SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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PREHOSPITAL PERSONNEL STANDARDS & SCOPE OF PRACTICE

I. PURPOSE

A. Define the scope of local practice and standards for prehospital personnel.

II. POLICY

A. All prehospital personnel shall operate within the scope of practice applicable to their level of certification or licensure. Personnel shall not exceed their scope of practice as defined in State law and San Francisco EMS Policy and Protocol.

B. This policy applies to all prehospital personnel employed by, and on duty with, a permitted San Francisco ALS or BLS provider.
   1. A paramedic must be employed with an approved paramedic service provider in order to perform the scope of practice as specified in this policy.
   2. Paramedics not accredited in San Francisco, but employed as BLS personnel may not utilize any part of the Paramedic Scope of Practice as defined in this policy.
   3. Accreditation candidates may utilize the Paramedic Basic Scope of Practice when working with a second accredited Paramedic prior to receiving their accreditation.

C. San Francisco EMS personnel responding into, or transporting through, another jurisdiction, shall continue to operate under San Francisco policies and protocols including the local Scope of Practice as defined in this policy.

D. The requirements and process for EMT certification in San Francisco is described in Policy 2040 Emergency Medical Technician Certification.

E. The requirements and process for paramedic accreditation in San Francisco is described in Policy 2050 Paramedic Accreditation.

III. EMERGENCY MEDICAL TECHNICIAN: LOCAL SCOPE OF PRACTICE

A. During training, while at the scene of an emergency, during transport of the sick or injured, or during an interfacility transfer, a certified EMT or supervised EMT student is authorized to do any of the following:
   1. Evaluate the ill and injured.
   2. Render basic life support, rescue and emergency medical care to patients.
   3. Obtain diagnostic signs to include, but not be limited to, temperature, blood pressure, pulse and respiration rates, pulse oximetry, level of consciousness,

pupil status (and blood glucose level if authorized by Medical Director).

4. Perform cardiopulmonary resuscitation (CPR), including the use of mechanical adjuncts to basic cardiopulmonary resuscitation.
5. Perform Automated External Defibrillation (AED).
6. Administer oxygen.
7. Remove a directly visualized foreign body from the airway.
8. 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 humidifiers, partial rebreathers, and venturi masks;
    e. Manual and mechanical ventilating devices designed for prehospital use including continuous positive airway pressure.
9. Use various types of stretchers and spinal immobilization devices.
10. Provide initial prehospital emergency care of trauma, including:
    a. Bleeding control through the application of tourniquets;
    b. Use of approved hemostatic dressings from a list approved by the state EMS Authority;
    c. Spinal motion restriction or immobilization
    d. Seated spinal motion restriction or immobilization;
    e. Extremity splinting; and
    f. Traction splinting.
11. Administer the following approved over the counter medications:
    a. Oral glucose or sugar solutions; and
    b. Aspirin (if approved by EMS Agency Medical Director).
12. Extricate entrapped persons.
13. Perform field triage.
14. Transport patients.
15. Apply mechanical patient restraint.
16. Set up for ALS procedures, under the direction of a Paramedic.
17. Administration of naloxone intranasally for altered mental status, respiratory depression and/ or suspected opioid overdose, if authorized by Provider Medical Director.
18. Administration of intramuscular epinephrine by auto-injector or draw-up method for suspected anaphylaxis and/or severe asthma, if authorized by EMS Agency Medical Director.
19. 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.

