DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **LOS ANGELES COUNTY PARAMEDIC SCOPE OF PRACTICE**

(PARAMEDIC)
REFERENCE NO. 803

PURPOSE: To define the scope of practice of a paramedic accredited in Los Angeles County.

AUTHORITY: California Health and Safety Code, Division 2.5, Section 1797.172
California Code of Regulations, Title 22, Chapter 4, Section 100145.

DEFINITION:

Los Angeles County Paramedic Scope of Practice: Skills, procedures, and medication administration approved by the Los Angeles County EMS Agency Medical Director.

PRINCIPLES:

1. Paramedics working in Los Angeles County shall be trained and tested in the Los Angeles County paramedic scope of practice approved by the EMS Agency Medical Director.

2. Procedures or medications may be added as part of the Los Angeles County scope of practice or through a trial study.

3. A paramedic may perform any activity identified in Reference No. 802, Los Angeles County EMT Scope of Practice.

4. Paramedics shall be licensed in the State, accredited by the County, employed, and sponsored by an approved paramedic service provider. The paramedic shall be on duty in order to perform the Los Angeles County paramedic scope of practice.

5. Advanced life support activities carried out by paramedics at the scene of a medical or trauma emergency or during transport shall be under the following conditions:

   a. Following online medical direction by a base hospital physician or MICN.

   b. Following direct medical supervision as outlined in Reference No. 816, Physician at the Scene.

   c. Initiating treatment as outlined in Reference No. 806, Procedures Prior to Base Contact followed by base hospital contact.

   d. Utilizing Reference No. 813, Standing Field Treatment Protocols if employed and trained by paramedic service providers that have been authorized to utilize Standing Field Treatment Protocols (SFTPs).

EFFECTIVE: 03-01-86
REVISED: 05-01-14
SUPERSEDES: 12-01-13

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POLICY:

I. During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a Los Angeles County accredited paramedic or a supervised paramedic intern is authorized to perform and utilize all aspects of the Los Angeles County Paramedic Scope of Practice.

The paramedic scope of practice includes Reference No. 802, Los Angeles County EMT Scope of Practice in addition to the following:

A. Patient assessment:

1. Use capnometry and measuring devices to measure capnography waveforms.

2. Utilize electrocardiographic devices and monitor electrocardiogram, including 12-lead electrocardiograms (ECG).

3. Obtain venous or capillary blood samples.

4. Use electronic devices to measure glucose.

B. Airway management and oxygen administration:

1. Use a laryngoscope to visualize the airway and remove a foreign body with Magill forceps.

2. Insert and perform pulmonary ventilation by use of:

a. perilaryngeal airway (King LTS-D) in adults and pediatric patients over the age of twelve (12) and at least four (4) feet tall.

b. oral endotracheal intubation in adults and pediatric patients over the age of twelve (12) or height greater than the length of the pediatric resuscitation tape.

c. stomal intubation.

3 Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP).

C. Rescue and emergency care:

1. Perform needle thoracostomy via the 2nd intercostal space, mid-clavicular line.

2. Perform defibrillation.

3. Perform synchronized cardioversion.

4. Perform transcutaneous pacing for symptomatic bradycardia.

5. Utilize hemostatic dressings.

6. Utilize Valsalva maneuver.

7. Monitor thoracostomy tubes.

D. Intravenous and intraosseous access:

1. Institute intravenous (IV) catheters, saline locks, or needles in peripheral veins.

2. Monitor and administer medications and IV fluids through various external venous pre-existing vascular access devices (PVAD) for the following:

   a. cardiac arrest

   b. extremis due to circulatory shock

   c. base station order

3. Perform adult and pediatric intraosseous insertion during cardiac arrest.

4. Obtain venous or capillary blood samples.

E. Medication Administration:

1. Administer approved medications by the following routes:

   a. oral

   b. intranasal

   c. sublingual

   d. transcutaneous

   e. topical

   f. inhalation

   g. rectal

   h. intravenous

   i. intraosseous

   j. intramuscular

   k. subcutaneous

2. Administer the following medications (using pre-packaged unit dose products when available):

   a. 10%, 25%, and 50% dextrose

   b. adenosine

   c. aerosolized/nebulized albuterol by hand held nebulizer or hand held mask

   d. amiodarone

   e. aspirin

   f. atropine sulfate

   g. calcium chloride

   h. diazepam *(disaster caches only)*

   i. diphenhydramine hydrochloride

   j. dopamine hydrochloride

   k. epinephrine

   l. fentanyl

   m. glucagon

   n. midazolam

   o. morphine sulfate

   p. naloxone hydrochloride

   q. nitroglycerin tablet or spray

   r. ondansetron

   s. potassium, equal to or less than 40meq/L *(transport infusion only)*

   t. pralidoxime chloride (2-PAMCl)

   u. sodium bicarbonate

   v. total parenteral nutrition *(transport infusion only)*

II. Trial Studies

Procedures or medications may be implemented on a trial basis when approved by the Medical Director of the EMS Agency.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 802 **EMT Scope of Practice**
Ref. No. 802.1 **Los Angeles County EMT Scope of Practice**
Ref. No. 803.1 **Los Angeles County Paramedic Scope of Practice**
Ref. No. 806 **Procedures Prior to Base Contact**
Ref. No. 813 **Standing Field Treatment Protocols**
Ref. No. 816 **Physician at the Scene**
Ref. No. 830 **Paramedic Trial and Scientific Studies**
Ref. No. 1006 **Paramedic Accreditation, Continuous Accreditation, and Reaccreditation**