



1001

BLS Scope of Practice Summary

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	
		YES	NO	YES	NO
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.