



EMERGENCY MEDICAL TECHNICIAN (EMT) SCOPE OF PRACTICE

PURPOSE

The purpose of this policy is to define the EMT Scope of Practice in the Yolo County Emergency Medical Services Agency (YEMSA) Region.

AUTHORITY

Health & Safety Code, Division 2.5, Chapter 3, Article 1, §§ 179.80, 1797.107, 1797.109
Health & Safety Code, Division 2.5, Chapter 3, Article 5, §§ 1797.160, 1797.170
Health & Safety Code, Division 2.5, Chapter 4, Article 1, § 1797.220
California Code of Regulations, Title 22, Division 9, Chapter 2, Article 2, §§ 100063, 100064
California EMS Authority Scope of Practice Position Statement, July 2010
California EMS Authority Approved Hemostatic Dressings, June 14, 2013

DEFINITIONS

Emergency Medical Technician: Also known as Emergency Medical Technician-Basic (EMT-B), they are individuals who are specially trained to provide out-of-hospital care, Basic Life Support (BLS), in medical emergencies. There are many different types of EMTs, each with different levels of training. EMTs have a limited Scope of Practice and comprehensive education, clinical experience or clinical skills. EMTs are often employed by ambulances services, fire departments, and police departments. They have successfully completed an EMT course that meets the requirements of the California Code of Regulations, Title 22, Division 9, Chapter 1.5, has passed all required tests, and has been certified by a California EMT certifying entity.

POLICY

- I. During training, while at the scene of an emergency, during transport of the sick or injured, or during an Interfacility Transfer (IFT), a certified EMT or supervised EMT student is authorized to do any of the following:
 - A. Evaluate the ill and injured
 - B. Render Basic Life Support (BLS), rescue and emergency medical care to patients.
 - C. Obtain diagnostic signs to include, but not be limited to, temperature, Blood Pressure (BP), pulse and respiration rates, pulse oximetry, Level of Consciousness (LOC), and pupil status.
 - D. Perform Cardiopulmonary Resuscitation (CPR), including the use of mechanical adjuncts to basic CPR.
 - E. Administer Oxygen (O₂)
 - F. Use the following adjunctive airway breathing aids:
 1. Oropharyngeal Airway (OPA);
 2. Nasopharyngeal Airway (NPA);
 3. Suction devices;



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4. Basic O₂ delivery devices for supplemental O₂ therapy including, but not limited to, humidifiers, partial rebreathers, and venturi masks; and
 5. Manual and mechanical ventilating devices designed for prehospital use, Continuous Positive Airway Pressure (CPAP).
- G. Use various types of stretchers and spinal immobilization devices
- H. Provide initial prehospital emergency care of trauma, including but not limited to:
1. Bleeding control through the application of tourniquets,
 2. Use of the following approved hemostatic dressings in the prehospital setting:
 - a. Quick Clot[®], Z-Medica[®]
 - i. Quick Clot[®], Combat Gauze[®] LE
 - ii. Quick Clot[®], EMS Rolled Gauze, 4x4 Dressing, Trauma Pad[®]
 - b. Celox[®]
 - i. Celox[®] Gauze, Z-Fold Hemostatic Gauze
 - ii. Celox[®] Rapid, Hemostatic Z-Fold Gauze
 - c. **NOTE:** Hemostatic Celox[®] Granules, or granules delivered in an applicator, are **NOT AUTHORIZED**
 3. Spinal Immobilization,
 4. Seated spinal immobilization,
 5. Extremity splinting; and,
 6. Traction splinting.
- I. Administer over the counter medications when approved by the YEMSA Medical Director including, but not limited to:
1. Oral glucose or sugar solutions; and
 2. Aspirin (ASA)
- J. Extricate entrapped persons.
- K. Perform field triage.
- L. Transport patients.
- M. Mechanical patient restraint.
- N. Set up for Advanced Life Support (ALS) procedures, under the direction of an Advanced EMT or Paramedic.
- O. Perform automated external defibrillation.
- P. Assist patients with the administration of physician-prescribed devices, including but not limited to, patient operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices.
- II. In addition to the activities authorized by subdivision (I) of this section, the Medical Director of YEMSA may also establish policies and procedures to allow a certified EMT or a supervised EMT student in the prehospital setting and/or during an IFT to:
- A. Monitor intravenous (IV) lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement;
 - B. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of IV fluid;



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- C. Transfer a patient, who is deemed appropriate for transfer by the transferring Physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, Foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines; and
 - D. Monitor preexisting vascular access devices and IV lines delivering fluids with additional medications pre-approved by the Director of the Authority. Approval of such medications shall be obtained pursuant to the following procedures:
 - 1. The Medical Director of the Local Emergency Medical Service Agency (LEMSA) shall submit a written request, (Form # EMSA-0391, revised March 18, 2003), and obtain approval from the Director of the Authority, who shall consult with a committee of LEMSAs Medical Directors named by the Emergency Medical Services Medical Directors' Association of California, Inc. (EMDAC), for any additional medications that in his/her professional judgment should be approved for implementation in the California Code of Regulations, Title 22, Division 9, Chapter 2, § 100063 (b.4).
 - 2. The Authority shall, within fourteen (14) working days of receiving the request, notify the Medical Director of the LEMSAs submitting the request that the request has been received, and shall specify what information, if any, is missing.
 - 3. The Director of the Authority shall render the decision to approve or disapprove the additional medications within ninety (90) calendar days of receipt of the completed request.
- III. The Scope of Practice of an EMT shall not exceed those activities authorized in the California Code of Regulations, Title 22, Division 9, Chapter 2, §§ 100063, 100064.