



San Joaquin County Emergency Medical Services Agency



<http://www.sjgov.org/ems>

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EMS Policy Memorandum No. 2021-01 (Revised)

DATE: January 12, 2021

TO: General Acute Care Hospitals

FROM: Katherine Shafer, M.D., EMS Medical Director
Dan Burch, EMS Administrator/Medical Health Operational Area Coordinator

SUBJ.: Coronavirus (COVID-19) Authorization for General Acute Care Hospitals to
Employ and Use Prehospital Care Personnel (Revised)

The purpose of this memorandum is to authorize all licensed general acute care hospitals in San Joaquin County to employ and use paramedics and emergency medical technicians (EMTs) as healthcare personnel as specified in this policy memo.

On March 4, 2020, Governor Newsom declared a State of Emergency in response to the COVID-19 pandemic. On March 12, 2020, Governor Newsom issued Executive Order N-25-20 authorizing the Director of the Emergency Medical Services Authority (EMSA) to implement additions to the local optional scopes of practices for prehospital personnel. On, April 23, 2020, Dave Duncan, M.D., Director, EMSA approved a request from Katherine Shafer, M.D., Medical Director San Joaquin County Emergency Medical Services Agency (SJCEMSA) to authorize paramedics and EMTs to function in static sites including general acute care hospitals with an expand optional local scope of practice. On December 7, 2020, and December 18, 2020, SJCEMSA approved requests from Adventist Health Lodi Memorial Hospital, Dameron Hospital Association, and Doctors Hospital of Manteca to employ and use paramedics and EMTs.

Effective January 7, 2021, SJCEMSA is authorizing all licensed general acute care hospitals in San Joaquin County to employ and use SJCEMSA accredited paramedics and emergency medical technicians (EMTs). This authorization remains effective until the end of the current state of emergency unless rescinded earlier by SJCEMSA. Each general acute care hospital may directly employ certified EMTs and SJCEMSA accredited paramedics.

A general acute care hospital may use EMTs to work within the basic life support (BLS) scope of practice as specified in EMS Policy No. 2360, Emergency Medical Technician Scope of Practice, and may allow EMTs to administer prescription oral medications¹.

A general acute care hospital may use SJCEMSA accredited paramedics and paramedics provided through the medical/health mutual aid system to work within the advanced life

¹ Authorization issued by Dave Duncan, M.D., date April 23, 2020.

support (ALS) scope of practice as specified in EMS Policy No. 2560, Paramedic Scope of Practice and may allow paramedics to: perform phlebotomy; dispense prescribed medications from bubble packs and multi-dose containers; and administer ocular, transdermal, inhaled, oral, intravenous, intramuscular and subcutaneous injection medications. This memorandum does not authorize paramedics to administer paralytics or perform rapid sequence induction (RSI).

A general acute care hospital may use SJCEMSA accredited paramedics to administer COVID-19 vaccine under the direction of a physician or registered nurse.

General acute care hospitals employing a paramedic or EMT are required to notify SJCEMSA of such employment using EMS Policy Memorandum No. 2021-01 Form A.

SJCEMSA is available to assist hospitals in obtaining EMT and paramedic staffing locally and through the medical/health mutual aid system as specified in Policy Memo 2020-34 Coronavirus (COVID-19) Hospital Staffing Resource Requests.

Please direct questions regarding this memorandum and the use of prehospital care personnel in general acute care hospitals to Jeff Costa, RN, EMS Critical Care Coordinator or Amanda Petroske, MSN, RN, EMS Trauma Coordinator at (209) 468-6818.

