

California Code of Regulations
Title 22. Social Security
Division 9. Pre-Hospital Emergency Medical Services
Chapter 4. Paramedic

ARTICLE 2. GENERAL PROVISIONS

§ 100146. Scope of Practice of Paramedic.

(a) A paramedic may perform any activity identified in the scope of practice of an EMT in Chapter 2 of this Division, or any activity identified in the scope of practice of an Advanced EMT (AEMT) in Chapter 3 of this Division.

(b) A paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this Chapter.

(c) A paramedic student or a licensed paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education (CE) under the 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, or while working in a small and rural hospital pursuant to Section 1797.195 of the Health and Safety Code, may perform the following procedures or administer the following medications when such are approved by the medical director of the LEMSA and are included in the written policies and procedures of the LEMSA.

(1) Basic Scope of Practice:

(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 the laryngoscope and remove foreign body(ies) with Magill forceps.

(D) Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, perilaryngeal airways, stomal intubation, and adult oral endotracheal intubation.

(E) Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/bi-level positive airway pressure (BPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient.

(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, including point of care testing, for pre-hospital screening use to measure lab values including, but not limited to: glucose, capnometry, capnography, and carbon monoxide when appropriate authorization is obtained from State and Federal agencies, including from the Centers for Medicare and Medicaid Services pursuant to the Clinical Laboratory Improvement Amendments (CLIA).

(K) Utilize Valsalva maneuver.

(L) Perform percutaneous needle cricothyroidotomy.

(M) Perform needle thoracostomy.

(N) Perform nasogastric and orogastric tube insertion and suction.

(O) Monitor thoracostomy tubes.

(P) Monitor and adjust IV solutions containing potassium, equal to or less than 40 mEq/L.

(Q) Administer approved medications by the following routes: IV, IO, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, intranasal, oral or topical.

(R) Administer, using prepackaged products when available, the following medications:

1. 10%, 25% and 50% dextrose;
2. activated charcoal;
3. adenosine;
4. aerosolized or nebulized beta-2 specific bronchodilators;

5. amiodarone;
6. aspirin;
7. atropine sulfate;
8. pralidoxime chloride;
9. calcium chloride;
10. diazepam;
11. diphenhydramine hydrochloride;
12. dopamine hydrochloride;
13. epinephrine;
14. fentanyl;
15. glucagon;
16. ipratropium bromide;
17. lorazepam;
18. midazolam;
19. lidocaine hydrochloride;
20. magnesium sulfate;
21. morphine sulfate;
22. naloxone hydrochloride;
23. nitroglycerine preparations, except IV, unless permitted under (c)(2)(A) of this section;
24. ondansetron;
25. sodium bicarbonate.

(2) Local Optional Scope of Practice:

(A) Perform or monitor other procedure(s) or administer any other medication(s) determined to be appropriate for paramedic use, in the professional judgment of the medical director of the LEMSA, that have been approved by the Director of the Authority when the paramedic has been trained and tested to demonstrate competence in performing the additional procedures and administering the additional medications.

(B) The medical director of the LEMSA shall submit Form #EMSA-0391, Revised 03/18/03 to, and obtain approval from, the Director of the Authority in accordance with Section 1797.172(b) of the Health and Safety Code for any procedures or medications proposed for use pursuant to this subsection prior to implementation of these medication(s) and or procedure(s).

(C) The Authority shall, within fourteen (14) days of receiving the request, notify the medical director of the LEMSA submitting request Form #EMSA-0391 that the request form has been received, and shall specify what information, if any, is missing.

(D) The Director of the Authority, in consultation with the Emergency Medical Directors Association of California's Scope of Practice Committee, shall approve or disapprove the request for additional procedures and/or medications and notify the LEMSA medical director of the decision within ninety (90) days of receipt of the completed request. Approval is for a three (3) year period and may be renewed for another three (3) year period, based on evidence from a written request that includes at a minimum the utilization of the procedure(s) or medication(s), beneficial effects, adverse reactions or complications, appropriate statistical evaluation, and general conclusion.

(E) The Director of the Authority, in consultation with a committee of the LEMSA medical directors named by the Emergency Medical Directors Association of California, may suspend or revoke approval of any previously approved additional procedure(s) or medication(s) for cause.

(d) The medical director of the LEMSA may develop policies and procedures or establish standing orders allowing the paramedic to initiate any paramedic activity in the approved scope of practice without voice contact for medical direction from a physician or mobile intensive care nurse (MICN), provided that an EMSQIP, as specified in Chapter 12 of this Division, is in place.

Note: Authority cited: Sections 1797.107, 1797.172, 1797.185, 1797.192, 1797.195 and 1797.214, Health and Safety Code. Reference: Sections 1797.172 and 1797.185, Health and Safety Code.

