



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Paramedic Scope of Practice		Policy Number: 310	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2021	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: June 1, 2021	
Origination Date:	May, 1984	Effective Date: June 1, 2021	
Date Revised:	March 11, 2021		
Date Last Reviewed:	March 11, 2021		
Review Date:	March 31, 2023		

- I. PURPOSE: To define the scope of practice of a Paramedic accredited and practicing in Ventura County.
- II. AUTHORITY: Health and Safety Code Section 1797.172 and 1797.185. California Code of Regulations, Division 9, Chapter 4, Sections 100145, 100146 and 100147.
- III. POLICY:
  - A. A paramedic may perform any activity identified in the Scope of Practice of an EMT or Advanced EMT (AEMT) as defined in regulations governing those certification levels.
  - B. The medical director of the LEMSA may develop policies and procedures or establish standing orders allowing the paramedic to initiate any paramedic activity in the approved scope of practice without voice contact for medical direction from a physician, authorized registered nurse, or mobile intensive care nurse (MICN), provided that an EMSQIP is in place
  - C. A paramedic student or a licensed paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education (CE) under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer, may perform the following procedures or administer the following medications when such are approved by the medical director of the LEMSA and are included in the written policies and procedures of the LEMSA.:
    1. Utilize electrocardiographic devices and monitor electrocardiograms (ECG), including 12-lead ECG.
    2. Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, perilaryngeal airways, stomal intubation, and adult oral endotracheal intubation..
    3. Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/bi-level positive airway pressure (BPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient.
  - D. Basic Scope of Practice:
    1. Utilize electrocardiographic devices and monitor electrocardiograms (ECG), including 12-lead ECG.
    2. Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, perilaryngeal airways, stomal intubation, and adult oral endotracheal intubation..
    3. Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/bi-level positive airway pressure (BPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient.

4. Institute intravenous (IV) catheters, saline locks, needles or other cannulae (IV) lines, in peripheral veins.
5. Monitor and access pre-existing peripheral and central vascular access lines.
6. Institute intraosseous (IO) needles or catheters.
7. Administer IV or IO glucose solutions and normal saline solutions.
8. Obtain venous blood samples
9. Use laboratory devices, including point of care testing, for pre-hospital screening use to measure lab values including, but not limited to: glucose, capnometry, capnography, and carbon monoxide when appropriate authorization is obtained from State and Federal agencies, including from the Centers for Medicare and Medicaid Services pursuant to the Clinical Laboratory Improvement Amendments (CLIA).
10. Administer approved medications by the following routes: IV, IO, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, intranasal, oral or topical
11. Administer the following medications:
  - a. Activated charcoal
  - b. Adenosine
  - b. Amiodarone
  - c. Aspirin
  - d. Atropine sulfate
  - e. Bronchodilators, nebulized beta-2 specific
  - f. Calcium chloride
  - g. Dextrose, 5%, 10%, 25%, and 50%
  - h. Diazepam
  - i. Diphenhydramine hydrochloride
  - j. Dopamine hydrochloride
  - k. Epinephrine
  - l. Fentanyl
  - m. Glucagon hydrochloride
  - n. Heparin (interfacility transfers only)
  - o. Hydroxocobalamin
  - p. Ipratropium bromide
  - q. Lidocaine hydrochloride
  - r. Lorazepam

- s. Magnesium sulfate
  - t. Midazolam
  - u. Morphine sulfate
  - v. Naloxone hydrochloride
  - w. Nitroglycerin preparations: oral, IV (interfacility transfers only)
  - x. Ondansetron
  - y. Pralidoxime Chloride
  - z. Sodium bicarbonate
  - aa. Tranexamic Acid
12. Perform defibrillation
  13. Perform synchronized cardioversion
  14. Perform transcutaneous pacing
  15. Visualize the airway by use of the laryngoscope and remove foreign body(ies) with Magill forceps
  16. Perform Valsalva maneuver
  17. Perform nasogastric and orogastric tube insertion and suction
  18. Monitor thoracostomy tubes
  19. Monitor and adjust IV solutions containing potassium equal to or less than 40 mEq/L.
  20. Perform needle thoracostomy

E. Local Optional Scope of Practice

1. The medical director of the LEMSA shall submit a written request to the Director of the California EMS Authority (CalEMSA) for approval of any procedures or medications proposed for use in accordance with Section 1797.172(b) of the Health and Safety Code prior to implementation.
2. CalEMSA shall, within fourteen (14) days of receiving request, notify the medical director of the LEMSA that the request has been received and shall specify what information, if any, is missing.
3. The Director of CalEMSA, in consultation with the Emergency Medical Services Medical Directors Association of California's (EMDAC) Scope of Practice Committee, shall approve or disapprove the request for additional procedures and/or administration of medications and notify the LEMSA medical director of the decision within ninety (90) days of receipt of the completed request. An approved status shall be in effect for a period of three (3) years. An approved status may be renewed for another three (3) year period, upon the CalEMSA's

receipt of a written request that includes, but is not limited to, the following information:

- a. the utilization of the procedure(s) or medication(s),
  - b. beneficial effects,
  - c. adverse reactions or complications,
  - d. statistical evaluation,
  - e. general conclusion
4. The Director of CalEMSA, in consultation with the EMDAC Scope of Practice Committee, may suspend or revoke approval of any previously approved additional procedure(s) or medication(s) for cause.