – Bronchodilators
Drug Administration Other Than IV
Emergency Immunizations
Epinephrine Administration
Epinephrine Auto-injectors
Glucagon Administration
Intraosseous Infusion (IO)
IV Drug Administration
IV Fluid Therapy – Non-medication
Naloxone Administration
Nerve Agent AutoInjectors
Peripheral IV Insertion
Reactive Skin Decontamination Lotion (RSDL)

Trauma
Hemostatic Agents
Joint Reduction
Needle Cricothyroidotomy
Needle Thoracostomy
Pneumatic Anti-Shock Garment – PASG
Surgical Cricothyrotomy
Introduction

This document contains various basic and advanced life support scope of practice position statements. The intent is to provide guidance to local EMS agencies, EMS personnel, and the public as to the level of EMS provider who may perform each item, the relevant legal authorities, and special information related to each scope of practice item.

The EMS Authority

The EMS Authority is the state department that has been granted the authority to promulgate regulations for the statewide EMS system. These regulations provide for the approval of EMS services, training programs, certification/licensure processes and processes for the enforcement of the regulations. In addition to writing regulations, the EMS Authority also licenses and oversees paramedics throughout the state, approves local EMS plans, and provides EMS coordination during disasters.

Local EMS Agencies

Actual day-to-day EMS system operations are the responsibility of the local EMS agencies. EMS systems are administered by either single county or multi-county EMS agencies, which follow regulations and standards established by the State EMS Authority. Local EMS agencies are responsible for certifying EMTs and AEMTs (however, EMTs employed by public safety agencies, such as fire departments and law enforcement agencies, may be certified by their own departments if those agencies maintain an approved EMT training program).

California EMS Personnel Levels

There are five levels of emergency medical services (EMS) personnel that are recognized in the State of California. EMS personnel are specially trained professionals, who often work as a part of the local EMS system, and who render immediate medical care in the prehospital setting to seriously ill or injured individuals. Of the five levels of EMS personnel identified in regulations four require specific certification/licenses or accreditation in order to practice their scope of work. The EMS Authority develops and implements regulations governing the medical training and scope of practice standards for the following EMS personnel:

- Public Safety Personnel (Firefighters, Peace Officers, and Lifeguards) have minimum training standards that include first aid, CPR/AED and response to tactical casualty care situations.

- An Emergency Medical Technician (EMT) is trained and certified in basic life support practices and is certified by the LEMSAs or an approved public safety agency (Certifying Entity). California law requires all ambulance attendants to be trained and certified to the EMT level and many fire agencies require firefighters to be EMT certified. EMTs are often used as the first dispatched medical responder in an emergency medical system. There are more than 60,000 EMTs certified in California.

- An Advanced EMT (AEMT) is trained and certified in limited advanced life support (LALS) practices and is certified by the LEMSAs. AEMTs are used primarily in rural areas, where they may be the only EMS personnel. California currently has approximately 100 certified AEMTs.
• A paramedic is trained in advanced life support and is licensed by the State. A paramedic also must be locally *accredited* and affiliated with an approved paramedic services provider in order to practice in any California county. Accreditation includes orientation to local protocols. There are approximately 22,000 licensed paramedics in California.

• A critical care paramedic (CCPs) is the final level of EMS provider recognized by the State of California and works under local EMS agency accreditation. A CCP is a specially trained paramedic who has been approved and accredited by a LEMSA to practice an expanded scope of practice for critical care transport that do not require a registered nurse to accompany the patient. The extended scope allows the CCP to provide necessary care during those transports. This level is also often used by air ambulances that have flight paramedics.

**Reading the Scope of Practice Pages**

Each scope of practice position statement has a key at the top to identify which level of EMS provider may utilize this scope item. The five levels of EMS are color coded indicating if that particular level is approved to utilize the scope with basic training skill, as an optional scope of practice skill or not at all.

- **Red**: Not approved for this level
- **Yellow**: Approved as an optional scope item
- **Green**: Approved as basic scope item

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<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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Airway and Breathing
Scope of Practice Statements
# AIRWAY SUCTIONING

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<th>AEMT</th>
<th>Paramedic</th>
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**Item:**
- Either a manual or mechanical device used to clear upper airway of obstructions.

**Classification:**
- Basic Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Not authorized for Public Safety First Aid trained providers.
- Authorized for all levels of EMT.

**Authority:**
- Section 100063 (a)(6)(C) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations.
- Section 100106 (a) of the AEMT Regulations. Chapter 3, Division 9, Title 22, California Code of Regulations. Section 100106 (b)(2) allows for trachea-bronchial suctioning of an intubation patient by an AEMT.
- Section 100146 (a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations. Subsection (a) states that an EMT-paramedic may perform any activity identified in the scope of practice for an EMT.

**Training:**
- As specified in EMT and Paramedic Regulations for level of provider.

**Equipment:**
- Properly functioning suctioning device.
- Selection of varying catheter sizes available.
- Alternate form of suctioning available.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- Suctioning may be considered a high risk procedure under Cal/OSHA ATD 5199.

Reviewed November 2017
### AUTOMATIC TRANSPORT VENTILATOR

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<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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**Item:**
- Provides positive pressure ventilation automatically.

**Classification:**
- Advanced Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Not authorized for EMT or AEMT.
- Authorized EMT-P only.

**Authority:**
- Section 100146(c)(1)(D) of the Paramedic Regulations (Chapter 4, Division 9, Title 22, California Code of Regulations) states that an EMT-paramedic may perform pulmonary ventilation by oral endotracheal intubation.

**Training:**
- As specified in Paramedic Regulations for level of provider.

**Equipment:**
- Properly functioning ventilation device.
- Endotracheal intubation of patient required.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- Most useful in specialized transport situations. There is little utility in routine scene transports with short transport times.

Reviewed November 2017
## BAG VALVE MASK – BVM

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<th>AEMT</th>
<th>Paramedic</th>
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**Item:**
- Device used to manually provide positive pressure ventilation.

**Classification:**
- Basic Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Authorized for all levels of EMT as basic scope of practice.

**Authority:**
- Section 100063(a)(6)(E) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMT to provide both manual and mechanical ventilation.
- Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

**Training:**
- As specified in Public Safety, EMT, and Paramedic Regulations for level of provider.

**Equipment:**
- Properly functioning ventilation device.
- Appropriate airway adjunct.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- Use of a 2 person BVM technique is strongly advised.

Reviewed November 2017
# CPAP & BIPAP VENTILATION

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<th>Item:</th>
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<th>Paramedic</th>
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<tbody>
<tr>
<td>• CPAP – Device used to provide Continuous Positive Airway Pressure.</td>
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<tr>
<td>• BiPAP – Device used to deliver Inspiratory Positive Airway Pressure and lower Expiratory Positive Airway Pressure for easier exhalation.</td>
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## Classification:
- Basic Life Support procedure.
- Specified in existing regulations.

## Use and Level:
- Not approved for Public Safety First Aid trained providers.
- Authorized for all levels of EMT as basic scope of practice.

## Authority:
- Section 100063(a)(6)(E) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows an EMT to provide both manual and mechanical ventilation.
- Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that an EMT-paramedic may perform any activity identified in the scope of practice for an EMT.

## Training:
- As specified in EMT and Paramedic Regulations for level of provider.

## Equipment:
- Properly functioning ventilation device.

## Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

## Considerations and Recommendations:
- No additional guidance at this time.

Reviewed November 2017
### ENDOTRACHEAL INTUBATION – ADULT

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<th>Paramedic</th>
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**Item:**
- Placement of tube into patient’s trachea in order to provide pulmonary ventilation.

**Classification:**
- Advanced Life Support airway procedure.
- Specified in existing regulations.

**Use and Level:**
- Not authorized for EMT or AEMT.
- Authorized for paramedics through existing regulations.

**Authority:**
- Section 100146(c)(1)(D) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to provide pulmonary ventilation through adult oral endotracheal intubation.

**Training:**
- As specified in EMT and Paramedic Regulations for level of provider.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- Continuous correct ET tube placement confirmation is strongly recommended.

Reviewed November 2017
### FACILITATED INTUBATION

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<th>Paramedic</th>
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**Item:**
- Use of a non-paralytic sedative to assist intubation.

**Classification:**
- Advanced Life Support procedure.
- Not specified in basic scope of practice.
- The medication used for sedation must be in the paramedic basic scope of practice.

**Use and Level:**
- Not authorized for EMT or AEMT.
- Authorized for paramedic only if approved by the medical director of the local EMS agency.

**Authority:**
- Section 100146(c)(1)(D) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform adult endotracheal intubation.
- Section 100146 (c)(1)(R) allows paramedics to administer various medications. Facilitated intubation must be approved by the medical director of the local EMS agency. A paramedic must be trained and tested to demonstrate competence in performing the additional procedure.

**Training:**
- As specified by local EMS agency.

**Equipment:**
- No additional guidance at this time.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- Continuous correct ET tube placement confirmation is strongly recommended.

Reviewed November 2017
### HUMIDIFIER

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**Item:**
- Device used to humidify supplemental oxygen.

**Classification:**
- Basic Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Authorized for all levels of EMT as basic scope of practice.

