



OCEMS EMT SCOPE OF PRACTICE: EMT-OCEMS ACCREDITED

I. AUTHORITY:

Health and Safety Code, Sections 1797.107, 1797.109, 1797.160, 1797.170 and California Code of Regulations, Title 22, Division 9, § 100061, 100063 and 100064.

II. APPLICATION:

To define the scope of practice of an OCEMS Accredited Emergency Medical Technician (EMT) operating in Orange County.

III. POLICY:

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

1. Evaluate the ill and injured by means of a primary and secondary exam (OCEMS Procedure # B-O1, B-O2).
2. Render basic life support, rescue and emergency medical care to patients.
3. Obtain and monitor diagnostic signs to include, but not limited to, temperature, blood pressure, pulse and respiration rates, pulse oximetry, level of consciousness, pain level, skin signs, and pupil status.
4. Perform cardiopulmonary resuscitation, which may include the placement and use of a mechanical external chest compression device in the management of basic cardiopulmonary resuscitation.
5. Administer oxygen.
6. Use the following adjunctive airway and breathing aids:
 - a. Oropharyngeal airway
 - b. Nasopharyngeal airway
 - c. Suction devices
 - d. Basic oxygen delivery devices for supplemental oxygen therapy including, but not limited to, humidifiers, partial rebreathers, and venturi masks; and
 - e. Manual and mechanical ventilating devices designed for prehospital use including continuous positive airway pressure.
7. Use stretchers and spinal motion restriction or immobilization devices including: long boards; short boards; KED boards; pediatric immobilization devices; and cardboard, air, or vacuum splints.
8. Provide initial prehospital emergency care to patients, including, but not limited to:
 - a. Placement of FDA approved tourniquets for control of external extremity bleeding
 - b. Use of hemostatic dressings for control of external hemorrhage from a list approved by the Authority
 - c. Extremity splinting, including traction splinting
 - d. Administer oral glucose or sugar solutions.
 - e. Extricate entrapped persons.
 - f. Perform field triage based on OCEMS policies and procedures including MCI policy #900.00.
 - g. Transport patients based on OCEMS Policies, & Procedures, and Treatment Guidelines.



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- h. Apply mechanical patient restraints.
- i. Set up for ALS procedures, under the direction of an Advanced EMT or Paramedic.
- j. Perform automated external defibrillation.
- k. Assist patients with the administration of physician-prescribed devices including, but not limited to, patient-operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices. Examples of approved activities include:
 - i. Transport intravenous infusions of the following solutions and medications when set at a preset rate of flow by medical staff of the sending facility:
 - a) Total parenteral nutrition (TPN)
 - b) Folic Acid
 - c) Thiamine
 - d) Multivitamins
 - e) Normal Saline
 - f) Lactated Ringer's Solution
 - ii. Transport patients with subcutaneous or intravenous implanted or external patient-operated infusion pumps that are infusing at a preset rate the following:
 - a) Insulin
 - b) Morphine
 - c) Total parenteral nutrition (TPN)
 - iii. Transport patients with skin patches including Nitrobid, nitroglycerine patches and paste, fentanyl patches, or clonidine patches previously placed on the patient.
 - iv. If available and indicated, *assist* a patient with their own physician prescribed medications:
 - a) Nitroglycerine aerosol or tablets
 - b) Albuterol and/or ipratropium (Atrovent®) inhalation - metered dose inhaler or nebulizer
 - c) Epinephrine auto-injector
 - d) Aspirin

In addition to the activities authorized by the above subdivision of this policy, the medical director of the LEMSA may also establish policies and procedures to allow a certified EMT or a supervised EMT student who is part of the organized EMS system and in the prehospital setting and/or during interfacility transport to:

- 1. Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions, including Ringer's Lactate for volume replacement. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid;
- 2. Transfer of a patient who is deemed appropriate for Basic Life Support transfer by the transferring physician, who has any of the following:
 - a. Nasogastric tubes
 - b. Gastrostomy tubes
 - c. Heparin locks
 - d. Tracheostomy tubes
 - e. Dialysis shunts (both subcutaneous and external)
 - f. Long-term established central venous lines (e.g. PIC lines)
 - g. Cardiac pacemaker (implanted)
 - h. Automatic internal defibrillator (implanted)
 - i. Colostomy bags
 - j. Urostomy bags
 - k. Foley catheters
 - l. Enteric feeding tubes
 - m. Continuous flow oxygen
 - n. Thoracostomy (chest) tube(s) clamped or attached to closed drainage system
 - o. Surgical drain suction devices with preset parameters



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- ❖ **All arterial lines are excluded from EMT transport.**
 - ❖ **Central vascular lines used for patient monitoring or infusing intravenous fluid and medications are excluded from EMT transport.**
3. Administer naloxone or other opioid antagonist by intranasal and/or intramuscular routes for suspected narcotic overdose.
 4. Administer epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma.
 5. Perform finger stick blood glucose determination.
 6. Assist ALS providers in placement of 12-lead ECG leads.
 7. Assist ALS providers during placement of advanced airway devices.
 8. Place pulse oximetry probes and record oxygen saturation results. If patient is short of breath and pulse oximetry reading is less than 95%, administer oxygen 6 liters/minute by nasal cannula or 10 liters/minute by mask.
 9. Administer atropine and 2-PAM by means of Duodote® or Mark-1 kit to self or to others under ALS direction.
 10. Withhold resuscitation of a patient meeting declared dead criteria as identified in OCEMS policy 330.50 and honor a DNR request, Advanced Healthcare Directive or California POLST form as defined by OCEMS policy 350.51.

The scope of practice of an EMT shall not exceed those activities authorized in this policy, Section 100064, and Section 100064.1.

During a mutual aid response into another jurisdiction, an EMT may utilize the scope of practice for which s/he is trained and authorized according to the policies and procedures established by the LEMSA within the jurisdiction where the EMT is employed as part of an organized EMS system.

Approved:


Carl H. Schultz, MD
OCEMS Medical Director


Michael Noone, NRP
OCEMS Assistant Administrator

Effective Date: 04/01/2023; 11/15/2025
Reviewed Date(s): 09/02/2014, 01/15/2019, 08/15/2022; 10/15/2025
Original Date: 10/28/2009