PURPOSE: To define the scope of practice for an Emergency Medical Technician (EMT) in Los Angeles County.

AUTHORITY: California Code of Regulations, Title 22, Div 9, Ch 2, Section 100063

DEFINITIONS:

Approved EMS Provider: A fire department or a licensed Los Angeles County ambulance provider.

PRINCIPLES:

1. In order to function as an EMT in Los Angeles County, an individual must be certified/licensed in the State of California as an EMT, AEMT, or Paramedic.

2. EMS personnel are responsible to adhere to the scope of practice while functioning as an EMT in Los Angeles County.

3. When EMT personnel arrive prior to an advanced life support (ALS) unit, they shall assess the patient and make appropriate care and transport decisions as per Reference No. 808 – Base Hospital Contact and Transport Criteria and Reference No. 502 – Patient Destination.

4. When EMTs assist patients with a physician prescribed medication or administer certain approved medications, an ALS unit must be enroute or the patient must be transported to the most accessible receiving facility that meets the needs of the patient, if the ALS unit estimated time of arrival (ETA) exceeds the ETA to the MAR. The rationale for the decision to transport shall be documented on the EMS patient care record.

5. EMT personnel may immediately transport hypotensive patients with life-threatening, penetrating injuries to the torso to the closest trauma center, not the most accessible receiving (MAR), when the transport time is less than the estimated time of ALS arrival. The transporting unit should make every effort to contact the receiving trauma center.

6. If EMT personnel encounter a life-threatening situation (unmanageable airway or uncontrollable hemorrhage), they should exercise their clinical judgment as to whether it is in the patient’s best interest to transport the patient prior to the arrival of an ALS unit if their estimated time of arrival (ETA) exceeds the ETA to the MAR. The rationale for the decision to transport shall be documented on an EMS patient care record.

7. EMT personnel may honor a patient request for transport to a facility other than the MAR if the patient is deemed stable and only requires basic life support (BLS).

8. EMTs may transfer care of a patient to another EMT team if necessary.
POLICY:

I. Basic Scope of Practice

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

A. Patient Assessment:

1. Evaluate the ill or injured patient
2. Obtain diagnostic signs to include, but not limited to:
   a. respiratory rate
   b. pulse rate
   c. skin signs
   d. blood pressure
   e. level of consciousness
   f. pupil status
   g. pain
   h. pulse oximetry (if available)

B. Rescue and Emergency Medical Care:

1. Basic emergency care
2. Cardiopulmonary resuscitation (CPR)
3. Mechanical adjuncts for basic cardiopulmonary resuscitation *(Requires EMS Agency approval)*
4. Use a public access Automated External Defibrillator (AED) *(Carrying an AED requires EMS Agency approval as an AED Service Provider)*
5. Oral glucose or sugar for suspected hypoglycemia
6. Apply mechanical restraints per Reference No. 838
7. Use various types of stretchers
8. Perform field triage
9. Extricate entrapped persons
10. Set up for ALS procedures under paramedic direction

C. Airway Management and Oxygen Administration:

1. Use the following airway adjuncts:
   a. oropharyngeal airway
   b. nasopharyngeal airway
   c. suction devices

2. Administer oxygen using delivery devices per Reference No. 1304, including, but not limited to:
   a. nasal cannula
   b. mask – nonrebreather, partial rebreather, simple
   c. blow-by
   d. humidifier

3. Use manual and mechanical ventilating devices
   a. bag-mask ventilation (BMV) device
   b. continuous positive airway pressure (CPAP)
      [Requires EMS Agency approval]

4. Ventilate advanced airway adjuncts:
   a. endotracheal tube
   b. perilyngeal airway device (King LTS-D)
   c. tracheostomy tube or stoma

5. Suction tracheostomy tube or stoma

D. Trauma Care:

1. Provide initial prehospital emergency trauma care including, but not limited to:
   a. tourniquets for bleeding control
   b. hemostatic dressings [State EMSA approved dressings only]
   c. extremity splints
E. Assist Patients with Prescribed Emergency Medications

Assist patients with the administration of their physician-prescribed emergency devices and medications, provided the indications are met and there are no contraindications, to include but not limited to:

1. Sublingual nitroglycerin
2. Aspirin
3. Bronchodilator inhaler or nebulizer
4. Epinephrine device (autoinjector)
5. Patient-operated medication pump

II. Patient Transport and Monitoring by an Approved EMS Provider

A. Transport and monitor patients in the prehospital setting and/or during an interfacility transfer by an approved EMS Provider

B. Transport patients with one or more of the following medical devices:

1. nasogastric (NG)
2. orogastric tube (OG)
3. gastrostomy tube (GT)
4. saline/heparin lock
5. foley catheter
6. tracheostomy tube
7. ventricular assist device (VAD)
8. surgical drain(s)
9. medication patches
10. indwelling vascular lines
    a. pre-existing vascular access device (PVAD)
    b. peripherally inserted central catheter (PICC)
c. patient-operated medication pump

C. Monitor, maintain at a preset rate, or turn off if necessary, the following intravenous (IV) fluids:

1. glucose solutions
2. isotonic balanced salt solutions (normal saline)
3. ringer’s lactate

III. Additional Therapies Requiring Approval by the Los Angeles County EMS Agency:

Approved EMS Providers may apply for approval authorization to train EMT personnel to administer and add to vehicle inventory the following therapies:

A. Naloxone
B. Epinephrine autoinjector
C. Aspirin
D. Finger stick blood glucose testing

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 412 AED EMT Service Provider Program Requirements
Ref. No. 502 Patient Destination
Ref. No. 510 Pediatric Patient Destination
Ref. No. 506 Trauma Triage
Ref. No. 517 Private Provider Agency Transport/Response Guidelines
Ref. No. 517.1 Guidelines for Determining Interfacility Level of Transport
Ref. No. 802.1 Los Angeles County EMT Scope of Practice – Field Reference
Ref. No. 808 Base Hospital Contact and Transport Criteria
Ref. No. 838 Application of Patient Restraints
Ref. No. 1304 Medical Control Guideline: Airway/Oxygenation/Ventilation