**Authority:**
- Section 100063(a)(6)(D) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMTs to utilize basic oxygen delivery equipment.
- Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations states that an AEMT may perform any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations (Chapter 4, Division 9, Title 22, California Code of Regulations). Subsection (a) states that a paramedic may perform any activity identified in the scope of practice for an EMT.

**Training:**
- As specified in AEMT and Paramedic Regulations for level of provider.

**Equipment:**
- Humidified oxygen delivered through appropriate supplemental oxygen delivery device.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No additional guidance at this time.

Reviewed November 2017
## SUPRAGLOTTIC AIRWAY

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<th>Paramedic</th>
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### Item:
- A supraglottic airway device used to deliver artificial ventilation.

### Classification:
- Basic life support (EMTs and AEMTs) procedure for adults only.
- Advanced life support procedure for adults and pediatrics.
- Not specified in basic scope of practice for EMTs, AEMTs, or paramedics.
- Approved as a local optional scope by Emergency Medical Services Authority.

### Use and Level:
- Blind insertion airway device used to establish an advanced airway.
- Authorized for EMT, AEMT, and paramedic optional skills with LEMSA approval and additional training.

### Authority:
- Section 100064(a) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMTs to use perilyngeal airway adjuncts with LEMSA approval.
- Section 100146(c)(2)(A) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform or monitor procedures that are not named as part of basic scope of practice. A procedure that has not been approved by the Director of the Emergency Medical Services Authority cannot be performed.

### Training:
- Training requirements must be submitted and approved as part of the optional scope process.

### Equipment:
Acceptable supraglottic airways for use in California:
- Laryngeal Mask Airway.
- iGel.
- Air-Q

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
1. These airways have been shown to provide better ventilation than a bag-valve-mask with oral or nasal airways and do not require maintenance of a mask seal.
2. Monitor clinical indications of adequate ventilation (chest rise, breath sounds, capnography [ALS], colorimetric device [BLS]).
3. Required documented metrics:
   a. Rescue airway – yes/no
   b. Successful placement – yes/no
   c. Number of attempts
   d. Complications; yes/no – regurgitation, bleeding/trauma, hypoxia, dislodgement
   e. If dislodgement after placement, successful replacement? – yes / no / not documented / not applicable

Reviewed December 2018
# MANUALLY TRIGGERED VENTILATOR

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**Item:**
- Flow restricted, oxygen powered ventilation device.

**Classification:**
- Basic Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Authorized for all levels of EMT as basic scope of practice.

**Authority:**
- Section 100063(a)(6)(E) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMTs to provide both manual and mechanical ventilation.
- Section 100106(a) of the AEMT Regulations. Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

**Training:**
- As specified in EMT and Paramedic Regulations for level of provider.

**Equipment:**
- Properly functioning ventilation device.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- Alternate forms of positive pressure ventilation are recommended in place of using a manually triggered ventilator.

Reviewed November 2017
### Item:
- Medical device inserted through the nasal canal in order to maintain an open airway.

### Classification:
- Basic Life Support procedure.
- Specified in existing regulations.

### Use and Level:
- Authorized for all levels of EMT as basic scope of practice.

### Authority:
- Section 100019 (g) of the First Aid and CPR Standards and Training for Public Safety Personnel Regulations, Chapter 1.5, Division 9, Title 22, California Code of Regulations.
- Section 100063(a)(5)(B) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations lists nasopharyngeal airway adjuncts as a qualified airway breathing aid.
- Section 100106(a) of the AEMT Regulations. Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

### Training:
- As specified in Public Safety, EMT, AEMT, and Paramedic Regulations for each level of provider.

### Equipment:
- Various sized adjuncts available to ensure proper size selection for the patient.
- Water soluble lubricant.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- No additional guidance at this time.

Reviewed November 2017
### NASOTRACHEAL INTUBATION

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#### Item:
- Tracheal intubation through the nose when oral endotracheal intubation attempts are contraindicated or have failed.

#### Classification:
- Advanced Life Support procedure.
- Not specified in basic scope of practice.
- May be approved as Local Optional Skill.

#### Use and Level:
- Not authorized for EMT or AEMT.
- Authorized for paramedics only if approved as a Local Optional Skill.

#### Authority:
- Section 100146(c)(2)(A) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform or monitor procedures that are not named as part of basic scope of practice. A Local Optional Skill must be deemed appropriate for paramedic use by the medical director of the local EMS agency and has been approved by the director of the EMS Authority. A paramedic must be trained and tested to demonstrate competence in performing the additional procedure.

#### Training:
- As specified by local EMS agency and director of the EMS Authority.

#### Equipment:
- No suggestions/recommendations.

#### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

#### Considerations and Recommendations:
- No additional guidance at this time.

Reviewed November 2017
## Oropharyngeal Airway Adjunct – OPA

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### Item:
- Medical device used to maintain a patent airway by preventing the tongue from obstructing the upper airway.

### Classification:
- Basic Life Support procedure.
- Specified in existing regulations.

### Use and Level:
- Authorized for all levels of EMT as basic scope of practice.

### Authority:
- Section 100019 (g) of the First Aid and CPR Standards and Training for Public Safety Personnel Regulations, Chapter 1.5, Division 9, Title 22, California Code of Regulations.
- Section 100063(a)(6)(A) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations lists oropharyngeal airway adjuncts as a qualified airway breathing aid.
- Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity.

### Training:
- As specified in Public Safety, EMT, AEMT, and Paramedic Regulations for each level of provider.

### Equipment:
- Various sized adjuncts available to ensure proper size selection for the patient.
- Suction device available in case of intact gag reflex.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- No additional guidance at this time.

Reviewed November 2017
# PEDIATRIC ORAL ENDOTRACHEAL INTUBATION

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<th>Public Safety</th>
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<th>AEMT</th>
<th>Paramedic</th>
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**Item:**
- Oral endotracheal intubation in a patient that fits on a length-based tape when all other attempts to ventilate have been unsuccessful.

**Classification:**
- Advanced Life Support procedure.
- Not specified in basic scope of practice.
- Must be approved as a Local Optional Skill.

**Use and Level:**
- Not authorized for EMT or AEMT.
- Authorized for paramedic only if approved as a Local Optional Skill.

**Authority:**
- Section 100145(c)(2)(A) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform or monitor procedures that are not named as part of basic scope of practice. A Local Optional Skill must be deemed appropriate for paramedic use by the medical director of the local EMS agency and has been approved by the director of the EMS Authority. A paramedic must be trained and tested to demonstrate competence in performing the additional procedure.

**Training:**
- As specified by local EMS agency and director of EMS Authority.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- There is little evidence supporting that pediatric oral intubation is more effective than properly performed BVM ventilations.

Reviewed November 2017
# PERILARYNGEAL AIRWAY ADJUNCT

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**Item:**
- Blind insertion airway device used to intubate a patient

**Classification:**
- Limited Advanced Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Authorized as local optional skill for EMT.
- Authorized for AEMT and paramedic.

**Authority:**
- Section 100064(b) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMTs to use perilaryngeal airway adjuncts with LEMSA approval.
- Section 100106(b)(1) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations permits AEMTs to provide pulmonary ventilation through a perilaryngeal airway adjunct.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an AEMT.

**Training:**
- As specified in EMT Regulations.

**Equipment:**
- Appropriately sized perilaryngeal airway adjunct.
- King Tube®,
- Combitube®

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- These airways have been shown to provide better ventilation than a bag-valve-mask with oral or nasal airways and do not require maintenance of a mask seal.
- Monitor clinical indications of adequate ventilation (chest rise, breath sounds).

Reviewed November 2017
## POSITIVE PRESSURE VENTILATION DEVICE

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<th>EMT</th>
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### Item:
To include both manual and mechanical devices:
- Bag Valve Mask.
- Continuous Positive Airway Pressure (CPAP).
- Bi-level Positive Airway Pressure (BiPAP).
- Manually Triggered Ventilators (MTV).

### Classification:
- Basic Life Support procedure.
- Specified in existing regulations.

### Use and Level:
- Authorized for all levels of EMT as basic scope of practice.

### Authority:
- Section 100063(a)(6)(E) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMT to provide both manual and mechanical ventilation.
- Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

### Training:
- As specified in EMT and Paramedic Regulations for level of provider. Proper training with ventilation device before use in the field.

### Equipment:
- Properly functioning ventilation device.
- Appropriate airway adjunct.
- Alternate form of positive pressure ventilation available.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- Does not include Automatic Transport Ventilators.

Reviewed November 2017
# RAPID SEQUENCE INTUBATION

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</thead>
</table>

**Item:**
- Use of a sedative and paralytic to aid in endotracheal intubation.

**Classification:**
- Advanced Life Support procedure.
- Not specified in basic scope of practice.
- Not approved as a local optional scope by Emergency Medical Services Authority.

**Use and Level:**
- Not authorized for any level of training.

**Authority:**
- Section 100146(c)(2)(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform or monitor procedures that are not named as part of basic scope of practice. A procedure that has not been approved by the Director of the Emergency Medical Services Authority cannot be performed.

**Training:**
- No suggestions/recommendations.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- Not recommended for EMS use.

Reviewed November 2017
### SUPPLEMENTAL OXYGEN THERAPY

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
</tr>
</thead>
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**Item:**
- The administration of oxygen as a medical intervention delivered in a variety of ways.

