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## **PARAMEDIC SCOPE OF PRACTICE**

### **PURPOSE**

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

### **AUTHORITY**

Health & Safety Code, Division 2.5, Chapter 2, §§ 1797.84  
Health & Safety Code, Division 2.5, Chapter 3, Article 5, § 1797.172  
Health & Safety Code, Division 2.5, Chapter 4, Article 1, § 1797.220  
California Code of Regulations, Title 22, Division 9, Chapter 4

### **PRINCIPLES**

- I. A basic statewide Scope of Practice shall be used for the training and testing of Paramedics.
- II. In addition to the basic Scope of Practice, procedures or medications may be added as part of the Local Optional Scope of Practice or through a trial study.
- III. A Paramedic may perform any activity identified in the Scope of Practice of an Emergency Medical Technician (EMT).
- IV. Paramedics shall be licensed in the State, accredited by YEMSA and sponsored by an approved Paramedic Service Provider in order to perform the Scope of Practice approved for Paramedics.
- V. Advanced Life Support (ALS) activities carried out by Paramedics at the scene of a medical emergency or during transport shall be under the following conditions only:
  - A. Paramedics, responding within a modified base hospital response area, render patient care based on YEMSA approved policy/protocol (standing orders) without on-line medical control.
  - B. On-line medical direction by a Base Hospital Physician.
  - C. Base Hospital contact is required by all Paramedics to perform the procedure(s) and/or administer medications(s) that are identified in YEMSA protocols as Base Hospital Order Only or Base Hospital Physician Order Only.
  - D. Direct medical supervision as outlined in Physician on Scene.
  - E. Communication Failure Protocols when unable to establish and/or maintain Base Hospital communications.

### **DEFINITIONS**

**Local Optional Scope of Practice:** The performance or monitoring of procedures or the administration of medications not included in the basic statewide Scope of Practice. The Medical Director of YEMSA and the Director of the California Emergency Medical Services Authority (EMSA) must approve these procedures/medications. Paramedics must be trained and tested to demonstrate competence in performing the additional procedures and administering the additional medications.



# Yolo County Emergency Medical Services Agency

## Certification

Revised Date: September 1, 2018

### POLICY

- I. A Paramedic may perform any activity identified in the Scope of Practice of an EMT in the California Code of Regulations, Title 22, Division 9, Chapter 2, or any activity identified in the Scope of Practice of an Advanced EMT in the California Code of Regulations, Title 22, Division 9, Chapter 3.
- II. A Paramedic shall be affiliated with an approved Paramedic Service Provider in order to perform the Scope of Practice specified in this Policy.
- III. A Paramedic student or a licensed Paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or Continuing Education (CE) under the direct supervision of a Physician, Registered Nurse (RN), or Physician Assistant (PA), or while at the scene of a medical emergency or during transport, or during an Interfacility Transfer (IFT), or while working in a small and rural hospital pursuant to the Health & Safety Code, Division 2.5, Chapter 3, Article 5, § 1797.195, may perform the following procedures or administer the following medications when such are approved by the Medical Director of YEMSA and are included in the written policies and procedures of YEMSA.

### BASIC SCOPE OF PRACTICE

- I. Utilize electrocardiographic devices and monitor electrocardiograms, including 12-Lead Electrocardiograms (ECG).
- II. Perform defibrillation, synchronized cardioversion, and external cardiac pacing.
- III. Visualize the airway by use of the laryngoscope and remove foreign body(ies) with Magill forceps.
- IV. Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, perilaryngeal airways, stomal intubation, and adult oral endotracheal intubation.
- V. Utilize mechanical ventilation devices for Continuous Positive Airway Pressure (CPAP), Bi-level Positive Airway Pressure (BPAP) and Positive End Expiratory Pressure (PEEP) in the spontaneously breathing patient.
- VI. Institute Intravenous (IV) catheters, saline locks, needles, or other cannulae, IV lines in peripheral veins and monitor and administer medications through pre-existing vascular access.
- VII. Institute intraosseous (IO) needles or catheters.
- VIII. Administer IV or IO glucose solutions or isotonic balanced salt solutions, including Riger's lactate solution.
- IX. Obtain venous blood samples.
  - X. Use laboratory devices, including point of care testing, for prehospital screening use to measure lab values including, but not limited to: glucose, capnometry, waveform capnography, and Carbon Monoxide (CO) 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).
- XI. Utilize Valsalva maneuver.
- XII. Perform percutaneous needle cricothyroidotomy.
- XIII. Perform needle thoracostomy.
- XIV. Perform nasogastric (NG) and orogastric (OG) tube insertion and suction.
- XV. Monitor thoracostomy tubes.



