

# **SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY**

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## **PREHOSPITAL PERSONNEL STANDARDS & SCOPE OF PRACTICE**

### **I. PURPOSE**

- A. Define the local scope of practice for prehospital personnel.
- B. Establish minimum training and staffing standards to ensure personnel with local experience and demonstrated competence to respond to each request for service.
- C. Minimize disparity in training between providers regardless of duty assignments or employer.

### **II. AUTHORITY**

- A. California Health and Safety Code, Division 2.5, Sections 1797.170, 1797.176, 1797.178, 1797.202, 1797.204, 1797.206, 1797.218, and 1797.220
- B. California Code of Regulations, Title 22, Sections 100062, 100063, 100064, 100145, 100146, 100147, 100166, 100172, and 100175.

### **III. POLICY**

- A. General Requirements
  - 1. All prehospital personnel shall operate within the Scope of Practice applicable to their level of certification or licensure.
    - a) Personnel shall not exceed their Scope of Practice as defined in State law and Policy and Protocol.
  - 2. This policy applies to all prehospital personnel while currently certified or licensed, employed, and on duty with a permitted San Francisco ALS or BLS provider.
  - 3. When responding into, or transporting through, another jurisdiction, San Francisco EMS personnel shall continue to operate under San Francisco Scope of Practice, medical control, policies, and protocols.
    - a) During mutual aid assignments, the incident command staff will determine patient destination.
    - b) In the event of sudden, unexpected patient deterioration during an interfacility transfer, the patient will be transported to the closest Basic or Comprehensive Emergency Department.
      - (1) Attempts should be made to contact the intended receiving facility prior to arrival, although lack of contact should not preclude taking the patient to the closest facility.
  - 4. ALS and BLS Providers will staff all response and transport vehicles in accordance with this policy.

5. It is the responsibility of the individual Paramedic (EMT-P) or EMT to maintain all necessary licenses, certifications, and recognition.
6. All personnel shall have unrestricted access to the EMS Policy and Protocol manuals.

**B. EMT**

1. Required licenses and certifications
  - a) Current EMT Certification issued by any California Local EMS Agency.
  - b) Current Health Care Provider CPR.
  - c) Completion of local training.
2. Basic Scope of Practice, Title 22 California Code of Regulations:
  - a) Evaluate the ill and injured.
  - b) Render basic life support, rescue, and first aid to patients.
  - c) Obtain diagnostic signs including, but not limited to, temperature, blood pressure, pulse and respiration rates, level of consciousness and pupil status.
  - d) Perform cardiopulmonary resuscitation, including the use of mechanical adjuncts to basic cardiopulmonary resuscitation.
  - e) Use the following adjunctive airway breathing aids:
    - (1) Oropharyngeal airway.
    - (2) Nasopharyngeal airway.
    - (3) Suction devices.
    - (4) Basic oxygen delivery devices.
    - (5) Manual and mechanical ventilating devices designed for prehospital use.
  - f) Use various types of stretchers and body immobilization devices.
  - g) Provide initial prehospital emergency care of trauma patients.
  - h) Administer oral glucose or sugar solutions.
  - i) Extricate entrapped persons.
  - j) Perform field triage.
  - k) Transport patients.
  - l) Set up for ALS procedures, under the direction of an EMT-P.
  - m) Perform automated external defibrillation.
  - n) Assist patients with the administration of physician prescribed devices, including but not limited to, patient operated medication pumps, sublingual nitroglycerin and self administered emergency medications, including epinephrine devices.
3. As described in Section IV.A, after completion of San Francisco Level I EMT (SF LI EMT) local training, EMTs may:
  - a) Work with another SF LI or SF LII EMT.
  - b) During interfacility transfers:
    - (1) Monitor, maintain, or adjust if necessary in order to maintain a preset rate, and turn off intravenous lines with the following solutions:

- (a) Glucose or isotonic saline solutions to include Ringer's Lactate.
- (b) Dextrose 10% solution.
- (2) Solutions may not be controlled by a mechanical IV pump or flow control device:
  - (a) Dial-a-flow and similar aperture or constriction flow control devices may be monitored:
- (3) Monitor a patient with the following adjuncts:
  - (a) Nasogastric tubes.
  - (b) Gastrostomy tubes.
  - (c) Heparin or saline locks.
  - (d) Foley catheters.
- (4) Monitor central venous access devices
  - (a) EMTs may not monitor any fluid or medication infusion delivered through a central venous access device unless delivered by means of a patient controlled pump.
- (5) Suction tracheostomy patients
  - (a) Patients must be able to breathe without mechanical assistance.
  - (b) Suctioning by EMTs is limited to inserting a soft suction catheter to clear secretions from the proximal end of the tracheostomy tube.
    - (i) EMTs may not perform deep tracheal suctioning or sterile suctioning.
    - (ii) In no case, should the suction catheter pass beyond the distal end of the tracheostomy tube.
- c) Assignment Eligibility for SF LI EMTs is determined according their experience at time of employment as follows:

<b>Entry Level</b> <i>Newly employed EMT, prior to independent assignment</i>	<b>Less than one year FT experience in emergency response capacity</b> <b>OR</b> <b>Less than 3 years FT experience in non-emergency capacity</b>	<b>More than one year FT experience in emergency response capacity</b> <b>OR</b> <b>More than 3 years FT experience in non-emergency capacity</b>
<b>SF LI EMT</b> <i>After successfully completing requirements, may be assigned as noted</i>	1. Must be assigned with another LI or LII EMT for initial 1000 hours. 2. May be assigned to BLS ambulance or ALS first response vehicle. 3. After initial 1000 hours, may work as primary EMT on BLS first response vehicle and is eligible to begin SF Level II EMT Training.	1. May be assigned with any SF LI I or LII EMT on any BLS ambulance or first response vehicle, or may serve as primary EMT on BLS first response vehicle. 2. Eligible to begin SF Level II EMT Training

- c) After successful completion of SF LII EMT requirements, the EMT may work as:
  - (1) Primary EMT on BLS first response vehicle.
  - (2) Primary EMT on ALS first response vehicle, with any SF accredited EMT-P.
  - (3) EMT on any BLS ambulance with any Level I or Level II EMT.
  - (4) EMT on ALS ambulance with an SF accredited EMT-P.

### C. EMT-P

1. Required license, certification, accreditation and experience
  - a) Current California EMT-P license.
  - b) Current local accreditation.
  - c) Current ACLS, or approved equivalent.
  - d) Current PALS, PEPP, or approved equivalent.
  - e) Current BTLS or PHTLS (initial accreditation only).
  - f) EMT-Ps that are employed by ambulance service providers that have been permitted to operate as an ALS provider in San Francisco for less than 1 year, must provide verification that they have two years of ALS emergency response experience within the last three years. The requirement of prior experience for newly hired EMT-P's will be eliminated after one year, contingent upon successful demonstration by the ambulance service provider that the QI program meets the requirements specified in EMSA policies and the Service Provider Agreement.
2. EMT-Ps may operate under the EMT Scope of Practice:
  - a) EMT-Ps not accredited in San Francisco that are employed as BLS personnel may not utilize any part of the EMT-P Scope of Practice as defined below.
  - b) Accreditation candidates may utilize the EMT-P Basic Scope of Practice when working with a second accredited EMT-P prior to accreditation.
3. EMT-P Basic Scope of Practice, Title 22 California Code of Regulations:
  - a) Perform defibrillation or synchronized cardioversion.
  - b) Visualize the airway by use of the laryngoscope and remove foreign body(ies) with forceps.
  - c) Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway and adult oral endotracheal intubation, to include stomal intubation.
  - d) Institute intravenous (IV) catheters, saline locks, needles, or other cannulae (IV lines), in peripheral veins, and monitor and administer medications through pre-existing vascular access.
  - e) Administer IV glucose solutions or isotonic balanced salt solutions, including Ringer's Lactate solution.