**Classification:**
- Basic Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Public safety personnel trained at the first aid level may administer oxygen as a local optional scope with local EMS agency approval.
- All levels of EMT may use nasal canula, non-rebreather masks, rebreather masks and air entrainment masks (Venturi Mask).

**Authority:**
- Section 100019(d) of the Public Safety First Aid Regulations, Chapter 1.5, Division 9, Title 22, California Code of Regulations, allow public safety personnel to administer only with local EMS agency approval.
- Section 100063(a)(5) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows an EMT to administer oxygen.
- Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

**Training:**
- As specified in Public Safety, EMT, AEMT, and Paramedic Regulations for level of provider.

**Equipment:**
- Properly maintained oxygen tank and regulator.
- Masks in multiple sizes to ensure proper fit on each patient.
- Reserve oxygen tank available.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No additional guidance at this time.

Reviewed November 2017
| **Item:** | • Visualize the airway to facilitate endotracheal intubation using a video laryngoscope device. |
| **Classification:** | • Device for use with Advanced Life Support endotracheal intubation procedure. |
| **Use and Level:** | • Authorized for use by paramedics performing endotracheal intubation, according to the manufacturer’s recommendation, when approved by the medical director of the local EMS agency.  
• This device serves to facilitate direct visualization of the vocal cords as an alternative device to the direct laryngoscope. |
| **Authority:** | • Section 100146 (c) (1) (C) and (D) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations, allows an EMT-paramedic to visualize the airway with a laryngoscope and provide pulmonary ventilation through adult oral endotracheal intubation. |
| **Training:** | • Training on this device for endotracheal intubation requires additional competency training and testing to ensure successful use.  
• Formal didactic training, skills practice, and competency testing is recommended. |
| **Equipment:** | • Some devices may require a detached monitor to view the video of the airway.  
• Some devices may require the use of a Bougie for endotracheal tubes larger than 8.5 mm as recommended by the manufacturer. |
| **Medical Direction:** | • Used in accordance with a protocol written and approved by the local EMS agency medical director (HSC 1797.220). |
| **Considerations and Recommendations:** | • Correct ET tube placement confirmation using clinical observation and end-tidal CO₂ detection is required. Capnography for confirmation and continuous monitoring is strongly recommended. |

Reviewed November 2017
### Visualize Airway & Forceps Removal of FBO

**Item:**
- Use of laryngoscope to visualize airway and remove foreign body obstruction with forceps.

**Classification:**
- Advanced Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Not authorized for EMT or AEMT.
- Authorized for EMT-P through existing regulations.

**Authority:**
- Section 100146(c)(1)(C) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to visualize a patient’s airway with a laryngoscope and use forceps to remove foreign body obstructions.

**Training:**
- As specified in Paramedic Regulations.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No additional guidance at this time.

Reviewed November 2017
Cardiac and Medical
Scope of Practice Position Statements
**AUTOMATED EXTERNAL DEFIBRILLATOR – AED**

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
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</tr>
</thead>
</table>

**Item:**
- Portable electronic device used to diagnose cardiac arrhythmias of a patient in cardiac arrest and provide an electrical shock if necessary in order to return heart to an effective rhythm.

**Classification:**
- Basic Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Authorized for First Aid, CPR and AED certified personnel.
- All levels of EMTs authorized to use.

**Authority:**
- Section 100021 of the Public Safety First Aid Regulations, Chapter 1.5, Division 9, Title 22, California Code of Regulations allows first aid trained public safety personnel to perform automated external defibrillation when the public safety agency is approved by the local EMS agency.
- Section 100063(a)(15) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows an EMT to perform automated external defibrillation.
- Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

**Training:**
- As specified in EMT and Paramedic Regulations for level of provider.

**Equipment:**
- Properly maintained AED.
- Properly charged AED with reserve batteries available.
- Appropriate sized pads.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- Encouraged for placement in high-risk public locations.

Reviewed November 2017
**Item:**
- The process of evaluating a patient’s blood and its components to check for imbalances or deficiencies that could be adversely affecting the patient’s health.

**Classification:**
- Advanced Life Support procedure.
- Not specified in basic scope of practice.

**Use and Level:**
- Not authorized for EMT or AEMT.
- Authorized for paramedic only if approved as a Local Optional Skill.

**Authority:**
- Section 100146(c)(1)(J) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to use laboratory devices, including point of care testing, for prehospital screening to measure lab values including but not limited to: glucose, capnometry, capnography, and carbon monoxide when appropriate authorization is obtained from State and Federal agencies, including from the Centers for Medicare and Medicaid Services pursuant to the Clinical Laboratory Improvement Amendments (CLIA).

**Training:**
As specified by local EMS agency.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No additional guidance at this time.

Reviewed November 2017
# BLOOD GLUCOSE MONITORING

<table>
<thead>
<tr>
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<th>Paramedic</th>
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**Item:**
- Use of blood glucose monitoring device to obtain patient’s blood glucose level.

**Classification:**
- Local optional scope procedure for EMTs when approved by the local EMS agency.
- Limited Advanced Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Authorized for EMT with local EMS agency approval.
- Authorized for AEMT as part of basic scope of practice through existing regulations.
- Authorized for paramedic through existing regulations.

**Authority:**
- Section 100063(b)(5) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows an EMT to use a blood glucose monitoring device when approved by the local EMS agency.
- Section 100106(b)(7) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations allows an AEMT to use a blood glucose monitoring device.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an AEMT.

**Training:**
- As specified in EMT, AEMT, and Paramedic Regulations for level of provider.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- There is no blood glucose monitor that is specifically approved by the FDA for EMS use.

Reviewed November 2017
# SYNCHRONIZED ELECTRICAL CARDIOVERSION

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<thead>
<tr>
<th>Public Safety</th>
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<th>Paramedic</th>
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</table>

**Item:**
- Therapeutic dose of electrical current to the heart to convert an arrhythmia to a normal cardiac rhythm.

**Classification:**
- Advanced Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Not authorized for EMT or AEMT.
- Authorized for previously certified EMT-IIs with approved optional scope of practice.
- Authorized for paramedic through existing regulations.

**Authority:**
- Section 100106.1(b)(2) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations allows an AEMT who was previously certified as an EMT-II to perform synchronized cardioversion as an optional skill in a LEMSA that had an approved EMT-II program prior to January 1, 1994.
- Section 100146(c)(1)(B) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform synchronized cardioversion.

**Training:**
- As specified in AEMT and Paramedic Regulations for level of provider.

**Equipment:**
- Properly functioning EKG in order to identify electrical activity of the heart.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- If synchronization is unable to be achieved, unsynchronized defibrillation can be considered.

Reviewed November 2017
### Item:
- Medical device used to deliver a therapeutic dose of electricity to the heart in order to terminate an arrhythmia and return heart to a normal sinus rhythm.

### Classification:
- Advanced Life Support procedure.
- Specified in existing regulations.

### Use and Level:
- Not authorized for EMT or AEMT.
- Authorized for previously certified EMT-IIs with approved optional scope of practice.
- Authorized for paramedic through existing regulations.

### Authority:
- Section 100106.1(b)(2) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations allows an AEMT who was previously certified as an EMT-II to perform defibrillation as an optional skill in within a LEMSA that had an approved EMT-II program prior to January 1, 1994.
- Section 100146(c)(1)(B) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform defibrillation.

### Training:
- As specified in EMT and Paramedic Regulations for level of provider.

### Equipment:
- Properly functioning EKG in order to identify electrical activity of the heart.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- AEDs are alternative for other levels of providers.

Reviewed November 2017
### Item:
- Use of electrocardiograph (EKG) to record and interpret electrical activity of the heart.

### Classification:
- Advanced Life Support procedure.
- Specified in existing regulations.

### Use and Level:
- Not authorized for EMT or AEMT.
- Authorized for previously certified EMT-IIs with approved optional scope of practice.
- Authorized for paramedic through existing regulations.

### Authority:
- Section 100106.1(b)(3) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations allows an AEMT who was previously certified as an EMT-II to utilize EKGs as an optional skill in within a LEMSA that had an approved EMT-II program prior to January 1, 1994.
- Section 100146(c)(1)(A) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to utilize EKGs.

### Training:
- As specified in EMT and Paramedic Regulations for level of provider.

### Equipment:
- No suggestions/recommendations.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- It is recommended that EMT-paramedics not over read the computer interpretation.

Reviewed November 2017
### VENTRICULAR ASSIST / MECHANICAL CIRCULATORY SUPPORT DEVICE

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<tr>
<th>Public Safety</th>
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<th>Paramedic</th>
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</table>

**Item:**
- Implanted left ventricular assist / mechanical circulatory support devices.

**Classification:**
- Advanced Life Support.
- Not specified in basic scope of practice.

**Use and Level:**
- Not authorized for EMT or AEMT.

**Authority:**
- Section 100063(a)(1) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMT to evaluate the ill and injured.
- Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

**Training:**
- As specified by the local EMS agency.

**Equipment:**
- Patients will have an implantable device with external equipment.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
Mechanical circulatory support devices covers a range of devices that include ventricular assist devices (VAD) and total artificial hearts.
- The VAD assists the native ventricle pumping action and provides the cardiac output needed to survive.
- These devices are either pulsatile or continuous flow (non-pulsatile).
- They are further divided into Left Ventricular Assist Devices (LVAD), Right Ventricular Assist Devices (RVAD), or both ventricles (BiVAD).
- The more common device is a continuous flow pump located in the patient’s thorax or upper abdomen and attached to the patient’s left ventricle and aorta (LVAD). The assessment of patients with these devices will not be instinctual, as many of the “normal” assessment parameters will not be available or their results will be seemingly contradictory.
- Treat per your local protocols.

