



I. PURPOSE

To identify the scope of practice of Paramedics in San Diego County.

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.172 and 1798; and California Code of Regulations, Title 22, Division 9, Chapter 43.3, Section 100091.02100146.

III. POLICY

A. A Paramedic may perform any activity identified in the scope of practice of an Emergency Medical Technician (EMT) ~~or any activity identified in the scope of practice of an~~ Advanced EMT (AEMT) in Chapter 2 of the California Code of Regulations, Title 22, Division 9 (see County of San Diego, Emergency Medical Services (CoSD EMS) Policy B-450 “EMT Scope of Practice” and Policy B-451 “Advanced EMT Scope of Practice”).

B. A licensed Paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this Policy.

B.C. A licensed Paramedic or a Paramedic student, as part of an organized EMS system, while caring for patients in a hospital as part of their training or continuing education, 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 is authorized to do all of the following: A Paramedic student or a currently licensed Paramedic affiliated with an approved Paramedic service provider, while caring for patients in a hospital as part of his/her training or continuing education, 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, in accordance with the County of San Diego, Emergency Medical Services (CoSD EMS) policies, procedures, and protocols, perform the following procedures and administer the following medications:

1. Utilize electrocardiographic devices and monitor electrocardiograms, including 12-lead electrocardiograms (ECG)
2. Perform defibrillation, synchronized cardioversion, and external cardiac pacing

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3. Visualize the airway by use of the laryngoscope and remove foreign body/~~bodies(ies)~~ with Magill forceps
4. Perform pulmonary ventilation by use of ~~supraglottic airways~~, perilaryngeal airways, stomal intubations, and adult oral endotracheal intubation
5. Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient
6. Institute intravenous (IV) catheters, saline locks, needles, or other cannula (IV lines) in peripheral veins, and monitor and administer medications through pre-existing vascular access
- ~~6.7. Institute intraosseous (IO) needles or catheters~~
- ~~7.8. Administer intravenous IV or IO glucose solutions or isotonic balanced salt solutions, including Ringer's lactate~~
- ~~8.9. Obtain capillary and venous blood samples~~
- ~~9.10. 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) Use laboratory devices for prehospital screening to measure lab values including:~~
 - ~~a. Blood glucose monitors~~
 - ~~b. Capnometry~~
 - ~~c. Capnography~~
 - ~~d. Carbon monoxide monitors~~
- ~~10.11. Perform Utilize~~ Valsalva maneuver
- ~~12. Perform needle thoracostomy~~
- ~~11.13. Perform nasogastric intubation and gastric and orogastric tube insertion and suction~~
- ~~12.1. Perform needle thoracostomy~~
- ~~13.14. Monitor thoracostomy tubes~~
- ~~14. Perform intraosseous needle placement~~
- ~~15. Monitor and adjust IV solutions containing potassium, equal to or less than 40 mEq/L Monitor, adjust, and maintain IV solutions containing potassium equal to or less than 40 mEq/L~~
- ~~16. Administer approved medications by the following routes: IV, IO, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, intranasal, oral or topical~~
- ~~16.17. Administer, using prepackaged products when available, the following medications: Administer, using prepackaged products when available, the following medications utilizing the listed routes: intravenous, intramuscular, intraosseous, subcutaneous, transcutaneous, rectal, sublingual, endotracheal, nebulizer, aerosolizer, metered dose inhaler, oral topical, or intranasal:~~
 - a. 10%, 25%, and 50% dextrose

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- b. Acetaminophen (IV)
- c. Activated charcoal
- d. Adenosine
- e. Aerosolized or nebulized beta-2 specific bronchodilators (e.g., albuterol, levalbuterol)
- f. Amiodarone
- g. Aspirin
- h. Atropine sulfate
- i. Buprenorphine-naloxone (Suboxone®)
- j. Calcium chloride
- k. Diazepam – requires completion of specialized training
- l. Diphenhydramine hydrochloride
- m. Epinephrine
- n. Fentanyl
- o. Glucagon
- p. Ipratropium bromide
- q. Ketamine
- r. Lidocaine hydrochloride
- s. Midazolam
- t. Morphine sulfate
- u. Naloxone hydrochloride
- v. Nitroglycerin preparations (excluding IV)
- w. Ondansetron
- x. Pralidoxime chloride (2-PAM chloride) – requires completion of specialized training
- y. Sodium bicarbonate
- z. Tranexamic acid

18. Utilize additional skills and/or medications that are approved as Local Optional Scope of Practice (LOSOP) or included as part of a pilot study as determined by the CoSD EMS Medical Director in accordance with Health and Safety Code, Division 2.5, Section 1797.214.

~~17. Perform any prehospital emergency medical care treatment procedure(s) or administer any medication(s) on a trial basis when approved by the Medical Director of the local EMS. Study procedure shall be as defined in Title 22, Division 9, Chapter 4 of the California Code of Regulations.~~