

	<b>1001</b>	<b>BLS Scope of Practice Summary</b>
Nor-Cal EMS Policy & Procedure Manual	Treatment Guidelines	
Effective Date: 10/01/2020	Next Revision: 10/01/2023	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

**AUTHORITY:**

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

**OPT** Yellow = Optional Scope

**NO** Red = NOT in Scope of Practice

**YES** Green = In Scope of Practice. No Base Hospital contact required

PROCEDURES	SPECIAL CONSIDERATIONS	EMR	EMT
AED		YES	YES
Bag Valve Mask		YES	YES
Childbirth		YES	YES
CPAP		NO	YES
Foley Catheter	Monitor	NO	YES
Gastrostomy Tubes	Monitor	NO	YES
Glucometer		NO	YES
Hemostatic Dressings/Agents	Approved Dressings Only	YES	YES
Indwelling IV Lines	Monitor	NO	YES
IV Fluid lines NS, LR, D5W	Monitor, Excluding Arterial Lines	NO	YES
IV Fluid lines NS, LR, D5W	Set Up (non-invasive)	YES	YES
i-Gel	EMT OS (no pediatrics, 12 and older only, no off length-based tape. Always use Colorimetric Capnogram)	NO	OPT
Colorimetric Capnogram	Mandatory use with SGA (Supraglottic Airway)	NO	OPT
Mechanical CPR Devices	Can assist with set up. Within 15 seconds needs to be in position	YES	YES
Nasogastric Tubes	Monitor	NO	YES
Nasopharyngeal Airway		YES	YES
Oropharyngeal Airway		YES	YES
Pulse Oximetry		NO	YES
Oxygen Devices	Nasal Cannula, Oxygen Masks	YES	YES
Spinal Precautions		YES	YES
Splints	Traction, Soft, Rigid	YES	YES
Suction	No deep suctioning	YES	YES
Tourniquets	Only commercially approved by Nor-Cal EMS	YES	YES
Tracheostomy Tubes	Monitor/Suction only what they can see, NO DEEP SUCTIONING	YES	YES

MEDICATIONS	SPECIAL CONSIDERATIONS	EMR	EMT
Aspirin	Prefer chewable, for Adult chest pain only	NO	YES
Ibuprofen	Oral only, for fever control	NO	YES
Acetaminophen	Oral only, for fever control	NO	YES
*Epinephrine Auto-Injector	EMR-OS	OPT	YES
*Epinephrine IM draw	EMT-OS only	NO	OPT
Benadryl Oral		NO	YES
*Naloxone-Intra Nasal	EMR-OS Spray Only.	OPT	YES
Nitroglycerin	Assisting Adult Patients- ask patients if they want or need your help, suggest it.	YES	YES
Oral Glucose		YES	YES
Inhaler	Assist Patients- ask patients if they want or need your help, suggest it.	YES	YES
Nerve Agent Auto-injector	Self & Partner	YES	YES
Saline Locks	Monitor	NO	YES

**NOTES:**

**All OS must follow the scope policy.**

**ALL OS are to be verified every two years.**