NOR-CAL EMS	1002	ALS Basic Scope of Practice
Nor-Cal EMS Policy & Procedure Manual		Treatment Guidelines
Effective Date: 3/1/2025		Next Revision: 3/1/2028
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	CCP
Blood Glucometer					
CPAP					
Cardioversion					
Defibrillation	AEMT AED Only				
F/B removal with forceps					
High Flow Nasal Cannula					
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					
Sedation and Analgesia for patients on ventilators					
Transcutaneous Pacing (TCP)					
Transport Ventilators					
Vagal Maneuvers	Valsalva's maneuver only				

MEDICATIONS	SPECIAL CONSIDERATIONS	AEMT	AEMT-OS	MICP	CCP
Acetaminophen	AEMT/AEMT-OS - Oral **ONLY**				
Activated Charcoal					
Adenosine					
Alteplase (tPA) Infusion					
Amiodarone (Cordarone)					
Amyl Nitrite Inhalers					
Aspirin	Chewable				
Atropine Sulfate					
Beta 2 Bronchodilators					
Calcium Chloride					
Dextrose (IV 10% or Oral)					
Diazepam (Valium)					
Diphenhydramine HCl (Benadryl)	AEMT oral only				
Dopamine					
Epinephrine	Basic AEMTs IM only				
Fentanyl					
Glucagon					
Glycoprotein Receptor IIb/IIIa Inhibitor Infusion					
Ibuprofen					
Ipratropium Bromide (Atrovent)					
Ketamine					
Ketorolac (Toradol)					
Lidocaine					
Lorazepam	MUST be rotated q 60 days or Refrigerated				
Lorazepam Infusion					
Magnesium Sulfate					
Magnesium Sulfate Infusion					
Midazolam (Versed)					
Morphine Sulfate					
Naloxone (Narcan)					
Nitroglycerin (Tablets/Spray/Paste)					
Nitroglycerin Infusion					
Norepinephrine Infusion					
Olanzapine					
Ondansetron (Zofran)					
Oxytocin (Pitocin)					
Potassium Infusion	< 40 mEq/liter				
Pralidoxime Chloride & Atropine (WMD Kit)					

MEDICATIONS	SPECIAL CONSIDERATIONS	AEMT	AEMT-OS	MICP	CCP
Sodium Bicarbonate					
Sodium Bicarbonate Infusion					
Sodium Thiosulfate					
Total Parenteral Nutrition (TPN)					
Tranexamic Acid (TXA)					
Verapamil	Optional - Recommend Adenosine				