# Yolo County Emergency Medical Services Agency

## Certification

Revised Date: September 1, 2018

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- XVI. Monitor and adjust IV solutions containing Potassium (K), less than or equal to ( $\leq$ ) 40 mEq/L.
- XVII. Administer approved medications by the following routes: IV, IO, Intramuscular (IM), Subcutaneous (SQ), Inhalation (INH), Transcutaneous (TC), Rectal (PR), Sublingual (SL), Endotracheal (ENDO), Intranasal (IN), Oral (O) or Topical (TOP).
- XVIII. Administer, using prepackaged products when available, the following medications:
- A. 10%, 25% and 50% dextrose;
  - B. activated charcoal;
  - C. adenosine;
  - D. aerosolized or nebulized beta-2 specific bronchodilators;
  - E. amiodarone;
  - F. aspirin (ASA);
  - G. atropine sulfate;
  - H. pralidoxime chloride;
  - I. calcium chloride;
  - J. diazepam;
  - K. diphenhydramine hydrochloride;
  - L. dopamine hydrochloride;
  - M. epinephrine;
  - N. fentanyl;
  - O. glucagon;
  - P. ipratropium bromide;
  - Q. lorazepam;
  - R. midazolam;
  - S. lidocaine hydrochloride;
  - T. magnesium sulfate;
  - U. morphine sulfate;
  - V. naloxone hydrochloride;
  - W. nitroglycerin (NTG) preparations, except IV, unless permitted under Local Optional Scope of Practice, Section I;
  - X. ondansetron;
  - Y. sodium bicarbonate.
- XIX. In addition to the approved Paramedic Scope of Practice, the Critical Care Paramedic (CCP) may perform the following procedures and administer medications, as part of the basic Scope of Practice for IFTs, when a licensed and accredited Paramedic has completed a CCP training program as specified in the California Code of Regulations, Title 22, Division 9 Chapter 4, § 100160 (b) and successfully completed competency testing, holds a current certification as a CCP from the Board for Critical Care Transport Paramedic Certification (BCCTPC), and other requirements as determined by the Medical Director of YEMSA.
- A. set up and maintain thoracic drainage systems;
  - B. set up and maintain mechanical ventilators;
  - C. set up and maintain IV fluid delivery pumps and devices;
    - 1. blood and blood products;
  - D. glycoprotein IIB/IIIA inhibitors;
    - 1. heparin IV;
    - 2. NTG IV;



# Yolo County Emergency Medical Services Agency

## Certification

Revised Date: September 1, 2018

- E. norepinephrine;
- F. thrombolytic agents;
- G. maintain total parenteral nutrition;

### LOCAL OPTIONAL SCOPE OF PRACTICE

- I. Perform or monitor other procedure(s) or administer any other medication(s) determined to be appropriate for Paramedic use, in the professional judgment of the Medical Director of the Local Emergency Service Agency (LEMSA), that have been approved by the Director of the Authority when the Paramedic has been trained and tested to demonstrate competence in performing the additional procedures and administering the additional medications.
- II. The Medical Director of the LEMSAs shall submit Form # EMSA-0391, Revised 03/18/03 to, and obtain approval from, the Director of the Authority in accordance with Health & Safety Code, Division 2.5, Chapter 3, Article 5, § 1797.172 (b), for any procedures or medications proposed for use pursuant to this subsection prior to implementation of these medication(s) and or procedure(s).
- III. The Authority shall, within fourteen (14) days of receiving the request, notify the Medical Director of the LEMSAs submitting request Form # EMSA-0391 that the request form has been received, and shall specify what information, if any, is missing.
- IV. The Director of the Authority, in consultation with the Emergency Medical Directors Association of California's Scope of Practice Committee (EMDAC), shall approve or disapprove the request for additional procedures and/or medications and notify the LEMSAs Medical Director of the decision within ninety (90) days of receipt of the completed request. Approval is for a three (3) year period and may be renewed for another three (3) year period, based on evidence from a written request that includes at a minimum the utilization of the procedure(s) or medication(s), beneficial effects, adverse reactions or complications, appropriate statistical evaluation, and general conclusion.
- V. The Director of the Authority, in consultation with a committee of the LEMSAs Medical Directors named by the EMDAC, may suspend or revoke approval of any previously approved additional procedure(s) or medication(s) for cause.
- VI. The Medical Director of the LEMSAs may develop policies and procedures or establish standing orders allowing the Paramedic to initiate any Paramedic activity in the approved Scope of Practice without voice contact for medical direction from a MD or Mobile Intensive Care Nurse (MICN), provided that an Emergency Medical Services Quality Improvement Program (EMSQIP), as specified in the California Code of Regulations, Title 22, Division 9, Chapter 12, is in place.

### EXPANDED SCOPE OF PRACTICE FOR PARAMEDIC IFT

- I. Only Paramedics who have successfully completed training program(s) approved by the YEMSA Medical Director and employed by an ALS Ambulance Provider approved for Paramedic transport of IFT Optional Skills by the YEMSA Medical Director will be permitted to provide the service of using or monitoring the following during IFTs:
  - A. Automatic Transport Ventilators (ATV's)
  - B. Preexisting intravenous infusions of Magnesium Sulfate, NTG, Heparin and/or Amiodarone Hydrochloride.