

**POLICY #215: EMT Basic Scope of Practice Approved Elective Skills
and EMT Optional Scope of Practice Skills Requirements for EMS
Provider Agencies**

I. PURPOSE

- A. To establish criteria as defined by Title 22, Division 9, Chapter 2 of the California code of Regulations (CCR), for approval, including requirements and responsibilities, of Emergency Medical Service (EMS) provider agencies to adopt all or part(s) of the following Emergency Medical Technician (EMT) Basic Scope of Practice Approved Elective Skills (Elective Skills) and/or EMT Optional Skills .

Elective Skills Include:

1. CPAP use
2. Epinephrine auto injector use
3. Finger stick blood glucose testing
4. Intranasal (IN) naloxone administration

Optional Scope of Practice Skills Include

1. Administration of epinephrine by pre-filled syringe and/or drawing up proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma.

II. SCOPE

- A. This policy applies to County of San Luis Obispo EMS provider agencies, fire departments and ambulance providers, that employ individuals as EMTs who provide first responder emergency medical care in the County of San Luis Obispo.

III. DEFINITIONS

- A. Emergency Medical Technician (EMT): A person who has successfully completed an EMT course, passed all required tests, and has been certified by a California EMT certifying entity. CCR Title 22, Division 9, Chapter 2, §100060
- B. EMT Basic Scope of Practice Approved Elective Skills (Elective Skills): Refers to skills listed in the EMT basic scope of practice that require EMS Agency Medical Director approval described in CCR Title 22, Division 9, Chapter 2, §100063.
- C. EMT Optional Scope of Practice refers to skills described in CCR Title 22, Division 9, Chapter 2, §100064.
- D. EMT Accreditation: EMTs working for any County of San Luis Obispo (SLO) provider agency approved to use any EMT Basic Scope of Practice Approved Elective Skills (Elective Skills) and/or Optional Scope of Practice Skills (Optional Skills) who have been trained and completed competency-based evaluations on each Elective Skill

and/or Optional Skill approved for their agency. Refer to Policy #216 for complete EMT Accreditation guidelines.

- E. EMS Provider Agency: An agency or organization in the County of San Luis Obispo that is responsible for and approved to provide emergency medical care using licensed/accredited EMTs and/or paramedics.
- F. Emergency Medical Services Agency (EMS Agency): The agency having primary responsibility for administration of emergency medical services in San Luis Obispo County. (§1797.94)

IV. POLICY

- A. An EMS Provider Agency requesting to carry and deploy one or more of the Elective Skills and/or Optional Scope Skill will submit an application packet to the County of San Luis Obispo Emergency Medical Services Agency (EMS Agency) for approval.
- B. The EMS Agency will notify the applicant within twenty-one (21) business days of receiving the application of its decision to approve or deny the program.
- C. The applying agency will have a training program approved by the EMS Agency prior to implementation of an Elective Skills/Optional Scope program.
- D. The EMS Agency may revoke or suspend the EMS provider agency's Elective Skills/Optional Scope program authorization for failure to meet and maintain the requirements of this policy or applicable state regulations.
- E. EMTs trained in any Elective Skill or Optional Scope Skill must be accredited by the EMS Agency as outlined in Policy # 216 Emergency Medical Technician Accreditation.
- F. Authorized personnel who fail to meet and maintain training and accreditation requirements may not utilize the Elective Skill(s) or Optional Scope Skill.
- G. Ongoing training, continued competency, and accreditation for personnel must be completed and documented every two (2) years.
- H. When a trained and accredited EMT has started an Elective Skill or Optional Scope Skill and an ALS unit arrives on scene prior to completing that skill, the EMT may continue the skill with the approval and under the direction of the arriving San Luis Obispo County (SLO County) accredited paramedic if the continuation of the skill expedites necessary patient care.
- I. A trained and accredited EMT, while on duty with an approved provider, may perform finger stick blood glucose measurements for any patient at the request and under the direction of an on scene SLO County paramedic.
- J. Any costs incurred creating, implementing, and maintaining for the use of CPAP equipment, epinephrine auto-injectors, draw up epinephrine supplies and medication,

blood glucose test equipment, and IN naloxone will be the sole responsibility of the EMS provider agency.

- K. CPAP devices and parts, epinephrine auto-injectors, draw-up epinephrine supplies and medication, blood glucose test strips, and naloxone will be maintained in accordance with drug manufacturer recommendations including, but not limited to expiration dates, storage, use, disposal, and temperature.
- L. The approval of an EMS Provider Agency's Elective Skills and/or Optional Scope program authorization will be valid for four (4) years from authorization date. To continue authorization, the EMS Agency may audit all documentation and training records pertaining to the use of CPAP, epinephrine auto-injector, blood glucose monitoring, and IN naloxone, draw-up epinephrine (Optional Scope).
- M. These policies and procedures may be revised, modified, or deleted at any time by the EMS Agency.
- N. The EMS Agency Medical Director must approve any exceptions to the requirements of this policy and procedures.