Reviewed November 2017
### Item:
- Use of magnets for control of an Automatic Implantable Cardioverter Defibrillators (AICD).

### Classification:
- Advanced Life Support procedure.
- The use of magnets to control AICDs, although non-invasive, is not specifically listed in the scope of practice regulations for EMT or paramedics.

### Use and Level:
- Not authorized for EMT’s or AEMTs.
- Authorized for paramedics when approved by the medical director of the local EMS agency as local optional scope of practice.

### Authority:
- California Code of Regulations 100146(c)(2)(A) Chapter 4, allows the medical director of a local EMS agency to add additional items to the paramedic local optional scope of practice upon approval by the director of the EMS Authority.

### Training:
- Local EMS agency’s medical directors who wish to add the use of the magnets for Automatic Implantable Cardioverter Defibrillators (AICD) to local optional scope of practice must submit proposed training and testing as part of a request to the EMS Authority in accordance with Section 100146(c)(2)(A) of the Paramedic Regulations.

### Equipment:
- There is no specific magnet recommended.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- The local EMS agency’s medical director may wish to limit the use of an AICD magnet to a situation where the patient has their own personal magnet prescribed by their treating physician.

Reviewed November 2017
## MECHANICAL CPR DEVICE

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<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</table>

### Item:
- Automated cardiopulmonary resuscitation device used to provide chest compressions on a patient in cardiac arrest.

### Classification:
- Basic Life Support procedure.
- Specified in existing regulations.

### Use and Level:
- Authorized for all levels of EMT as basic scope of practice.

### Authority:
- Section 100063(a)(4) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMT to utilize mechanical adjuncts while performing cardiopulmonary resuscitation (CPR).
- Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

### Training:
- As specified in EMT and Paramedic Regulations for level of provider.

### Equipment:
- Properly functioning mechanical CPR device.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- No additional guidance at this time.

Reviewed November 2017
## NASOGASTRIC/OROGASTRIC INTUBATION

### Public Safety | EMT | AEMT | Paramedic

**Item:**
- Medical procedure involving the insertion of a plastic tube into a patient’s stomach in order to remove stomach contents.

**Classification:**
- Advanced Life Support procedure.
- Specified in basic scope of practice.

**Use and Level:**
- Not authorized for EMT or AEMT.
- Authorized for paramedics as part of basic scope of practice.

**Authority:**
- Section 100146 (c) (1) (N) of the Paramedic Regulations (Chapter 4, Division 9, Title 22, California Code of Regulations).

**Training:**
- As specified by local EMS agency and director of the EMS Authority.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No considerations/recommendations.

Reviewed November 2017
# IMPEDANCE THRESHOLD DEVICE

<table>
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<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</table>

## Item:
- A brand of Impedance Threshold Device (ITD) used to enhance the changes in intrathoracic pressures during cardiopulmonary resuscitation.

## Classification:
- Basic Life Support procedure.
- Specified in existing regulations.

## Use and Level:
- Authorized for EMT, Advanced EMT, and paramedic as a mechanical adjunct to basic CPR.

## Authority:
- Section 100063 (a) (4) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations. Section 100063 is the EMT scope of practice and subsection (a) (4) allows EMT to use mechanical adjuncts to cardiopulmonary resuscitation.
- Section 100106 (a) of the AEMT Regulations. Chapter 3, Division 9, Title 22, California Code of Regulations. Section 100106 is the AEMT scope of practice and subsection (a) refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146 (a) of the Paramedic Regulations (Chapter 4, Division 9, Title 22, California Code of Regulations). Subsection (a) states that an EMT-paramedic may perform any activity identified in the scope of practice for an EMT.

## Training:
Specific training for this device is necessary because no standard training exists in the national training standards and should include:
- Indications for use and when to remove the device for both basic and advanced airways.
- Use of two-person bag-valve-mask ventilation when used in the absence of an advanced airway to ensure adequate seal to maintain the intended effect of the device.
- Use in conjunction with optimized CPR, keeping compression rates between 90 and 110 per minute.

## Equipment:
- Must be used in conjunction with a bag-valve-mask device for both basic and advanced airways.

## Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

## Considerations and Recommendations:
- No additional guidance at this time.

Reviewed November 2017
### TB TESTING

<table>
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<th>AEMT</th>
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</table>

**Item:**
- Medical diagnostic tool used to screen for the presence of tuberculosis.

**Classification:**
- Advanced Life Support procedure.
- Not specified in basic scope of practice.
- Not approved as a local optional scope by Emergency Medical Services Authority.

**Use and Level:**
- Not authorized for any level of training.

**Authority:**
- Section 100146(c)(2)(A) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform or monitor procedures that are not named as part of basic scope of practice. A procedure that has not been approved by the Director of the Emergency Medical Services Authority cannot be performed.

**Training:**
- No suggestions/recommendations.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No additional guidance at this time.

Reviewed November 2017
<table>
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**Item:**
- Medical device used to monitor cardiac rate/rhythm in a patient and deliver a series of electrical pacing impulses through the skin and chest wall to temporarily restore normal cardiac electrical activity.

**Classification:**
- Advanced Life Support procedure.
- Specified in basic scope of practice.

**Use and Level:**
- Not authorized for EMT or AEMT.
- Authorized for Paramedics as part of the basic scope of practice.

**Authority:**
- Section 100146 (c) (1) (B) of the Paramedic Regulations (Chapter 4, Division 9, Title 22, California Code of Regulations).

**Training:**
- As specified in Paramedic Regulations.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No additional guidance at this time.

Reviewed November 2017
### VAGAL MANEUVERS

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</table>

**Item:**
- Non-pharmacological stimulation of the parasympathetic nervous system through the Vagus nerve used to identify and terminate arrhythmias. Examples are carotid sinus massage and Valsalva maneuver.

**Classification:**
- Advanced Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Not authorized for EMT or AEMT.
- Authorized for paramedics through existing regulations.

**Authority:**
- Section 100146(c)(1)(K) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows an paramedic to perform Valsalva maneuvers.

**Training:**
- As specified in Paramedic Regulations.

**Equipment:**
- Properly functioning EKG in order to identify electrical activity of the heart.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No additional guidance at this time.

Reviewed November 2017
Patient Assessment
Scope of Practice Position Statements
## AUTO BLOOD PRESSURE

<table>
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<tr>
<th>Public Safety</th>
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<th>Paramedic</th>
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</table>

### Item:
- Use of machine to obtain blood pressure of a patient.

### Classification:
- Basic Life Support procedure.
- Specified in existing regulations.

### Use and Level:
- Not authorized for Public Safety.
- Authorized for all levels of EMT as basic scope of practice.

### Authority:
- Section 100063(a)(3) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMTs to obtain diagnostic signs including blood pressure.
- Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations allows an AEMT to perform any activity identified in the EMT scope of practice.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

### Training:
- As specified in EMT and Paramedic Regulations for level of provider.

### Equipment:
- Properly functioning blood pressure taking equipment.
- Availability of a manual sphygmomanometer as a backup.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- No additional guidance at this time.

Reviewed November 2017
## CO₂ DETERMINATION BY CAPNOGRAPHY

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<th>AEMT</th>
<th>Paramedic</th>
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</table>

### Item:
- Medical device used to measure the partial pressure of CO₂ in expired respiratory gases for ET

### Classification:
- Advanced Life Support procedure.
- Specified in existing regulations.

### Use and Level:
- Authorized for EMT or AEMT with local EMS agency approval for supraglottic airways.
- Authorized for paramedic through existing regulations solely as advanced airway confirmation.

### Authority:
- Section 100064 (b) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations which allows EMTs use perilyngeal airways with local EMS agency approval.
- Section 100106 (a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations allows AEMTs to perform any activity in the EMT scope of practice with local EMS agency approval.
- Section 100146(c)(1)(J) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to use capnography devices.

### Training:
- As specified in EMT and Paramedic Regulations for level of provider.

### Equipment:
- Devices specifically designed to verify and monitor ET tube and supraglottic airway placement.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- Other uses beyond ET tube placement confirmation require a request for optional scope of practice.

