I. AUTHORITY:

Health and Safety Code, Sections 1797.107, 1797.109, 1797.160, 1797.170 and California Code of Regulations, Title 22, Division 9, § 100061, 100063 and 100064.

II. APPLICATION:

To define the scope of practice of an OCEMS Accredited Emergency Medical Technician (EMT) operating in Orange County.

III. POLICY:

During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a supervised EMT student or certified EMT is authorized to do any of the following:

1. Evaluate the ill and injured by means of a primary and secondary exam (OCEMS Procedure # B-O1, B-O2).

2. Obtain diagnostic signs to include, but not limited to, the assessment of temperature, blood pressure, pulse and respiration rates, blood oxygen saturation level, level of consciousness, pain level, skin signs, and pupil status.

3. Perform cardiopulmonary resuscitation, which may include the placement and use of a mechanical external chest compression device in the management of basic cardiopulmonary resuscitation.

4. Use the following adjunctive airway breathing aids:
   a. Oropharyngeal airway
   b. Nasopharyngeal airway
   c. Suction devices
   d. Administer oxygen utilizing cannula or oxygen delivery mask
   e. Bag-valve device attached to mask
   f. Bag-valve device attached to an ET tube with paramedic supervision

5. Use stretchers and body immobilization devices including long boards, short boards, KED boards, pediatric immobilization devices and cardboard or vacuum splints.

6. Use any of the following optional hemostatic dressings for control of external hemorrhage:
   a. Quick Clot®, Z-Medica®, or Celox® rolled gauze, z-fold gauze, or 4X4 pads

7. Administer oral glucose or sugar agents.

8. Extricate entrapped persons.

9. Perform field triage based on OCEMS policies and procedures including MCI policy #900.00.


11. Set up for ALS procedures, under the direction of a Paramedic.
12. Perform automated external defibrillation.

13. Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions, including Ringer's Lactate for volume replacement.

14. Monitor and maintain intravenous infusions of the following medications when set at a preset rate of flow by a nurse or physician:
   a. Total parenteral nutrition (TPN)
   b. Folic Acid
   c. Thiamine
   d. Multivitamins
   e. Antibiotic, antifungal, and antiviral agents

15. Transfer of a patient who is deemed appropriate for Basic Life Support transfer by the transferring physician, who has any of the following:
   a. Nasogastric tubes
   b. Gastrostomy tubes
   c. Heparin locks
   d. Tracheostomy tubes
   e. Dialysis shunts (both subcutaneous and external)
   f. Long-term established central venous lines (e.g. PIC lines)
   g. Colostomy bags
   h. Urostomy bags
   i. Foley catheters
   j. Enteric feeding tubes
   k. Continuous flow oxygen
   l. Thoracostomy (chest) tube(s) attached to closed drainage system

   ❖ All arterial lines are excluded from EMT transport.

   ❖ Central vascular lines used for patient monitoring or infusing intravenous fluid and medications are excluded from EMT transport.

16. Assist ALS providers to perform blood glucose determination.

17. Transport patients with subcutaneous or intravenous implanted or external patient-operated infusion pumps that are infusing at a preset rate the following:
   a. Insulin
   b. Meperidine (Demerol)
   c. Morphine
   d. Total parenteral nutrition (TPN)

18. Transport patients with Fentanyl patches previously placed on the patient.

19. Transport patients with Nitrobid, nitroglycerine patches, nitroglycerine paste or clonidine patches previously placed on the patient.

20. If available and indicated, concomitant with notifying ALS providers, assist a patient with their own physician prescribed medications limited to the following:
   a. Nitroglycerine aerosol or tablets
   b. Albuterol and/or ipratropium (Atrovent®) inhalation - metered dose inhaler or nebulizer
   c. Epinephrine auto-injector
   d. Aspirin
21. Assist ALS providers in placement of 12-lead ECG leads.

22. Assist ALS providers during endotracheal intubation.

23. Place pulse oximetry probes and record oxygen saturation results. If patient is short of breath and pulse oximetry reading is less than 95%, administer oxygen 6 liters/minute by nasal cannula or 10 liters/minute by mask.

24. Place OCEMS approved mechanical tourniquets for uncontrolled external bleeding of extremities.

25. Place padded nasal clips for control of anterior nose bleeds.

26. Administer atropine and 2-PAM by means of Duodote® or Mark-1 kit to self or to others under ALS direction.

27. Withhold resuscitation of a patient meeting declared dead criteria as identified in OCEMS policy 330.50 and honor a DNR request, Advanced Healthcare Directive or California POLST form as defined by OCEMS policy 350.51.

Approved:

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