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**EMT-I SCOPE OF PRACTICE**

I **AUTHORITY**

Division 2.5, California Health and Safety Code, Sections 1797.170; Title 22, California Code of Regulations, Division 9, Chapter 2, Section 100063.

II **DEFINITIONS**

- A. "Agency" means the Mountain-Valley EMS Agency.
- B. "Basic Life Support" or "BLS" means care provided by prehospital providers that includes first aid, cardiopulmonary resuscitation and other non-invasive care; which includes airway adjuncts.
- C. "Emergency Medical Technician – I" or "EMT-I" means a person who has successfully completed a basic EMT-I course which meets the requirements of Title 22, California Code of Regulations, Chapter 2, and is certified in the State of California as an EMT-I.
- D. "Region" means the geographic jurisdiction of the Mountain-Valley Emergency Medical Services Agency.

III **PURPOSE**

To define the Emergency Medical Technician-I scope of practice approved by the Agency Medical Director for use within the Region.

IV **POLICY**

During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a supervised EMT-I student or certified EMT-I is authorized to do any of the following in accordance with the written policies and procedures of the Agency:

- A. Evaluate the ill and injured through obtaining diagnostic signs to include but not be limited to the assessment of temperature, blood pressure, pulse and respiration rates, level of consciousness, and pupil status.
- B. Render basic life support, rescue and emergency medical care to patients, including:
  - 1. Perform cardiopulmonary resuscitation, including the use of mechanical adjuncts to basic cardiopulmonary resuscitation.

2. Use the following adjunctive breathing aids:
    - a. oropharyngeal airway;
    - b. nasopharyngeal airway;
    - c. suction devices;
    - d. basic oxygen delivery devices; and
    - e. manual and mechanical ventilating devices designed for prehospital use.
  3. Use various types of stretchers and body immobilization devices.
  4. Provide initial prehospital emergency care of trauma.
  5. Administer oral glucose or sugar solutions.
  6. Extricate entrapped persons.
  7. Perform field triage.
- C. Transport patients.
- D. Set up for ALS procedures, under the supervision of an EMT-P.
- E. Perform automated external defibrillation when authorized by an EMT AED Service Provider
- F. 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.
- G. When requested, EMT-Is with appropriate training may assist patients with their own personal pre-prescribed medications and medical devices, limited to:
1. Epi-pens and epinephrine administration devices, in cases of acute allergic reactions.
  2. Glucometers and penlets
  3. Home nebulizers and metered dose inhalers (MDIs) of bronchodilators, in cases of bronchospasm and wheezing.
  4. Nitroglycerin tablets or metered dose spray, in cases of acute onset of chest pain for patients with chronic angina or diagnosed heart problems.
- H. Any assistance given by an EMT-I shall be based on and rendered to the patient only after completion of a patient assessment and medical history, followed by documentation of all action taken.
- I. EMT-Is are to inform patients that any treatment rendered by emergency personnel is of a temporary nature only and should be followed by/with a comprehensive medical examination by a licensed practitioner.
- J. EMT-Is may assist patients with:
1. Retrieval of medications from storage locations
  2. Site preparation with alcohol or antiseptic wipes at the direction of the patient.
  3. Loading/preparation of epi-pens, penlets, glucose reading or other devices.
  4. Assist with the placement and aiming of medication delivery systems
  5. application of pressure or bandage