Reviewed November 2017
# MANUAL BLOOD PRESSURE

<table>
<thead>
<tr>
<th>Item:</th>
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<tbody>
<tr>
<td>• Use of a sphygmomanometer to obtain a patient’s blood pressure.</td>
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<table>
<thead>
<tr>
<th>Classification:</th>
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</thead>
<tbody>
<tr>
<td>• Basic Life Support procedure.</td>
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<tr>
<td>• Specified in existing regulations.</td>
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</table>

<table>
<thead>
<tr>
<th>Use and Level:</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Authorized for Public Safety providers.</td>
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<tr>
<td>• Authorized for all levels of EMT as basic scope of practice.</td>
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<table>
<thead>
<tr>
<th>Authority:</th>
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</thead>
<tbody>
<tr>
<td>• Section 100063(a)(3) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMTs to obtain diagnostic signs including blood pressure.</td>
<td></td>
<td></td>
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<tr>
<td>• Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations allows an AEMT to perform any activity identified in the EMT scope of practice.</td>
<td></td>
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</tr>
<tr>
<td>• Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.</td>
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<thead>
<tr>
<th>Training:</th>
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</thead>
<tbody>
<tr>
<td>• As specified in EMT and Paramedic Regulations for level of provider.</td>
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</table>

<table>
<thead>
<tr>
<th>Equipment:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Properly sized sphygmomanometer.</td>
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</table>

<table>
<thead>
<tr>
<th>Medical Direction:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).</td>
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</table>

<table>
<thead>
<tr>
<th>Considerations and Recommendations:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• No additional guidance at this time.</td>
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</table>

Reviewed November 2017
# PULSE OXIMETER

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
</tr>
</thead>
</table>

**Item:**
- Device used to indirectly measure oxygen saturation in the blood.

**Classification:**
- Basic Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Authorized for all levels of EMT as basic scope of practice.

**Authority:**
- Section 100063(a)(3) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMT to obtain diagnostic signs from a patient.
- Section 100106(a) of the AEMT Regulations. Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

**Training:**
- As specified in EMT and Paramedic Regulations for level of provider.

**Equipment:**
- Properly functioning pulse oximeter.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No additional guidance at this time.

Reviewed November 2017
## VENOUS BLOOD SAMPLING

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
</tr>
</thead>
</table>

### Item:
- Obtaining intravenous access for the purpose of obtaining a venous blood sample.

### Classification:
- Limited Advanced Life Support procedure.
- Specified in existing regulations.

### Use and Level:
- Not authorized for EMT.
- Authorized for AEMT as part of basic scope of practice through existing regulations.
- Authorized for paramedics through existing regulations.

### Authority:
- Section 100106(b)(6) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations allows an AEMT to obtain a venous or capillary blood sample for laboratory analysis.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an AEMT.
- Section 23158(a), (d), and (k) of the California Vehicle Code authorizes a paramedic to draw a blood sample for determining a blood alcohol at the request of a peace officer as long as the procedure is authorized by the employer.

### Training:
- As specified in AEMT and Paramedic Regulations for level of provider.

### Equipment:
- No suggestions/recommendations.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- Peace officers may request a paramedic to draw a blood sample for determining blood alcohol content. The paramedic’s employer must also authorize the paramedic to draw this blood sample and must be in accordance with local EMS policy. This does not include paramedic employees of fire departments.

Reviewed November 2017
Pharmacological Intervention
Scope of Practice Position Statements
# ACTIVATED CHARCOAL SUSPENSION

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
</tr>
</thead>
</table>

**Item:**
- Liquid suspension of activated charcoal used to treat overdoses and poisonings following oral ingestion.

**Classification:**
- LALS procedure.
- Specified in existing regulations.

**Use and Level:**
- Not authorized for EMT use.
- AEMT and paramedic authorized to administer.

**Authority:**
- Section 100106(b)(8)(E) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations allows AEMT to administer activated charcoal.
- Section 100146(c)(1)(R)2. of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may administer activated charcoal.

**Training:**
- As specified in AEMT and Paramedic Regulations for level of provider.

**Equipment:**
- Appropriate volume of activated charcoal suspension depending on patient’s weight.
- Available suction in case of regurgitation.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No longer recommended for routine use by the American College of Medical Toxicology; see J Toxicol Clin Toxicol 2000; 38(7): 689-90.

Reviewed November 2017
ADMINISTRATION OF ASPIRIN

<table>
<thead>
<tr>
<th>Item:</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</thead>
<tbody>
<tr>
<td>Administration of OTC aspirin.</td>
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</table>

<table>
<thead>
<tr>
<th>Classification:</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</thead>
<tbody>
<tr>
<td>Basic Support procedure.</td>
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<tr>
<td>Specified in existing regulations.</td>
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<table>
<thead>
<tr>
<th>Use and Level:</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</thead>
<tbody>
<tr>
<td>Authorized for EMT as basic scope of practice.</td>
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<tr>
<td>Authorized for AEMT as basic scope of practice.</td>
<td></td>
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<tr>
<td>Authorized for paramedic as basic scope of practice.</td>
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<table>
<thead>
<tr>
<th>Authority:</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</thead>
<tbody>
<tr>
<td>Section 100063(b)(6)(A) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations lists aspirin as an over the counter drug that an EMT may administer when approved by the LEMSA medical director.</td>
<td></td>
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<tr>
<td>Section 100106(b)(8)(B) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations states that an AEMT may perform any activity identified in the scope of practice for an EMT.</td>
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<tr>
<td>Section 100146(c)(1)(R)6. of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may administer aspirin.</td>
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<table>
<thead>
<tr>
<th>Training:</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</thead>
<tbody>
<tr>
<td>As specified in AEMT and Paramedic Regulations for level of provider.</td>
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</table>

<table>
<thead>
<tr>
<th>Equipment:</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</thead>
<tbody>
<tr>
<td>Unexpired supply of aspirin.</td>
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<table>
<thead>
<tr>
<th>Medical Direction:</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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<tbody>
<tr>
<td>Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).</td>
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</table>

<table>
<thead>
<tr>
<th>Considerations and Recommendations:</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</thead>
<tbody>
<tr>
<td>Having the patient chew the dose of aspirin may be more effective.</td>
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Reviewed November 2017
## ADMINISTRATION OF ORAL GLUCOSE

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</thead>
</table>

### Item:
- Dextrose and water oral gel used to rapidly raise blood glucose levels of a hypoglycemic patient.

### Classification:
- Basic Life Support procedure.
- Specified in existing regulations.

### Use and Level:
- Not authorized for Public Safety.
- Authorized for all levels of EMT as basic scope of practice.

### Authority:
- Section 100063(a)(8)(G) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows an EMT to administer oral glucose.
- Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations allows an AEMT to perform any activity identified in the EMT scope of practice.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

### Training:
- As specified in EMT and Paramedic Regulations for level of provider.

### Equipment:
- 3 tubes/servings of 15 grams of glucose each.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- Oral use contraindicated in altered levels of consciousness or unprotected airway.

Reviewed November 2017
### ASSISTING PATIENT WITH PRESCRIBED MEDICATION

<table>
<thead>
<tr>
<th>Item:</th>
<th>Assist patient with administration of physician prescribed medication device including but not limited to:</th>
</tr>
</thead>
</table>
|       | o Metered dose inhalers.  
|       | o Medication pump.  
|       | o Sublingual nitroglycerin.  
|       | o Self-administered emergency medications. |

### Classification:
- Basic Life Support procedure.
- Specified in existing regulations.

### Use and Level:
- Not authorized for Public Safety.
- Authorized for all levels of EMT as basic scope of practice.

### Authority:
- Section 100063(a)(8)(N) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMT to assist patient administer doctor prescribed medication devices.
- Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

### Training:
- As specified in EMT and Paramedic Regulations for level of provider.

### Equipment:
- Ensuring that the medication is prescribed to the patient and not expired.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- This may include orphan drugs/devices prescribed for rare medical conditions.

Reviewed November 2017
**BETA-AGONISTS – BRONCHODILATORS**

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<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</table>

**Item:**
- Bronchodilator commonly used to treat a patient experiencing an asthma attack or a patient with COPD.

**Classification:**
- Limited Advanced Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- EMTs may assist the patient with their prescribed medication.
- Authorized for AEMT as part of basic scope of practice through existing regulations.
- Authorized for EMT-P through existing regulations.

**Authority:**
- Section 100063(a)(8)(N) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMT to assist patient administer doctor prescribed medication devices.
- Section 100106(b)(8)(D) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations names beta-agonists/bronchodilators as a drug an AEMT may administer in way other than intravenously.
- Section 100146(a) and 100146(c)(1)(R)(4) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an AEMT and administer aerosolized or nebulized beta-2 specific bronchodilators.

**Training:**
- As specified in EMT and Paramedic Regulations for level of provider.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- Nebulization of drugs may be considered a high risk procedure under Cal/Osha ATD 5199.

Reviewed November 2017
### DRUG ADMINISTRATION OTHER THAN IV

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</table>

#### Item:
Administration of the following drugs in a route other than intravenously:
- Nitroglycerin.
- Aspirin.
- Glucagon.
- Beta-2 agonists (bronchodilators).
- Naloxone.
- Epinephrine.

#### Classification:
- Basic Life Support procedure with local EMS agency approval.
- Specified in existing regulations.

#### Use and Level:
- Naloxone and epinephrine authorized for first aid trained public safety personnel and EMTs with local EMS agency approval.
- Authorized for AEMT as part of basic scope of practice through existing regulations.
- Authorized for paramedic through existing regulations.

