

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **EMERGENCY MEDICAL TECHNICIAN (EMT)
SCOPE OF PRACTICE**

(EMT/PARAMEDIC)
REFERENCE NO. 802

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

AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100063

DEFINITIONS:

Approved EMS Provider: A jurisdictional 9-1-1 fire department or an ambulance operator currently licensed in Los Angeles County.


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, Advanced 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 Ref. No.1200.1, Treatment Protocols General Instructions and Ref. No. 502, Patient Destination.
4. When EMTs assist patients with a physician prescribed medication or administer approved medications, as listed in Section III of this policy, an ALS unit must be en route 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.

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SUPERSEDES: 04-01-22

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APPROVED: 
Director, EMS Agency


Medical Director, EMS Agency

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. Provide basic emergency care
2. Perform cardiopulmonary resuscitation (CPR)
3. Utilize mechanical adjuncts for basic cardiopulmonary resuscitation
(Requires EMS Agency approval – Approved EMS Providers)
4. Use a public access Automated External Defibrillator (AED) **(Carrying an AED requires EMS Agency approval as an AED Service Provider)**
5. Administer oral glucose or sugar for suspected hypoglycemia
6. Apply mechanical restraints per Ref. No. 838, Application of Patient Restraints
7. Use various types of stretchers
8. Perform field triage
9. Extricate entrapped persons

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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 Ref. No. 1302, MCG Airway Management and Monitoring, 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 – Approved EMS Providers)
 4. Ventilate advanced airway adjuncts via bag-device:
 - a. endotracheal tube
 - b. perilaryngeal airway device (i-gel/King LTS-D)
 - c. tracheostomy tube or stoma
 5. Suction airway including:
 - a. oropharynx
 - b. nasopharynx
 - c. 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 per Ref. No. 1370, Medical Control Guideline: Traumatic Hemorrhage Control (**EMSA approved dressings only**)
 - c. extremity splints
 - d. traction splints
 2. Use spinal motion restriction devices

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) tube
2. orogastric (OG) tube
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. Local Additional Scope of Practice Requiring EMS Agency Notification:

- A. Approved EMS Providers may notify the EMS Agency via their Medical Director of the intent to train EMT personnel to add to vehicle inventory and administer the following therapies:
 1. Naloxone (including Leave Behind Naloxone per MCG 1337)
 2. Epinephrine autoinjector
 3. Aspirin
 4. Finger stick blood glucose testing
- B. Program will be evaluated during annual site visit and should include but not be limited to policies, curriculum, training rosters, competencies, and quality improvement.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 412, **EMT AED 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. 838, **Application of Patient Restraints**
Ref. No. 1302, **Medical Control Guideline: Airway Management and Monitoring**
Ref. No. 1337, **Naloxone Distribution by EMS Providers (Leave Behind Naloxone)**

Los Angeles County Code, Title 7, Business Licenses, Chapter 7.16, Ambulances