V. PROCEDURE

- A. The EMS provider agency requesting to implement an Elective Skills or Optional Scope program must apply to the EMS Agency for approval. A complete application will include the following:
 - 1. A letter of intent to provide one or more of the Elective Skills or approved Optional Scope Skill(s) signed by a Chief Officer or Operations Director agreeing to abide by County of San Luis Obispo EMS Agency policies, procedures, and program requirements.
 - 2. A description of need for use of Elective Skill(s)/Optional Scope Skill.
 - 3. An outline of the process for documenting Elective Skills/Optional Scope Skills use in respective e-PCR systems.
 - 4. Identify a Program Coordinator who will be responsible for program oversight and coordination of quality improvement.
 - 5. A written procedure for ongoing Quality Improvement activities specific to the use of Elective Skills and/or Optional Scope Skills. Include the names of individuals assigned to complete this responsibility.
 - 6. A description of the plans for initial training and ongoing competency verification for authorized EMTs using the guidelines listed in the following section.

VI. GUIDELINES FOR TRAINING: ALL SKILLS

- A. Primary instructor(s) must be a physician, registered nurse, physician assistant, or paramedic licensed in California.
- B. Primary instructor(s) must be approved by the EMS Agency.
- C. An EMT approved by a provider agency's Primary Instructor and trained and authorized to use the Elective Skill(s) may, in the absence of the Primary Instructor, lead the training, administer the written exam, and demonstrate and evaluate skill(s) competencies. An EMT accredited in an optional skill may assist in demonstration of competency and training of that skill.
- D. All EMTs trained and authorized to use Elective Skills/Optional Scope Skill(s) must have and maintain a current State of California EMT certificate
- E. Training will include a written examination, instructor demonstration, and student demonstration of Elective Skill(s)/Optional Scope Skill(s). Training programs, written examinations, and skills competencies will be coordinated between the EMS Agency and EMS Provider Agencies using Elective Skill(s)/Optional Scope Skills.
- G. Skills review, written test, demonstration of competency on Elective Skill(s)/Optional Scope Skill(s), and reaccreditation for authorized EMTs must be completed and documented every two (2) years. Refer to Policy #216 for complete EMT accreditation and reaccreditation guidelines.
- H. IN Naloxone
 - 1. Training should be a minimum of one-(1.0) hour and will cover:
 - i. Background information on opioid use and abuse
 - ii. Definition of opioids
 - iii. Signs and symptoms of an opioid overdose
 - iv. Reversal of opioids using IN naloxone
 - v. Emergency field treatment of the opioid overdose patient including confirmation of ALS dispatch and the use of AED if indicated
 - vi. Mechanism of drug action of naloxone, dosing, and administration of IN naloxone
 - vii. Documentation in e-PCR, including signs and symptoms of opioid overdose, respiratory rate and effort, and effect of naloxone
- I. Continuous Positive Airway Pressure (CPAP)
 - 1. Training should be minimum of one (1.0) hour and will cover:
 - i. Signs and symptoms of respiratory emergencies including: acute pulmonary edema, COPD, asthma, near-drowning, pneumonia

- ii. Introduction to CPAP
- iii. Indications for CPAP use
- iv. Contraindications of CPAP use
- v. Procedure for CPAP use including starting pressures, constant monitoring, and indications for discontinuing CPAP use
- vi. Documentation of CPAP use in an e-PCR, including pressure setting and adjustments made, patient response to treatment, need to discontinue, and continuous vital sign recording.

J. Epinephrine Auto-Injector

- 1. Training should be a minimum of one and one half (1.5) hours and will cover:
 - i. Signs and Symptoms of anaphylaxis
 - ii. Action and effects of epinephrine
 - iii. Indications for using epinephrine auto-injector
 - iv. Contraindications for using epinephrine auto injector
 - v. Demonstration of epinephrine auto injector use
 - vi. Practice and evaluation of epinephrine auto injector use
 - vii. Documentation in an e-PCR, including signs and symptoms of anaphylaxis, time epinephrine was administered, and effect of epinephrine administration.