#### Authority:
- Section 100019(c), (f) of the First Aid and CPR Standards and Training for Public Safety Personnel Regulations, Chapter 1.5, Division 9, Title 22, California Code of Regulations lists naloxone, and epinephrine drugs as approved for optional scope of practice.
- Section 100063(b)(1), (3) & (4) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations lists naloxone, and epinephrine drugs as approved for optional scope of practice.
- Section 100106(b)(8) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations lists drugs approved for administration by an AEMT by a route other than intravenously.
- Section 100146(c)(1)(R) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations lists the medications above that may be administered by a paramedic.

#### Training:
- As specified in EMT and Paramedic Regulations for level of provider.

#### Equipment:
- No suggestions/recommendations

#### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

#### Considerations and Recommendations:
- Usually used only at AEMT level.

Reviewed November 2017
# EMERGENCY IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</table>

**Item:**
- Administration of a vaccine/immunization when indicated during a public health medical emergency.

**Classification:**
- Advanced Life Support procedure.
- Not specified in basic scope of practice.
- May be approved as Local Optional Skill.

**Use and Level:**
- Not authorized for EMT or AEMT.
- Authorized for paramedic only if approved as a local optional skill.

**Authority:**
- Section 100146(c)(2)(A) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform or monitor procedures that are not named as part of basic scope of practice. A Local Optional Skill must be deemed appropriate for paramedic use by the medical director of the local EMS Authority and has been approved by the director of the EMS Authority. A paramedic must be trained and tested to demonstrate competence in performing the additional procedure.

**Training:**
- As specified by the local EMS agency and the director of the EMS Authority.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- Not to be used for routine public health programs.

Reviewed November 2017
### Item:
- Drug used as a bronchodilator and vasoconstrictor for anaphylaxis.

### Classification:
- Epinephrine auto-injector is a basic life support procedure with local EMS agency approval.
- Specified in existing regulations.

### Use and Level:
- Authorized for EMT with local EMS agency approval
- Authorized for AEMT as part of basic scope of practice through existing regulations.
- Authorized for paramedic through existing regulations.

### Authority:
- Section 100063(b)(4) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations states EMTs may administer Epinephrine auto injectors drugs as approved for optional scope of practice. Section 100064(a)(2) states that EMTs are allowed to administer Epinephrine by way of prefilled syringe and/or drawing up toe proper dosage as part of the optional scope of practice
- Section 100106(b)(8)(G) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations names epinephrine as a drug an AEMT may administer in way other than intravenously.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an AEMT.

### Training:
- As specified in EMT and Paramedic Regulations for level of provider.

### Equipment:
- No suggestions/recommendations.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- Auto-injectors are preferred for EMT and AEMT.
- Local EMS agencies may authorize EMTs to draw up epinephrine as a local optional scope item.

Reviewed November 2017
# EPINEPHRINE AUTO-INJECTORS

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
</tr>
</thead>
</table>

**Item:**
- Use of epinephrine auto-injectors for anaphylaxis.

**Classification:**
- Epinephrine auto-injector is a basic life support procedure with local EMS agency approval.
- Specified in existing regulations.

**Use and Level:**
- Authorized for first aid trained public safety personnel: (1) to assist the patient with their own physician prescribed auto-injector, and (2) as an optional skill when authorized by the medical director of the local EMS agency.
- Authorized for EMTs: (1) to assist the patient with their own physician prescribed auto-injector and (2) as an optional skill when authorized by the medical director of the local EMS agency.
- Authorized for AEMT.
- Authorized for paramedic as part of the basic scope of practice.

**Authority:**
- Section 100063(a)(16) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations refers to EMTs providing assistance to 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.
- Section 100063(b)(4) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations states EMTs may administer epinephrine by auto injector as approved by the local EMS agency.
- Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations states that an AEMT may perform any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

**Training:**
- As specified in EMT and Paramedic Regulations for level of provider.

**Equipment:**
- Equipment approved by the medical director of the local EMS agency.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- Auto-injectors are preferred for EMT and AEMT.
- Local EMS agencies may authorize EMTs to draw up epinephrine as a local optional scope item.

Reviewed November 2017
GLUCAGON ADMINISTRATION

| Item: | Used to treat a hypoglycemic patient who is unconscious or otherwise cannot take oral glucose. |
| Classification: | Limited Advanced Life Support procedure.  
Specified in existing regulations. |
| Use and Level: | Not authorized for EMT.  
Authorized for AEMT as part of basic scope of practice through existing regulations.  
Authorized for paramedic through existing regulations. |
| Authority: | Section 100106(b)(8)(C) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations names glucagon as a drug an AEMT may administer in way other than intravenously.  
Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an AEMT.  
Section 100146(c)(1)(R)(15) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states paramedics may administer glucagon. |
| Training: | As specified in AEMT and Paramedic Regulations for level of provider. |
| Equipment: | No suggestions/recommendations. |
| Medical Direction: | Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220). |
| Considerations and Recommendations: | No additional guidance at this time. |

Reviewed November 2017
## INTRAOSSEOUS INFUSION (IO)

### Item:
- Invasive medical procedure used to administer fluids or medication through the vascular structures of a bone when intravenous access is not available.

### Classification:
- Limited Advanced Life Support procedure for AEMTs for use in pediatric patients.
- Advanced Life Support procedure.
- Specified in basic scope of practice.

### Use and Level:
- Not authorized for EMT.
- Authorized for paramedics as part of basic scope of practice and for AEMTs in pediatric patients.

### Authority:
- Section 100106(b)(5) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations states that AEMTS may establish and maintain intraosseous access in a pediatric patient.
- Section 100146 (c) (1) (G) of the Paramedic Regulations (Chapter 4, Division 9, Title 22, California Code of Regulations) states that paramedics can institute intraosseous (IO) needles or catheters.

### Training:
- As specified by the local EMS agency and the director of the EMS Authority.

### Equipment:
- No suggestions/recommendations.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- A device to place the IO needle is recommended over manual needle placement.

Reviewed November 2017
# IV DRUG ADMINISTRATION

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</thead>
</table>

**Item:**
- Administration of drugs through intravenous access.

**Classification:**
- Limited Advanced/Advanced Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Not authorized for EMT.
- Authorized for AEMT through existing regulations.
- Authorized for paramedics through existing regulations.

**Authority:**
- Section 100106(b)(4) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations states an AEMT may administer approved medications through intravenous access.
- Section 100146(b)(1)(Q) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may administer approved medications through intravenous access.

**Training:**
- As specified in AEMT and Paramedic Regulations for level of provider.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No additional guidance at this time.

Reviewed November 2017
## IV FLUID THERAPY – NON-MEDICATION

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
</tr>
</thead>
</table>

**Item:**
- Crystalloids
  - Lactated Ringer.
  - Dextrose solution.
  - Normal Saline.

**Classification:**
- Limited Advanced Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Authorized for AEMT and paramedic through existing regulations.

**Authority:**
- Section 100106(b)(4) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations states that an AEMT may administer intravenous glucose solutions or isotonic balanced salt solutions.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an AEMT.

**Training:**
- As specified in AEMT Regulations.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- Normal saline is preferred.

Reviewed November 2017
### NALOXONE ADMINISTRATION

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
</tr>
</thead>
</table>

#### Item:
- Drug used to counter life-threatening depression of the central nervous system and respiratory system commonly caused by opiate overdose.

#### Classification:
- Basic and limited advanced life support procedure.
- Specified in existing regulations.

#### Use and Level:
- Not authorized for Public Safety or EMT unless approved as a local optional skill.
- Authorized for AEMT as part of basic scope of practice through existing regulations.
- Authorized for paramedic through existing regulations.

#### Authority:
- Section 100019 (f) of the First Aid and CPR Standards for Public Safety Personnel, Chapter 1.5, Division 9, Title 22, California Code of Regulations allows public safety personnel to administer naloxone for a suspected narcotic overdose with LEMSA approval.
- Section 100063(a)(3) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMTs to administer naloxone for a suspected narcotic overdose with LEMSA approval.
- Sections 100106(b)(4)(C) and 100106(b)(8)(F) of the AEMT Regulations. Chapter 3, Division 9, Title 22, California Code of Regulations name Naloxone as a drug an AEMT may administer intravenously and in a way other than intravenously.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an AEMT.
- Section 100146(c)(1)(R) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may administer naloxone using prepackaged products when available.

#### Training:
- As specified in Public Safety, EMT, AEMT, and Paramedic Regulations for level of provider.

#### Equipment:
- No suggestions/recommendations

#### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

#### Considerations and Recommendations:
- No additional guidance at this time.

Reviewed November 2017
NERVE AGENT AUTOINJECTORS

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
</tr>
</thead>
</table>

**Item:**
- Combination of atropine and pralidoxime chloride to treat organophosphorus poisoning.

**Classification:**
- Limited Advanced Life Support Drug Treatment.
- Specified in existing regulations.

**Use and Level:**
- Authorized for public safety personnel for self or peer care.
- Authorized for EMTs as part of a LEMSA local optional scope of practice.
- Authorized for AEMTs as part of basic scope of practice.
- Authorized for paramedic as part of the basic scope of practice.

**Authority:**
- Section 100019 (e) of the Public Safety First Aid/CPR Regulations, Chapter 1.5, Division 9, Title 22, California Code of Regulations permits the administration of atropine and pralidoxime for self or peer care when approved by the LEMSA.
- Section 100064(e)(3) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations permits the administration of atropine and pralidoxime chloride as part of a LEMSA approved local optional scope of practice.
- Section 100106(a) AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.
- Section 100146(c)(1)(R) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations state a paramedic may administer atropine and pralidoxime using prepackaged products when available.

