

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 119 Page 1 of 2
Subject	Scope of Practice for Emergency Medical Technician (EMT)	
References	California Code of Regulations, Title 22, Division 9 Division 2.5 of the California Health and Safety Code	Effective 04/15/86

I. POLICY

During training, while at the scene of an emergency, during transport of the sick or injured, or during an interfacility transfer, a supervised EMT student or certified EMT is authorized, according to policies and procedures approved by the EMS Medical Director and local EMS Agency, when appropriate, to do any of the following:

II. PROCEDURE

- A. Evaluate the ill and injured.
- B. Render basic life support, rescue and emergency medical care to patients.
- C. Obtain diagnostic signs to include, but not be limited to, temperature, blood pressure, pulse and respiration rates, pulse oximetry, level of consciousness, capillary refill and pupil status.
- D. Perform cardiopulmonary resuscitation (CPR); including the use of mechanical adjuncts to basic cardiopulmonary resuscitation (CPR).
- E. Administer Oxygen
- F. Use the following adjunctive airway and breathing aids:
 - 1. Oropharyngeal airway;
 - 2. Nasopharyngeal airway;
 - 3. Suction devices;
 - 4. Basic oxygen delivery devices for supplemental oxygen therapy including, but not limited to, humidifiers, partial rebreathers, and venturi masks, and
 - 5. Manual and mechanical ventilating devices designed for prehospital use including continuous positive airway pressure. (Not Approved in CCEMSA Region)

Approved By	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Director		06/01/2018
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

Subject	Scope of Practice for Emergency Medical Technician (EMT)	Policy Number 119
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- G. Use various types of stretchers and spinal motion restrictions or immobilization devices.
- H. Provide initial prehospital emergency care to patients, including, but not limited to:
 - 1. Bleeding control through the applications of tourniquets;
 - 2. Use of hemostatic dressings from a list approved by the State EMS Authority;
 - 3. Spinal immobilization;
 - 4. Seated spinal immobilization
 - 5. Extremity splinting;
 - 6. Traction splinting;
- I. Administer the following:
 - 1. Oral glucose or sugar solutions;
 - 2. Aspirin
 - 3. Epinephrine (auto-injector only)
 - 4. Naloxone (intranasal)
- J. Extricate entrapped persons.
- K. Perform field triage.
- L. Transport patients.
- M. Apply mechanical patient restraints.
- N. Set up for ALS procedures, under the direction of an Advanced EMT or Paramedic (EMS Policy #542).
- O. Perform automated external defibrillation.
- P. Perform finger stick for blood glucose testing
- Q. 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.
- R. A supervised EMT student or certified EMT in the prehospital setting and during interfacility transport may:
 - 1. Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement. Monitor, maintain and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid
 - 2. Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, saline locks, urinary catheters, tracheostomy tubes and/or indwelling vascular access lines, **excluding arterial lines**.

Subject: Scope of Practice for Emergency Medical Technician-I	Policy Number: 119
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- S. The scope of practice of an EMT shall not exceed those activities authorized in this section. When allowed by State Regulation, the EMS Medical Director may authorize the utilization of additional optional procedures after successful completion of additional training.