

	<b>1001</b>	<b>BLS Scope of Practice Summary</b>
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

**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
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 Capnography)	NO	OPT
Colorimetric Capnography	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
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

### **EMT scope Only:**

(1) Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid;

(2) Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines.

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.**