DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES

SUBJECT: LOS ANGELES COUNTY EMT SCOPE OF PRACTICE -FIELD REFERENCE

REFERENCE 802.1

PATIENT ASSESSMENT

- 1. Evaluate the ill or injured patient
- 2. Obtain diagnostic signs to include, but not limited to:
 - respiratory rate
 - pulse rate
 - skin signs
 - blood pressure
 - level of consciousness
 - pupil status
 - pain
 - pulse oximetry (if available)

RESCUE AND EMERGENCY **MEDICAL CARE**

- 1. Provide basic emergency care
- 2. Perform cardiopulmonary resuscitation (CPR)
- Utilize mechanical adjuncts for basic CPR (requires EMS Agency approval)
- Use a Public Access Automated External Defibrillator (AED) (carrying an AED requires EMS Agency approval as an AED Service Provider)
- 5. Administer oral glucose or sugar for suspected hypoglycemia
- 6. Apply mechanical patient restraints (per Reference No. 838)
- 7. Use various types of stretchers
- 8. Perform field triage
- 9. Extricate entrapped persons
- 10. Set up for ALS procedures under paramedic direction

AIRWAY MANAGEMENT AND OXYGEN **ADMINISTRATION**

- 1. Use the following airway adjuncts:
 - a. oropharyngeal airway
 - b. nasopharyngeal airway
 - c. suction devices
- 2. Administer oxygen using delivery devices including, but not limited to:
 - a. nasal cannula
 - b. mask nonrebreather, partial rebreather, simple
 - c. blow-by
 - d. humidifier
- 3. Use the following manual/mechanical ventilating devices:
 - a. bag-mask ventilation (BMV) device
 - continuous positive airway pressure (CPAP) (requires EMS Agency approval)

- 4. Ventilate advanced airway adjuncts via bag-device:
 - a. endotracheal tube
 - b. perilaryngeal airway device (King LTS-D)
 - tracheostomy tube or stoma C.
- Suction:
 - a. oropharynx
 - nasopharynx
 - tracheostomy tube or stoma

TRAUMA CARE

- 1. Provide initial prehospital emergency trauma care including, but not limited to:
 - a. tourniquets for bleeding control
 - hemostatic dressings
 - (State EMSA approved dressings only)
 - extremity splints
 - d. traction splints
- 2. Use spinal motion restriction devices

ASSIST PATIENTS WITH PRESCRIBED **EMERGENCY MEDICATIONS**

- Assist patients with the administration of their physicianprescribed emergency devices and medications to include but not limited to:
 - a. Sublingual nitroglycerin
 - Aspirin
 - Bronchodilator inhaler or nebulizer C.
 - d. Epinephrine device (autoinjector)
 - Patient-operated medication pump

PATIENT TRANSPORT AND MONITORING BY AN APPROVED EMS PROVIDER

- 1. Transport and monitor patients in the prehospital setting and/or during an inter-facility transfer by an approved EMS Provider (Fire Department or a licensed Los Angeles County Ambulance Provider)
- 2. Transport patients with one or more of the following medical devices:
 - a. nasogastric (NG)
 - orogastric tube (OG)
 - gastrostomy tube (GT) C.
 - saline/heparin lock
 - e. foley catheter
 - f. tracheostomy tube
 - ventricular assist device (VAD)
 - h. surgical drain(s)
 - medication patches i.
 - indwelling vascular lines
 - i. pre-existing vascular access device (PVAD)
 - ii. peripherally inserted central catheter (PICC)
 - patient-operated medication pump
- Monitor, maintain at a preset rate or turn off if necessary, the following intravenous (IV) fluids:
 - glucose solutions
 - isotonic balanced salt solutions (normal saline)
 - ringer's lactate

ADDITIONAL THERAPIES REQUIRING APPROVAL BY THE LA COUNTY EMS AGENCY

EMS Providers (Fire Department or a licensed Los Angeles County Ambulance Provider) may apply for approval of select additional therapies and medications

Authority: California Code of Regulations, Title 22, Section

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