- f) Obtain venous blood samples.
  - g) Use glucose measuring devices.
  - h) Perform Valsalva maneuver.
  - i) Perform needle cricothyroidotomy.
  - j) Perform needle thoracostomy
  - k) Monitor thoracostomy tubes.
  - l) Monitor and adjust IV solutions containing Potassium Chloride, equal to or less than 20 mEq/L.
  - m) Administer approved medications by the following routes: intravenous, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, oral, or topical.
  - n) Administer the following medications:
    - (1) 25% and 50% dextrose
    - (2) activated charcoal
    - (3) adenosine
    - (4) aerosolized or nebulized beta-2 specific bronchodilators
    - (5) aspirin
    - (6) amiodarone
    - (7) atropine sulfate
    - (8) calcium chloride
    - (9) diazepam
    - (10) diphenhydramine hydrochloride
    - (11) dopamine hydrochloride
    - (12) epinephrine
    - (13) glucagon
    - (14) midazolam
    - (15) morphine sulfate
    - (16) naloxone hydrochloride
    - (17) nitroglycerin preparations, except intravenous
    - (18) ondansetron
    - (19) pralidoxime chloride
    - (20) sodium bicarbonate
    - (21) sodium thiosulfate
4. After completing accreditation, including training in the San Francisco Optional Scope of Practice, EMT-Ps may:
- a) Perform adult nasotracheal intubation.
  - b) Institute intraosseous infusions.
  - c) Initiate transcutaneous pacing.
  - d) Monitor IV solutions containing up to 40 mEq/L of Potassium Chloride during interfacility transports.
  - e) Administer the following medications.
    - (1) Magnesium sulfate.
    - (2) Sodium thiosulfate.

5. ALS Vehicle Staffing Requirements
  - a) Newly accredited EMT-Ps may be assigned:
    - (1) To an ALS ambulance with any San Francisco accredited EMT-P.
    - (2) To an ALS ambulance with any SF LII EMT.
    - (3) To an ALS first response unit with at least one SF LI EMT.

#### **IV. PROCEDURE**

- A. EMT Training and Competencies
  1. EMTs will complete San Francisco Certification in accordance with EMS Agency Policy #2040, *EMT Certification*.
  2. All EMTs will complete a local orientation approved by EMS Agency that will include, at a minimum:
    - a) EMS System Organization.
    - b) Policies and Treatment Protocols
    - c) Ambulance Operations according to National Safety Standards.
    - d) San Francisco geography.
    - e) Employee health and safety.
    - f) Documentation.
  2. Additionally, all EMTs will complete the following:
    - a) ICS-100 and ICS-200 (Basic ICS).
    - b) FEMA IS-700a (Introduction to NIMS).
    - c) EMS Agency MCI Plan Initial & Recurring training.
    - d) Hazmat First Responder Awareness course (FRA) per 29 CFR 1910-120.
  3. Prior to being recognized competent at a given level, the EMT will complete 24 hours field training with Field Training Officer (FTO) as 3<sup>rd</sup> person and successfully pass FTO evaluation in the following areas, appropriate to the knowledge expected of the level:
    - a) SF Level I EMT
      - (1) Ability to interview and assess a patient.
      - (2) Driving ability and San Francisco geography.
      - (3) BLS equipment and use
      - (4) Ability to communicate clearly and concisely using all forms of equipment carried by provider.
    - b) SF Level II EMT
      - (1) ALS equipment set up and paramedic assistance for SF LII.
      - (2) Demonstration of safe vehicle operation while driving Code 3.

**B. EMT-P Training and Competencies**

1. EMT-Ps will complete San Francisco Accreditation in accordance with EMS Agency Policy #2050, *Paramedic Accreditation*.
2. EMT-Ps will complete and maintain the following core courses:
  - a) Advanced Cardiac Life Support or approved equivalent.
  - b) Pediatric Advanced Life Support (PALS) or Pediatric Education for Prehospital Professionals (PEPP).
  - c) Basic Trauma Life Support (BTLS) or Prehospital Trauma Life Support (PHTLS) for initial accreditation.
3. Additionally, all EMT-Ps will complete the following:
  - a) ICS-100 and ICS-200 (Basic ICS).
  - b) FEMA IS-700a (Introduction to National Incident Management System).
  - c) EMS Agency MCI Plan Initial & Recurring training.
  - d) Hazmat First Responder Awareness course (FRA) per 29 CFR 1910.120.
  - e) Paramedic supervisors must complete ICS-300 training.