

	1002	ALS Basic Scope of Practice
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

Section 100106(a) of the AEMT Regulations. Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.

COLOR KEY:

	Red = <u>NOT</u> in Scope of Practice
	Yellow = Must contact BH/BHPO <u>BEFORE</u> Procedure/Medication
	Green = Contact BH <u>AFTER</u> procedure/Medication

PROCEDURES	SPECIAL CONSIDERATIONS	AEMT	AEMT-OS	MICP
Blood Glucometer				
CPAP				
Cardioversion				
Defibrillation	AEMT AED Only			
F/B removal with forceps				
Intraosseous cannulation	AEMT / AEMT-OS Pediatrics Only			
Intravenous Therapy				
Intubation (Video Approved Devices only)	Oral, Stomal (no pediatric)			
Supraglottic Airway Device				
Lab Draw				
Med / Neb Treatments				
Naso/Orogastric Tubes				
Needle Cricothyrotomy (Quick Trach II)				
Needle Thoracostomy				
PVAD Access				
Transcutaneous Pacing (TCP)				
Vagal Maneuvers	Valsalva's maneuver only			

MEDICATIONS	SPECIAL CONSIDERATIONS	AEMT	AEMT-OS	MICP
Acetaminophen	AEMT/AEMT-OS - Oral ONLY			
Activated Charcoal				
Adenosine				
Amiodarone (Cordarone)				
Amyl Nitrite Inhalers				
Aspirin	Chewable			

MEDICATIONS	SPECIAL CONSIDERATIONS	AEMT	AEMT-OS	MICP
Atropine Sulfate		Red	Red	Green
Beta 2 Bronchodilators		Green	Green	Green
Calcium Chloride		Red	Red	Green
Dextrose (IV 10% or Oral)		Green	Green	Green
Diazepam (Valium)		Red	Red	Green
Diphenhydramine HCl (Benadryl)	AEMT oral only	Green	Green	Green
Dopamine		Red	Red	Green
Epinephrine	Basic AEMTs IM only	Green	Green	Green
Fentanyl		Red	Red	Green
Glucagon		Green	Green	Green
Ibuprofen		Green	Green	Green
Ipratropium Bromide (Atrovent)		Red	Red	Green
Ketamine		Red	Red	Green
Ketorolac (Toradol)		Red	Red	Green
Lidocaine		Red	Red	Green
Lorazepam	MUST be rotated q 60 days or Refrigerated	Red	Red	Green
Magnesium Sulfate		Red	Red	Green
Midazolam (Versed)		Red	Red	Green
Morphine Sulfate		Red	Red	Green
Naloxone (Narcan)		Green	Green	Green
Nitroglycerin (Tablets/Spray/Paste)		Green	Green	Green
Ondansetron (Zofran)		Red	Red	Green
Oxytocin (Pitocin)		Red	Red	Green
Potassium Infusion	< 40 mEq/liter	Red	Red	Yellow
Pralidoxime Chloride & Atropine (WMD Kit)		Green	Green	Green
Sodium Bicarbonate		Red	Red	Green
Sodium Thiosulfate		Red	Red	Yellow
Tranexamic Acid (TXA)		Red	Red	Green
Verapamil	Optional - Recommend Adenosine	Red	Red	Green