

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

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 Ref. 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. Offline medical control following Ref. No. 1200, Treatment Protocols, et al.
 - b. Online medical direction by a base hospital physician or Mobile Intensive Care Nurse (MICN)
 - c. Direct medical supervision as outlined in Ref. No. 816, Physician at the Scene.

POLICY:

- I. 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 during training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfers.

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APPROVED: 
Director, EMS Agency


Medical Director, EMS Agency

The paramedic scope of practice includes Ref. 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 waveform
 - 2. Utilize electrocardiographic devices and monitor electrocardiogram, including 12-lead electrocardiograms (ECG) per Ref. No. 1308, Medical Control Guideline: Cardiac Monitoring / 12-Lead ECG
 - 3. Obtain venous or capillary blood samples
 - 4. Use electronic devices to measure glucose levels
- B. Airway management and monitoring:
 - 1. Use basic and advanced airway maneuvers as per Ref. No. 1302, Medical Control Guideline: Airway Management and Monitoring
 - 2. Utilize mechanical ventilation devices for continuous positive airway pressure per Ref. No. 1315, Medical Control Guideline: Continuous Positive Airway Pressure (CPAP)
- C. Rescue and emergency care:
 - 1. Perform needle thoracostomy per Ref. No. 1335, Medical Control Guideline: Needle Thoracostomy
 - 2. Perform manual defibrillation
 - 3. Perform synchronized cardioversion
 - 4. Perform transcutaneous pacing per Ref. No. 1365, Medical Control Guideline: Transcutaneous Pacing (TCP)
 - 5. Utilize hemostatic dressings per Ref. No. 1370, Medical Control Guideline: Traumatic Hemorrhage Control
 - 6. Utilize Valsalva maneuver
 - 7. Monitor thoracostomy tubes
- D. Intravenous, intraosseous and pre-existing vascular access devices (PVAD) per Ref. No. 1375, Medical Control Guideline: Vascular Access
- 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 and/or monitor 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. epinephrine
 - k. fentanyl
 - l. glucagon
 - m. ketorolac
 - n. midazolam

- o. morphine sulfate
- p. naloxone hydrochloride
- q. normal saline solution
- r. nitroglycerin tablet or spray
- s. olanzapine
- t. ondansetron
- u. potassium, equal to or less than 40meq/L (*transport infusion only*)
- v. pralidoxime chloride (2-PAMCl)
- w. sodium bicarbonate
- x. 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. 816, **Physician at the Scene**

Ref. No. 830, **Paramedic Trial and Scientific Studies**

Ref. No. 1006, **Paramedic Accreditation, Continuous Accreditation, and Reaccreditation**