- K. EMT-Is shall not draw up, measure, mix or solely administer any medications and shall not assist with the administration of medication or medical devices that are not prescribed to the patient. Any medication administered must be clearly labeled and identified as belonging to the patient.
- L. In cases of assistance with nitroglycerin tablets or spray, the EMT-I shall monitor administration to ensure that doses are given at the prescribed times and in the prescribed amounts. If no specific directions are noted on the prescription, the EMT-I shall ensure that doses are given at five (5) minute intervals and that no more than a total of three (3) doses are given.
  - 1. Blood pressure will be taken and recorded prior to each dose.
  - 2. The EMT-I should not assist with the administration of medication when blood pressure is < 100 mmHg systolic OR either the patient complains of or the patient assessment shows an altered level of consciousness.
- M. In addition to the activities authorized by section A of this policy, a certified EMT-I is authorized to do any of the following in the prehospital setting and/or during an interfacility transport
  - 1. Monitor, maintain a preset rate of flow and turn off if necessary, intravenous fluids as follow:
    - a. A written order signed by the transferring physician is provided to the EMT-Is, stating that in the opinion of the transferring physician the patient is non-critical and deemed stable for transportation by an EMT-I staffed ambulance. The written order must include the rate of infusion for the IV fluids and the type of solution infusing.
    - b. No medications can be added to the IV fluids or added during transport.
    - c. The following are the only IV solutions that may be monitored by an EMT-I during interfacility transports:
      - (1) D5/Water
      - (2) D5/0.2NaCl
      - (3) D5/0.45 NaCl
      - (4) D5/0.9 NaCl
      - (5) D5/Lactated Ringers
      - (6) 0.9 NaCl (Normal Saline)
      - (7) 0.45 NaCl
      - (8) 0.225 NaCl
      - (9) Ionosol-T
      - (10) Lactated Ringers
  - 2. Patients with vascular access lines through shunts or fistulas are not transportable by EMT-Is.
  - 3. IV sites shall be initially assessed and documented by the EMT-I. Periodic assessment for signs of infiltration or irritation shall be conducted and recorded.
  - 4. The EMT-I may take no action regarding the IV infusion other than to monitor the IV flow rate and turn off the infusion if infiltration occurs.
  - 5. Care of lines inadvertently disconnected shall follow standard medical practice, to include site pressure and a dry sterile dressing if the cannula pulls completely out of the skin. If the IV tubing becomes disconnected, the line will be clamped close to the hub and flow from the bag stopped. Disconnected lines shall not be reconnected.

- N. EMT-Is may transfer and monitor patients with the following invasive tubes and other medical adjuncts:
1. Nasogastric Tubes
    - a. Nasogastric tubes shall be clamped. No form of suction shall be allowed during transport.
    - b. A nasogastric tube shall be secured to the nose appropriately and shall also be secured to the patient's clothing to prevent accidental dislodgement or patient discomfort.
    - c. Any tubing shall be clamped and no feedings shall be infused during transport to prevent the possibility of aspiration.
    - d. Unless contraindicated by medical condition, any patient fed within the last two (2) hours shall be placed on the gurney in semi-fowler's position to help prevent the possibility of aspiration.
  2. Abdominal Tubes (Gastrostomy tubes, ureterostomy tubes, wound drains, etc.) EMT-I's shall check that abdominal tubes are secured in place in an appropriate fashion, the integrity of the drainage system is intact and drainage bags are emptied prior to transfer, with the time noted. Drainage amount and characteristics shall be noted.
    - a. Drainage bags shall be secured to the patient in an appropriate fashion to prevent dislodgement, disconnection or backflow.
    - b. Any dressing drainage shall be noted and charted.
    - c. Dislodged tubes shall not be reinserted. A clean, dry dressing shall be applied to the site. Time and circumstances of dislodgement shall be noted on the PCR.
  3. Foley Catheters
    - a. Catheters shall be checked prior to transfer to assure that the catheter is appropriately secured to the patient, the system is intact and the drainage bag is secured to prevent dislodgement, disconnection and backflow.
    - b. Amount and characteristics of urine shall be noted.
    - c. If the drainage system becomes disconnected or dislodged during transport, the EMT-I will clamp the foley if disconnected, but in no circumstances shall the catheter be reinserted if dislodged.
  4. Tracheostomy Tubes
    - a. Tracheostomy tubes shall be checked to assure they are secured to the patient in an appropriate fashion.
    - b. EMT-Is may suction **at the opening only** to remove secretions the patient is unable to clear. Amount and characteristic of secretions shall be noted.
    - c. If the inner cannula becomes dislodged or is expelled, the EMT-I shall rinse it in sterile NaCl and gently reinsert it, or allow the patient to reinsert it if capable