**Training:**
- As specified in the Public Safety, EMT and Paramedic Regulations for level of provider.

**Equipment:**
- Use of auto-injectors (such as Mark-1 and DuoDote) by Public Safety Personnel, EMT and AEMT are required when available.
- Equipment approved by the medical director of the local EMS agency.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No additional guidance at this time.

Reviewed November 2017
### PERIPHERAL IV INSERTION

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
</tr>
</thead>
</table>

**Item:**
- Intravenous (IV) catheters, saline locks, needles or other cannulae (IV lines).

**Classification:**
- Limited Advanced Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Authorized for AEMT and paramedic through existing regulations.

**Authority:**
- Section 100106(b)(3) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations states that an AEMT may institute intravenous catheters, saline locks, needles or other cannulae (IV lines) into peripheral veins.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an AEMT.

**Training:**
- As specified in AEMT Regulations.

**Equipment:**
- No suggestions/recommendations

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No additional guidance at this time.

Reviewed November 2017
### REACTIVE SKIN DECONTAMINATION LOTION (RSDL)

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
</tr>
</thead>
</table>

**Item:**
- Use of Reactive Skin Decontamination Lotion is a topical adjunct intended to remove or neutralize chemical warfare agents (including Sarin, Soman, Tabun, Mustard, and VX) and T-2 toxin from the skin.

**Classification:**
- Advanced Life Support procedure.
- Not specified in basic scope of practice.
- May be approved as local optional skill.
- RSDL is not available for sale to civilians and must be acquired through the federal government.

**Use and Level:**
- Not authorized for EMT or AEMT
- Authorized for paramedic only if approved as a local optional skill

**Authority:**
- Section 100146(c)(2)(A) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform or monitor procedures that are not named as part of basic scope of practice. A Local Optional Skill must be deemed appropriate for paramedic use by the medical director of the local EMS agency and has been approved by the director of the EMS Authority. A paramedic must be trained and tested to demonstrate competence in performing the additional procedure.

**Training:**
Training in the use of RSDL shall consist of not less than one (1) hour to result in the paramedic being competent in the use of the device. Included in the training shall be the following topics and skills:
- Review of types of CWAs and other toxins and which ones RSDL will be effective for decontamination;
- Review of signs, symptoms and treatment for exposure to CWAs and other toxins;
- Review of proper PPE and precautions for first responders;
- Review standard policies and procedures MCIs and for gross decontamination; and
- Instruction in proper use and disposal of RSDL.

At the completion of initial training, a student shall complete a competency-based written and skills examination for exposure to CWAs and other toxins and the proper use and disposal of RSDL.

**Equipment:**
- RSDL packets and wash stations

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- RSDL is NOT for prophylactic use
- Do NOT use RSDL for whole body decontamination
- RSDL should NOT be used for wound decontamination because its effects on wounds and effects resulting from its absorption through the wound have not been studied
- RSDL should NOT be used on open wounds as studies indicate that doing so impairs wound healing
- Avoid extended contact with the skin
- One of the ingredients (DAM) is absorbed through the skin. RSDL has NOT been tested in humans using amounts required for decontamination and has been shown to cause serious systemic toxicity up to and including a transient comatose state (unconsciousness)
- Not a substitute for proper protective breathing devices and garments

Reviewed November 2017
Trauma
Scope of Practice Position Statements
HEMOSTATIC AGENTS

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</thead>
</table>

**Item:**
- Use of Hemostatic Agents for hemorrhage control.

**Classification:**
- Basic life support procedure.
- Hemostatic agents have a direct effect on the chemical composition and physiology of blood.
- Use of Hemostatic Agents, although topical in nature, is listed as a scope of practice item for EMTs, AEMTs and paramedics, and constitutes a basic life support procedure.

**Use and Level:**
- Authorized for Public Safety Personnel.
- Authorized for EMT.
- Authorized for AEMT.
- Authorized for paramedics.

**Authority:**
- Section 100019(a)(4)(G) of the Public Safety Regulations, Chapter 1.5, Division 9, Title 22, California Code of Regulations states that public safety personnel may use hemostatic agent.
- Section 100063 (a) (8) (B) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations states an EMT may use hemostatic dressings.
- Section 100106(a) AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations states AEMTs may perform skill identified in the scope of practice of EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

**Training:**
Training in the use of hemostatic dressings shall consist of not less than one (1) hour to result in the EMT being competent in the use of the dressing. Included in the training shall be the following topics and skills:
- Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressings.
- Review treatment of open chest wall injuries.
- Types of hemostatic dressings.
- Importance of maintaining normal body temperature.

At the completion of initial training, a student shall complete a competency-based written and skills examination for controlling bleeding and the use of hemostatic dressings.

**Equipment:**
Hemostatic dressing must meet all of the following criteria in order to be used in California:
- Mode of action/active agent:
  - Mineral zeolite (formulation must mitigate for exothermic reaction), or
  - Chitin/chitosan.
- Type of Application:
  - Agent incorporated into a soft flexible dressing or gauze.

Acceptable hemostatic dressings for use in California include the following:
- QuikClot® Combat Gauze™
- HemCon® ChitoFlex® PRO Dressing.
- Celox™ Gauze.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
Reviewed November 2017
### JOINT REDUCTION

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
</tr>
</thead>
</table>

**Item:**
- A medical procedure involving manually manipulating a dislocated joint and returning joint to its proper alignment.

**Classification:**
- Advanced Life Support procedure.
- Not specified in basic scope of practice.
- Not approved as a local optional scope by the EMS Authority.

**Use and Level:**
- Not authorized for any level of training.

**Authority:**
- Section 100146(c)(2)(A) of the Paramedic Regulations (Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform or monitor procedures that are not named as part of basic scope of practice. A procedure that has not been approved by the director of the EMS Authority cannot be performed.

**Training:**
- No suggestions/recommendations.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No additional guidance at this time.

Reviewed November 2017
NEEDLE CRICOTHYROIDOTOMY

| Public Safety | EMT | AEMT | Paramedic |

**Item:**
- An invasive medical procedure where a hollow needle/catheter or trocar is inserted into a patient’s trachea through the cricoid membrane in order to establish a temporary airway. This procedure may be used when all other attempts to establish an airway have failed and ventilation is not possible by other means due to trauma, swelling, anatomic anomaly, or other airway blockage.

**Classification:**
- Advanced Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- Not authorized for EMT or AEMT.
- Authorized in the paramedic basic scope of practice through existing regulations when approved by the medical director of the local EMS agency.

**Authority:**
- Section 100146(c)(1)(L) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform a percutaneous needle cricothyroidotomy.

**Training:**
As specified in Paramedic Regulations to include:
- Airway decision making and placement confirmation.
- Indications and contraindications.
- Complications.

**Equipment:**
- A needle cricothyroidotomy kit is recommended.
- Adult size 4mm inside diameter needle or smaller.
- Pediatric size 2mm inside diameter needle or smaller.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- Jet/Transtracheal ventilation is recommended for smaller diameter devices where ventilation by bag-valve-mask is not adequate.
- Data collection for each use is essential.
- Each use needs to be reviewed through the LEMSA’s quality improvement process.
- Any incision or “nicking” of the skin would fall under surgical cricothyroidotomy and requires a local optional scope of practice request to the EMS Authority by the local EMS agency medical director.

Reviewed November 2017
### NEEDLE THORACOSTOMY

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</table>

#### Item:
- An invasive medical procedure to remove fluid or air trapped within pleural space in order to relieve pressure often associated with a pneumothorax.

#### Classification:
- Advanced Life Support procedure.
- Specified in existing regulations.

#### Use and Level:
- Not authorized for EMT or AEMT.
- Authorized for paramedic through existing regulations.

#### Authority:
- Section 100146(c)(1)(M) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform a needle thoracostomy.

#### Training:
- As specified in EMT and Paramedic Regulations for level of provider.

#### Equipment:
- No suggestions/recommendations.

#### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

#### Considerations and Recommendations:
- No additional guidance at this time.

Reviewed November 2017
# PNEUMATIC ANTI-SHOCK GARMENT – PASG

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</table>

**Item:**
- Medical device used to treat severe blood loss and unstable pelvic fractures prior to transport.

**Classification:**
- Basic Life Support procedure.
- Specified in existing regulations.

**Use and Level:**
- No authorized for public safety.
- Not authorized for EMT or AEMT.
- Authorized for paramedic as an approved local optional scope of practice.

**Authority:**
- Section 100146(c)(2)(A) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform or monitor procedures that are not named as part of basic scope of practice. A Local Optional Skill must be deemed appropriate for paramedic use by the medical director of the local EMS Authority and has been approved by the Director of the Emergency Medical Services Authority. A paramedic must be trained and tested to demonstrate competence in performing the additional procedure.

**Training:**
- As specified in EMT and Paramedic Regulations for level of provider.

**Equipment:**
- Properly functioning and fitting PASG.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No longer recommended.