Attachments:

EMS Policy No. 2360, Emergency Medical Technician Scope of Practice
EMS Policy No. 2560, Paramedic Scope of Practice
EMS Policy Memorandum No. 2021-01 Form A

PURPOSE:

The purpose of this policy is to define the scope of practice of San Joaquin County EMS Agency for emergency medical technicians operating within the San Joaquin County EMS System.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.60, 1797.80, 1797.197, 1797.197a, 1797.204, 1797.220, 1798; California Code of Regulations, Title 22, Chapter 2, Sections 100062, 100063, 100064

DEFINITIONS:

- A. "Accredited EMT" means an EMT that is appropriately trained, meets competency standards, and has been accredited by the SJCEMSA to perform the optional EMT scope of practice skill(s) specified in Title 22, Chapter 2, Section 100064 approved by SJCEMSA, if any.
- B. "Advanced life support" or "ALS" means those activities in the approved SJCEMSA paramedic scope of practice.
- C. "Basic life support" or "BLS" means emergency first aid and cardiopulmonary resuscitation procedures, which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the patient may be transported or until advanced life support is available.
- D. "Emergency Medical Technician" or "EMT" means a person who has successfully completed an EMT course that meets the requirements of California Code of Regulations, Title 22, Division 9, Chapter 2, has passed all required tests, and has a valid certificate issued by a California EMT certifying entity.
- E. "Enhanced Skills EMT" means an EMT that is appropriately trained, meets competency standards, and when on duty affiliated with an authorized SJCEMSA enhanced skills EMT service provider or authorized SJCEMSA ALS service provider, may perform the EMT enhanced skills scope of practice.
- F. "Limited advanced life support" or "LALS" means those activities in the approved SJCEMSA Advanced EMT scope of practice.
- G. "SJCEMSA" means the San Joaquin County Emergency Medical Services Agency, which is the designated local emergency medical services agency for San Joaquin County.

Effective: April 1, 2020

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Supersedes: EMS Policy No. 5502, BLS Scope of Practice Summary

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Medical Director

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EMS Administrator

POLICY:

- I. An EMT operating in the San Joaquin County EMS System may perform activities specified in the SJCEMSA EMT basic scope of practice in accordance with the requirements of this policy and SJCEMSA BLS treatment protocols i.e. EMS Policies Nos. 5500-5590.
- II. An enhanced skills EMT shall be on duty and affiliated with an authorized SJCEMSA enhanced skills EMT service provider or authorized SJCEMSA ALS service provider in order to perform EMT enhanced skills.
- III. An accredited EMT shall be on duty and affiliated with a BLS service provider authorized by the SJCEMSA to deliver the EMT optional scope of practice in order to perform an activity listed in the SJCEMSA EMT optional scope of practice.
- IV. EMT Basic Scope of Practice: As part of State approved basic scope of practice, during training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a certified EMT or supervised EMT student may perform the following procedures or administer the following medications in accordance with the written policies of the San Joaquin County EMS Agency (SJCEMSA):
 - A. Evaluate the ill and injured and assess patients.
 - B. Render basic life support, rescue, and emergency medical care to patients.
 - C. Obtain diagnostic signs to include:
 1. Temperature.
 2. Blood pressure.
 3. Pulse rate and quality.
 4. Respiration rate and quality.
 5. Lung sounds.
 6. Pulse oximetry.
 7. Level of consciousness.
 8. Pupil status.
 9. Skin signs.
 - D. Perform cardiopulmonary resuscitation (CPR), including the use of mechanical adjuncts to basic cardiopulmonary resuscitation.
 - E. Administer oxygen.

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- F. Use the following adjunctive airway and breathing aids:
 - 1. Oropharyngeal airway.
 - 2. Nasopharyngeal airway.
 - 3. Suction devices.
 - 4. Basic oxygen delivery devices for supplemental oxygen therapy including, but not limited to, humidifiers, partial rebreathers, and venturi masks.
 - 5. Manual and mechanical ventilating devices designed for prehospital use including continuous positive airway pressure.
 - G. Use various types of stretchers and spinal motion restriction devices.
 - H. Provide initial prehospital emergency care to patients, including, but not limited to:
 - 1. Bleeding control through the application of tourniquets.
 - 2. Use of hemostatic dressings.
 - 3. Spinal motion restriction.
 - 4. Seated spinal motion restriction.
 - 5. Extremity splinting.
 - 6. Extremity traction splinting.
 - 7. Administer oral glucose or sugar solutions.
 - 8. Extricate entrapped persons.
 - 9. Perform field triage.
 - 10. Transport patients.
 - 11. Apply mechanical patient restraint.
 - 12. Set up for LALS and ALS procedures under the direction of an accredited SJCEMSA AEMT or accredited SJCEMSA paramedic.
 - 13. Perform automated external defibrillation.
 - 14. Assist patients with the administration of the patient's own physician-prescribed devices including, but not limited to, patient-operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices.
- V. EMT Enhanced Skills Scope of Practice:
- A. In addition to the activities authorized in Section IV of this policy an on duty Enhanced Skills EMT while at the scene of an emergency and during transport of the sick or injured may perform the following procedures or administer the following medications in accordance with the written policies of SJCEMSA:
 - 1. Administer naloxone by intranasal route.
 - 2. Administer epinephrine by auto-injector.

