

	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 = NOT in Scope of Practice

Yellow = Must contact BH/BHPO BEFORE Procedure/Medication

Green = Contact BH AFTER procedure/Medication

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

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

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	IM	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	Green	Green
Morphine Sulfate		Red	Green	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