Reviewed November 2017
### SURGICAL CRICOTHYROTOMY

<table>
<thead>
<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</table>

**Item:**
- An invasive medical procedure where an incision is made through the cricoid membrane in order to establish a temporary airway.

**Classification:**
- Advanced Life Support procedure.
- Not specified in basic scope of practice.
- May be approved as Local Optional Skill.

**Use and Level:**
- Not authorized for EMT or AEMT.
- Not authorized in paramedic basic scope of practice.

**Authority:**
- Section 100146(c)(2)(A) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform or monitor procedures that are not named as part of basic scope of practice. A procedure that has not been approved by the Director of the Emergency Medical Services Authority cannot be performed.

**Training:**
- As specified by the local EMS agency and the director of the EMS Authority.

**Equipment:**
- No suggestions/recommendations.

**Medical Direction:**
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**
- No additional guidance at this time.

Reviewed November 2017
## Tourniquet Application

<table>
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<tr>
<th>Public Safety</th>
<th>EMT</th>
<th>AEMT</th>
<th>Paramedic</th>
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</table>

### Item:
- A constricting or compressing device used to apply circumferential pressure to an extremity in order to control hemorrhage due to trauma.

### Classification:
- Basic Life Support procedure.
- Specified in existing regulations.

### Use and Level:
- Authorized for Public Safety.
- Authorized for all levels of EMT as basic scope of practice.

### Authority:
- Section 100018(a)(4)(g) of the Public Safety Regulations, Chapter 1.5, Division 9, Title 22, California Code of Regulations states public safety personnel may use tourniquets for bleeding control.
- Section 100063(a)(8)(A) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations states that EMTs may provide bleeding control through the use of tourniquets.
- Section 100106(a) of the AEMT Regulations, Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.
- Section 100146(a) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations states that a paramedic may perform any activity identified in the scope of practice for an EMT.

### Training:
- US DOT, EMT-Basic National Standard Curriculum includes the use of tourniquets in Lesson 5-1, the Bleeding and Shock section. California has adopted the National Standard Curriculum for EMT. EMTs in California should receive training in the use of tourniquets.

### Equipment:
- Varying sized tourniquets to fit different sized patients and extremities.

### Medical Direction:
- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

### Considerations and Recommendations:
- Tactical Medicine guidelines recommend the use of tourniquets under specified conditions. Tourniquets may be applied and release when under safe conditions.

Reviewed November 2017
Appendix A: LEMSA Information

LOCAL EMS AGENCY REGIONAL MAP

- Central California
- Coastal Valley
- Inland Counties
- Mountain-Valley
- North Coast
- Northern California
- Sierra-Sacramento Valley
- Single County Agencies
LOCAL EMS AGENCY LISTING
(As of 6/16/2017, for a more up to date list visit the EMS Authority’s web page)

Alameda County
1000 San Leandro Blvd., Ste. 200
San Leandro, CA 94577
(510) 618-2050
FAX: (510) 618-2099
http://www.acphd.org/ems.aspx

Central California
(Fresno, Kings, Madera, Tulare)
PO Box 11867, Fresno, CA 93775
(559) 600-3387
FAX: (559) 600-7691
http://www.ccemsa.org/

Coastal Valleys
(Sonoma/Mendocino)
195 Concourse Blvd.,
Santa Rosa, CA 95403
(707) 565-6501
FAX: (707) 565-6510
http://www.sonoma-county.org/cvrems/

Contra Costa County
1340 Arnold Drive, Suite 126
Martinez, CA 94553
(925) 646-4690
FAX: (925) 646-4379
http://www.cccems.org/

El Dorado County
2900 Fair Lane Court,
Placerville, CA 95667
(530) 621-6500
FAX: (530) 621-2758
http://www.edcgov.us/ems

Imperial County
935 Broadway Ave El Centro, CA 92243
(442) 265-1364
FAX: (760) 482-4517
http://www.icphd.com/emergency-medical-services/

Inland Counties (ICEMA)
(San Bernardino, Inyo, Mono)
1425 South "D" St.
San Bernardino, CA 92415-0060
(909) 388-5823
FAX: (909) 388-5825
http://www.sbcounty.gov/icema

Kern County
Kern County Public Health Services
Dept., EMS Division
1800 Mt. Vernon Ave.
Bakersfield, CA 93306
(661) 868-5215
FAX: (661) 868-0225
http://kernpublichealth.com/ems/

Los Angeles County
10100 Pioneer Blvd., Suite 200
Santa Fe Springs, CA 90670
(562) 347-1604
FAX: (562) 941-5835
http://ems.dhs.lacounty.gov/

Marin County
1600 Los Gamos Dr., Suite 220
San Rafael, CA 94903
(415) 473-6871
FAX: (415) 473-3747
http://www.marinems.org/

Merced County
260 East 15th St.
Merced, CA 95341
(209) 381-1250
FAX: (209) 381-1259
http://www.co.merced.ca.us/index.asp?
NID=581
Monterey County
1270 Natividad Road,
Salinas, CA 93906
(831) 755-5013
http://www.mocoems.org/

Mountain Valley
(Alpine, Amador, Calaveras, Mariposa, Stanislaus)
1101 Standiford Ave. #D1
Modesto, CA 95350
(209) 529-5085
FAX: (209) 529-1496
http://www.mvemsa.com/

Napa County
2751 Napa Valley Corp. Dr., Bldg. B
Napa, CA 94558
Main: (707) 253-4341
Fax: (707) 299-4126
http://countyofnapa.org/ems

North Coast EMS Agency
(Del Norte, Humboldt, Lake)
3340 Glenwood Ave.
Eureka, CA 95501
(707) 445-2081
FAX: (707) 445-0443
http://www.northcoastems.com/

Northern California
(Glenn, Lassen, Modoc, Plumas, Sierra, Trinity)
930 Executive Way, Suite 150
Redding, CA 96001
(530) 229-3979
FAX: (530) 229-3984
http://www.norcalems.org/

Orange County
Orange County Health Care Agency
Health Disaster Management
Emergency Medical Services
405 West Fifth St., Suite 301A
Santa Ana, CA 92701
(714) 834-3500
FAX: (714) 834-3125
http://healthdisasteroc.org/ems/

Riverside County
4210 Riverwalk Parkway Suite 300
Riverside, CA 92505
(951) 358-5029
FAX: (951)358-5160
http://www.rivcoems.org/

Sacramento County
9616 Microwave Ave, Ste 960
Sacramento, CA 95827
(916) 875-9753
FAX: (916) 875-9711
http://www.dhhs.saccounty.net/PRI/EMS/Pages/EMS-Home.aspx

San Benito County
471 Fourth Street
Hollister, CA 95023
(831) 636-4168
FAX: (831) 636-4165
http://www.sanbenitoco.org/ems/

San Diego County
6255 Mission Gorge Rd.
San Diego, CA 92120
(619) 285-6524
http://www.sdcounty.ca.gov/hhsa/programs/phs/emergency_medical_services/index.html

City and County of San Francisco
30 Van Ness Ave., Suite 3300
San Francisco, CA 94102
(415) 487-5000
FAX: (415) 552-0194
http://sfdem.org/ems-agency
San Joaquin County
P.O. Box 220,
French Camp, CA 95231-0220
(209) 468-6818
FAX: (209) 468-6725
http://www.sjgov.org/ems

San Luis Obispo County
2180 Johnson Ave., 2nd Floor
San Luis Obispo, CA 93401
(805) 788-2512
FAX: (805) 788-2517
http://www.sloemsa.org/

San Mateo County
801 Gateway Blvd 2nd Floor
South San Francisco, CA 94080
(650) 573-2564
FAX: (650) 573-2029
http://www.smchealth.org/

Santa Barbara County
300 North San Antonio Rd.
Santa Barbara, CA 93110-1316
(805) 681-5274
FAX: (805) 681-5142
http://cosb.countyofsb.org/phd/ems.aspx?id=20620

Santa Clara County
700 Empey Way, San Jose, CA 95128
(408) 794-0610
FAX: (408) 792-1350
http://www.sccgov.org/sites/ems

Santa Cruz County
1080 Emeline Ave.
Santa Cruz, CA 95060
(831) 454-4751
FAX: (831) 454-4272
http://www.santacruzhealth.org/HSAHo me/HSADivisions/PublicHealth/Emergen cyMedicalServices.aspx

Sierra-Sacramento Valley
(Butte, Colusa, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, Yuba)
5995 Pacific St., Rocklin, CA 95677
(916) 625-1702
FAX: (916) 625-1730
http://www.ssvems.com/

Solano County
335 Tuolumne St.
Vallejo, CA 94590
(707) 784-8155
FAX: (707) 421-6618
http://www.co.solano.ca.us/depts/ems/d efault.asp

Tuolumne County
20111 Cedar Road North
Sonora, CA 95370
(209) 533-7460
FAX: (209) 533-7406

Ventura County
2220 E. Gonzales Rd., Suite 200
Oxnard, CA 93036-0619
(805) 981-5301
FAX: (805) 981-5300
http://www.vchca.org/ph/ems/

Yolo County
137 N. Cottonwood Street, Suite 2601
Woodland, CA 95695
(530) 666-8671
http://www.yolocounty.org/health- human-services/community-health/emergency-medical-services-ems
California’s Emergency Medical Services Scope of Practice Statements

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