IV. EMERGENCY MEDICAL TECHNICIAN: LOCAL SCOPE OF PRACTICE FOR INTERFACILITY TRANSFERS

A. EMTs, during an interfacility transfer, may do the following:
   1. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid:
      a. Glucose solutions including Dextrose 10%;
      b. Isotonic balanced salt solutions including Normal Saline and Ringer's lactate.
   2. Solutions may NOT be controlled by a mechanical IV pump or flow control device. Dial-a-flow and similar aperture or constriction flow control devices may be monitored.
   3. EMTs may NOT monitor any fluid or medication infusion delivered through a central venous access device unless delivered by means of a patient controlled pump.
   4. Monitor a patient, who is deemed appropriate for transfer by the transferring physician, and who has the following:
      a. Nasogastric (NG) tubes,
      b. Gastrostomy tubes,
      c. Heparin or saline locks,
      d. Foley catheters,
      e. Tracheostomy tubes,
      f. Indwelling vascular access lines.
      g. Patients with arterial lines MAY NOT be monitored by EMT's.
   5. Tracheostomy patients and suctioning: Patients must be able to breathe without mechanical assistance. Suctioning by EMTs is limited to inserting a soft suction catheter to clear secretions from the proximal end of the tracheostomy tube. EMTs may not perform deep tracheal suctioning or sterile suctioning. In no case, should the suction catheter pass beyond the distal end of the tracheostomy tube.

V. EMERGENCY MEDICAL TECHNICIAN: TRAINING STANDARDS

A. EMTs will complete and maintain current certifications in Basic Life Support CPR.

B. All EMTs will complete a local orientation approved by EMS Agency that includes, at a minimum:
   1. San Francisco EMS System organization
   2. San Francisco EMS Policies and Patient Treatment Protocols
   3. San Francisco EMS Agency MCI Plan
   4. San Francisco geography
   5. ICS-100 and ICS-200 (Basic ICS).
   6. FEMA IS-700a (Introduction to National Incident Management System).
   7. Hazmat First Responder Awareness course (FRA) per 29 CFR 1910-120.

VI. EMERGENCY MEDICAL TECHNICIAN: REQUIRED TRAINING FOR INDEPENDENT WORK ASSIGNMENT ON AN ALS AMBULANCE

A. EMT eligibility for independent work assignment is determined by their passing an advanced life support(ALS) partner training approved by their EMS Provider Medical Director. If they have not passed such a course, they may work as a primary EMT on a BLS response vehicle, or as an EMT partnered with another EMT on a BLS ambulance. If they have passed such a course, they may work as an EMT on an ALS ambulance with any San Francisco accredited paramedic.

VII. PARAMEDIC: LOCAL SCOPE OF PRACTICE

A. A paramedic may perform any activity identified in the EMT local scope of practice in Sections III and IV of this policy.

B. During training, while at the scene of a medical emergency during transport of the sick or injured, or during an interfacility transfer, an accredited Paramedic or a supervised Paramedic accreditation candidate or a supervised Paramedic student is authorized to do any of the following:
   1. Utilize electrocardiographic devices and monitor electrocardiograms, including 12- lead electrocardiograms (ECG).
   2. Perform defibrillation, synchronized cardioversion, and external cardiac pacing.
   3. Visualize the airway by use of the laryngoscope and remove foreign bodies with Magill forceps.
   4. Perform pulmonary ventilation by use of:
      a. Approved supraglottic airways (e.g. i-gel)
      b. Stomal intubation,
      c. Adult oral endotracheal intubation (via direct or video laryngoscope)
   5. Perform trachea-bronchial suctioning of an intubated patient.
   6. Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/bi-level positive airway pressure (BiPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient.
   7. Institute intravenous (IV) catheters, saline locks, needles, or other cannulae (IV lines), in peripheral veins and monitor and administer medications through pre- existing vascular access.
   8. Institute intraosseous (IO) needles or catheters.
   9. Administer IV or IO glucose solutions or isotonic balanced salt solutions, including normal saline and Ringer's lactate solution.
   10. Obtain venous blood samples.
   11. Use laboratory devices, including point of care testing, for pre-hospital screening to measure the following lab values: 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).