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3. Perform finger stick blood glucose testing.
 4. Administer the following over the counter medications:
 - a. Aspirin.
 - B. In addition to the activities authorized in the basic scope of practice and paragraph A above, an Enhanced Skills EMT while on duty with an authorized Enhanced Skills EMT ambulance service provider, may during an inter-facility transfer perform the following procedures or administer the following medications in accordance with the written policies of SJCEMSA:
 1. Monitor, adjust, and discontinue intravenous lines delivering:
 - a. Glucose solutions.
 - b. Isotonic balanced salt solutions including Ringer's lactate.
 2. Transfer patients by ambulance who are deemed appropriate for BLS by the transferring physician with established:
 - a. Nasogastric (NG) tubes.
 - b. Gastrostomy tubes.
 - c. Heparin lock(s).
 - d. Saline lock(s).
 - e. Foley catheter.
 - f. Tracheostomy tube.
 - g. Indwelling vascular access lines, excluding arterial lines.
 - C. An EMT employed by a statewide public safety agency (i.e. California Highway Patrol and California Department of Forestry and Fire Protection) may perform EMT enhanced skills as authorized by their certifying local EMS Agency.
- VI. EMT Optional Skills Scope of Practice: SJCEMSA has not approved any optional EMT skills, procedures, or medications.
- VII. The scope of practice of an EMT in San Joaquin County shall not exceed the activities authorized by this Policy.
- VIII. During the continuation of an EMS response that crosses into an adjacent EMS system or during a mutual aid response into another local EMS agency's jurisdiction, an on duty EMT may utilize the scope of practice for which the EMT is trained and authorized according to the policies and procedures established by SJCEMSA.

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PURPOSE:

The purpose of this policy is to define the scope of practice of San Joaquin County EMS Agency accredited paramedics.

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.3, 1797.52, 1797.60, 1797.84, 1797.94, 1797.200, 1797.206, 1797.214, 1797.220; 1798, California Code of Regulations, Title 22, Division 9, Chapter 4, Sections 100145, 100146, 100148, 100166, 100168, 100170.

DEFINITIONS:

- A. "Accredited Paramedic" means a paramedic that has completed the requirements of EMS Policy No. 2540, Paramedic Accreditation, and is authorized by the SJCEMSA to perform advanced life support (ALS) within San Joaquin County.
- B. "Advanced Emergency Medical Technician" or "AEMT" means a person who has successfully completed an advanced EMT course, which meets the requirements of Title 22, California Code of Regulations, Chapter 3 and has been certified as an AEMT by an AEMT certifying authority.
- C. "Emergency Medical Technician" or "EMT" means a person who has successfully completed a basic EMT course, which meets the requirements of Title 22, California Code of Regulations, and Chapter 2 and has been certified as an EMT by an EMT certifying authority.
- D. "Paramedic" means a person who is educated and trained in all elements of the prehospital advanced life support (ALS), and has been licensed by the State of California as a paramedic.
- E. "SJCEMSA" means the San Joaquin County Emergency Medical Services Agency, which is the designated local emergency medical services agency for San Joaquin County.