K. Finger Stick Blood Glucose Measurement

- 1. Training should be a minimum of one half (0.5) hour and will cover:
 - i. Signs and symptoms of diabetes and diabetic emergencies
 - ii. Define finger stick blood glucose testing indications.
 - iii. Describe and demonstrate finger stick blood glucose test procedure.
 - iv. Results of testing and what those results indicate.
 - v. Appropriate treatment
 - vi. Documentation in an e-PCR, including blood glucose reading and any appropriate treatment as a result

L. Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma. (Optional Scope Skill).

1. Training should be a minimum of two (2) hours and will cover:
 - i. Names
 - ii. Indications
 - iii. Contraindications
 - iv. Complications
 - v. Side/adverse effects
 - vi. Interactions
 - vii. Routes of administration
 - viii. Calculating dosages
 - ix. Mechanisms of drug actions
 - x. Medical asepsis
 - xi. Disposal of contaminated items and sharps
 - xii. Medication administration

VII. AUTHORITY

- A. Title 22, California Code of Regulations, Division 9, Chapter 2, §100063
- B. Title 22, California Code of Regulations, Division 9, Chapter 2, §100064 (a)(2)(A)



EMT BASIC SCOPE OF PRACTICE APPROVED ELECTIVE SKILLS

SERVICE PROVIDER APPLICATION

Service Provider				
Administrator				
Administrator Email Address				
Mailing Address (including City and Zip Code)				
Phone #	Fax #	Approved AED Provider: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Elective Skills Applying For	Epi Auto-Injector <input type="checkbox"/>	IN naloxone <input type="checkbox"/>	CPAP <input type="checkbox"/>	Blood Glucose Testing <input type="checkbox"/>
Proposed Target Date for Elective Skills Implementation:		Estimate # of personnel to certify on Elective Skills:		
Program Coordinator:		Program Coordinator Email Address:		
Primary Instructor(s)		Primary Instructor(s) Email Address		
Attach the following:			ENCLOSED	APPROVED (EMSA use only)
1. Letter of Intent				
2. Description of need for Elective Skill(s)				
3. Training program outline				
4. Procedure for ongoing quality improvement activities				
I agree to comply with all State and local regulations including the County of San Luis Obispo EMS Agency Policy 215, <u>EMT Basic Scope of Practice Approved Elective Skills Requirements for EMS Provider Agencies</u>				
Administrator's Signature				Date

EMS Agency Use Only

Date App. Rec'd	Reviewed By	Letter of Receipt Sent	Date and Signature of Approval	Date Approval Letter Sent	CE Provider Number (if applicable)

Submit this document with attachments to: County of San Luis Obispo EMS Agency, 2995 McMillan Ave, Ste 178 San Luis Obispo, CA
Office: (805) 788-2519 Fax: (805) 788-2517

EMT BASIC SCOPE OF PRACTICE APPROVED ELECTIVE SKILLS AUTHORIZED PERSONNEL TRAINING RECORD



PROVIDER AGENCY					
EMPLOYEE NAME	EMT EXPIRATION DATE	NARCAN TRAINING DATE	CPAP TRAINING DATE	EPI AUTO- INJECTOR TRAINING DATE	BLOOD GLUCOSE TESTING TRAINING DATE



EMT BASIC SCOPE OF PRACTICE APPROVED ELECTIVE SKILLS

SERVICE PROVIDER APPLICATION

Service Provider				
Administrator				
Administrator Email Address				
Mailing Address (including City and Zip Code)				
Phone #	Fax #	Approved AED Provider: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Elective Skills Applying For	Epi Auto-Injector <input type="checkbox"/>	IN naloxone <input type="checkbox"/>	CPAP <input type="checkbox"/>	Blood Glucose Testing <input type="checkbox"/>
Proposed Target Date for Elective Skills Implementation:		Estimate # of personnel to certify on Elective Skills:		
Program Coordinator:		Program Coordinator Email Address:		
Primary Instructor(s)		Primary Instructor(s) Email Address		
Attach the following:			ENCLOSED	APPROVED (EMSA use only)
1. Letter of Intent				
2. Description of need for Elective Skill(s)				
3. Training program outline				
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I agree to comply with all State and local regulations including the County of San Luis Obispo EMS Agency Policy 215, <u>EMT Basic Scope of Practice Approved Elective Skills Requirements for EMS Provider Agencies</u>				
Administrator's Signature				Date

EMS Agency Use Only

Date App. Rec'd	Reviewed By	Letter of Receipt Sent	Date and Signature of Approval	Date Approval Letter Sent	CE Provider Number (if applicable)

Submit this document with attachments to: County of San Luis Obispo EMS Agency, 2180 Johnson Ave., 2nd Floor San Luis Obispo, CA
Office: (805) 788-2514 Fax: (805) 788-2517