12. Utilize Valsalva maneuver.
13. Perform percutaneous needle cricothyroidotomy.
14. Perform needle thoracostomy.
15. Perform nasogastric and orogastric tube insertion and suction.
16. Monitor thoracostomy tubes.
17. Monitor and adjust IV solutions containing potassium, equal to or less than 40 mEq/L.
18. Administer approved medications by the following routes: IV, IO, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, intranasal, oral or topical.
19. Administer the following medications:
    a. 10%, 25%, and 50% Dextrose;
    b. Activated Charcoal;
    c. Adenosine;
    d. Aerosolized or nebulized beta-2 specific bronchodilators;
    e. Amiodarone;
    f. Aspirin;
    g. Atropine Sulfate;
    h. Pralidoxime (2-PAM) Chloride;
    i. Calcium Chloride;
    j. Cetacaine Spray;
    k. Diazepam
    l. Diphenhydramine Hydrochloride;
    m. Dopamine Hydrochloride;
    n. Epinephrine;
    o. Fentanyl;
    p. Glucagon;
    q. Ketamine;
    r. Ketorolac;
    s. Lidocaine Hydrochloride;
    t. Lorazepam;
    u. Magnesium Sulfate;
    v. Midazolam;
    w. Morphine Sulfate;
    x. Naloxone Sulfate;
    y. Nitroglycerine preparations, except IV, unless certified Critical Care Paramedic
    z. Ondansetron
    aa. Sodium Bicarbonate

VIII. PARAMEDIC: LOCAL OPITIONAL SCOPE

A. The EMS Agency Medical Director may apply for a Local Optional Scope of Practice (LOSOP). The following LOSOPs are approved for Paramedic use by Accreditation subtypes:
   1. ALS Local Accreditation
      a. Buprenorphine
      b. Suprglottic Airway (i-gel) for pediatrics
      c. Hydroxocobalamin
      d. COVID-19 Testing (in the setting of a 911 call ONLY)
   2. Critical Care Paramedic Endorsement
      a. Calcium Channel Blockers and Fluid Management

IX. PARAMEDIC: TRAINING STANDARDS

A. Paramedics will complete and maintain current certifications in the following core courses:
   1. Basic Life Support CPR
   2. Advanced Cardiac Life Support (ACLS) or approved equivalent.
   3. Pediatric Advanced Life Support (PALS), Pediatric Education for Prehospital Professionals (PEPP) or Emergency Pediatric Care (EPC).
   4. International Trauma Life Support (ITLS) or Prehospital Trauma Life Support (PHTLS), for initial certification only.

B. Additionally, all Paramedics will complete the following during an initial orientation:
   1. San Francisco EMS System organization.
   2. San Francisco EMS Policies and Patient Treatment Protocols
   3. San Francisco EMS Agency MCI Plan Initial & Recurring training.
   4. San Francisco geography.
   5. ICS-100 and ICS-200 (Basic ICS).
   6. FEMA IS-700a (Introduction to National Incident Management System).
   7. Paramedic supervisors must complete ICS-300 training.
   8. Hazmat First Responder Awareness course (FRA) per 29 CFR 1910-120.

C. Paramedics must complete 10 ALS patient contacts with Field Training Officer (FTO) as a third person and successfully pass FTO evaluation in the following areas, appropriate to the knowledge expected of the level:
   1. Knowledge of San Francisco geography
   2. Knowledge of San Francisco EMS policies and protocols

X. CRITICAL CARE PARAMEDIC SCOPE OF PRACTICE

A. A licensed and accredited paramedic may practice as a Critical Care Paramedic after completing the following:

1. Successful completion of a Critical Care Paramedic (CCP) training program as specified in California Code of Regulations Section 100155(c).
2. Successful completion of Critical Care Paramedic competency testing.
3. Holds a current certification as a Critical Care Paramedic from the Board for Critical Care Transport Paramedic.
4. Obtain Critical Care Paramedic endorsement under Section 12 in the Bay Area Critical Care Paramedic Program Standards.

B. In addition to the approved paramedic scope of practice, the Critical Care Paramedic may perform the following procedures and administer medications during interfacility transports (upon arrival by the EMS Agency Medical Director):
   1. Set up and maintain thoracic drainage systems;
   2. Set up and maintain mechanical ventilators;
   3. Set up and maintain IV fluid delivery pumps and devices;
   4. Blood and blood products;
   5. Glycoprotein IIB/IIIA inhibitors;
   6. Heparin IV;
   7. Nitroglycerin IV;
   8. Norepinephrine;
   9. Thrombolytic agents and
   10. Maintain total parenteral nutrition.

XI. AUTHORITY

California Health and Safety Code, Division 2.5, §§ 1797.170 - 1791.172, 1797.185, 1797.192, 1797.194, and 1797.214.
California Code of Regulations, Title 22, §§100063, 100064, 100106, and 100146.