POLICY:

- I. The SJCEMSA paramedic scope of practice encompasses the SJCEMSA basic life support (BLS) scope practice. An SJCEMSA accredited paramedic may perform any activity identified in the scope of practice of an SJCEMSA EMT or any activity identified in the scope of practice of an SJCEMSA Advanced EMT.
- II. An accredited paramedic shall be on duty and affiliated with an SJCEMSA approved ALS service provider in order to perform the AEMT or paramedic scope of practice.

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III. Paramedic Basic Scope of Practice: As part of the State approved basic scope of practice, a paramedic student or accredited paramedic, as part of the organized EMS system in San Joaquin County, while caring for patients in a hospital as part of his/her training or continuing education (CE) under direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer may perform the following procedures or administer the following medications in accordance with the written policies of SJCEMSA:

- A. Utilize electrocardiographic devices and monitor electrocardiograms, including 12-lead electrocardiograms (ECG).
- B. Perform defibrillation, synchronized cardioversion, and external cardiac pacing.
- C. Visualize the airway by use of laryngoscope and remove foreign body(ies) with Magill forceps.
- D. Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/bi-level positive airway pressure (BiPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient.
- E. Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, perilaryngeal airways, stomal intubation, and adult oral endotracheal intubation.
- F. 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.
- G. Institute intraosseous (IO) needles or catheters.
- H. Administer IV or IO glucose solutions or isotonic balanced salt solutions including Ringer's lactate solution.
- I. Obtain venous blood samples.
- J. Use laboratory devices and point of care testing, for pre-hospital screening use to measure lab values including, but not limited to:
 - 1. Blood glucose levels.
 - 2. Carbon monoxide levels.
 - 3. Capnometry.
 - 4. Capnography.
 - 5. Pulse Oximetry.
 - 6. Note: ALS service providers are required to obtain appropriate authorization from responsible state and federal agencies, including from the Centers for Medicare and Medicaid Services pursuant to the Clinical Laboratory Improvement Amendments (CLIA) in order to use point of care testing devices.
- K. Utilize Valsalva maneuver.
- L. Perform percutaneous needle cricothyroidotomy.

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- M. Perform needle thoracostomy.
- N. Monitor thoracostomy tubes.
- O. Monitor and adjust IV solution containing potassium equal to or less than 40 mEq/L.
- P. Administer approved medications by the routes specified in SJCEMSA Policy No. 5700 ALS Treatment Protocols.
- Q. Administer, using prepackaged products when available, the following medications:
 - 1. 10%, 25% and 50% dextrose.
 - 2. Activated charcoal – for use during interfacility transfer.
 - 3. Adenosine.
 - 4. Aerosolized or nebulized beta-2 specific bronchodilators.
 - 5. Amiodarone.
 - 6. Aspirin.
 - 7. Atropine sulfate.
 - 8. Calcium chloride.
 - 9. Diazepam – for use during interfacility transfer.
 - 10. Diphenhydramine hydrochloride.
 - 11. Dopamine hydrochloride.
 - 12. Epinephrine.
 - 13. Fentanyl.
 - 14. Glucagon.
 - 15. Ipratropium bromide.
 - 16. Lorazepam – for use during interfacility transfer.
 - 17. Lidocaine hydrochloride.
 - 18. Magnesium sulfate.
 - 19. Midazolam.
 - 20. Morphine sulfate.
 - 21. Naloxone hydrochloride.
 - 22. Nitroglycerine preparations – sublingual, oral spray, topical/patch.
 - 23. Ondansetron.
 - 24. Pralidoxime chloride.
 - 25. Sodium bicarbonate.

IV. An accredited paramedic in San Joaquin County is authorized, as part of the State approved optional scope of practice, to perform or monitor or administer the following in accordance with the written policies of SJCEMSA:

- A. Monitor heparin infusion during interfacility transport.
- B. Monitor and adjust nitroglycerine infusion during interfacility transport.
- C. Administer using prepackaged products when available the following

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medications by the routes specified in the ALS treatment protocols:

1. Acetaminophen.
2. Ibuprofen.

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