

EMERGENCY MEDICAL RESPONDER (EMR) SCOPE OF PRACTICE

An Emergency Medical Responder may:

- (a) Conduct primary and secondary patient examinations;
- (b) Take and record vital signs;
- (c) Utilize noninvasive diagnostic devices in accordance with manufacturer's recommendation;
- (d) Open and maintain an airway by positioning the patient's head;
- (e) Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;
- (f) Provide care for musculoskeletal injuries;
- (g) Assist with prehospital childbirth;
- (h) Complete a clear and accurate prehospital emergency care report form on all patient contacts and provide a copy of that report to the senior emergency medical services provider with the transporting ambulance;
- (i) Administer medical oxygen;
- (j) Maintain an open airway through the use of:
 - i. A nasopharyngeal airway device;
 - ii. A non-cuffed oropharyngeal airway device;
 - iii. A pharyngeal suctioning device;
- (k) Operate a bag mask ventilation device with reservoir;
- (l) Provide care for suspected medical emergencies, including administering liquid oral glucose for hypoglycemia;
- (m) Prepare and administer aspirin by mouth for suspected myocardial infarction (MI) in patients with no known history of allergy to aspirin or recent gastrointestinal bleed;
- (n) Prepare and administer epinephrine by automatic injection device for anaphylaxis;
- (o) Prepare and administer naloxone via intranasal device or auto-injector for suspected opioid overdose; and

EMERGENCY MEDICAL RESPONDER (EMR) SCOPE OF PRACTICE (Continued)

(p) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator, only when the Emergency Medical Responder:

- i. Has successfully completed an Authority-approved course of instruction in the use of the automatic or semi-automatic defibrillator; and
- ii. Complies with the periodic requalification requirements for automatic or semi-automatic defibrillator as established by the Authority.

Scope of Practice (OAR 847-035-0030) – 00.010

An Emergency Medical Technician (EMT) may:

- (a) Perform all procedures that an Emergency Medical Responder may perform;
- (b) Ventilate with a non-invasive positive pressure delivery device;
- (c) Insert a cuffed pharyngeal airway device in the practice of airway maintenance. A cuffed pharyngeal airway device is:
 - i. A single lumen airway device designed for blind insertion into the esophagus providing airway protection where the cuffed tube prevents gastric contents from entering the pharyngeal space; or
 - ii. A multi-lumen airway device designed to function either as the single lumen device when placed in the esophagus, or by insertion into the trachea where the distal cuff creates an endotracheal seal around the ventilatory tube preventing aspiration of gastric contents.
- (d) Perform tracheobronchial tube suctioning on the endotracheal intubated patient;
- (e) Provide care for suspected shock;
- (f) Provide care for suspected medical emergencies, including:
 - i. Obtain a capillary blood specimen for blood glucose monitoring;
 - ii. Prepare and administer epinephrine by subcutaneous injection, intramuscular injection, or automatic injection device for anaphylaxis;
 - iii. Administer activated charcoal for poisonings; and
 - iv. Prepare and administer nebulized Albuterol sulfate treatments for known asthmatic and chronic obstructive pulmonary disease (COPD) patients suffering from suspected bronchospasm.
- (g) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator;
- (h) Transport stable patients with saline locks, heparin locks, Foley catheters, or indwelling vascular devices;
- (i) Assist the on-scene Advanced EMT, EMT-Intermediate, or Paramedic by:

Scope of Practice (OAR 847-035-0030) – 00.010

EMT SCOPE OF PRACTICE (Continued)

- i. Assembling and priming IV fluid administration sets; and
- ii. Opening, assembling and uncapping preloaded medication syringes and vials;

(j) Perform other emergency tasks as requested if under the direct visual supervision of a physician and then only under the order of that physician;

(k) Complete a clear and accurate prehospital emergency care report form on all patient contacts;

(l) Assist a patient with administration of sublingual nitroglycerine tablets or spray and with metered dose inhalers that have been previously prescribed by that patient's personal physician and that are in the possession of the patient at the time the EMT is summoned to assist that patient;

(m) In the event of a release of organophosphate agents, the EMT who has completed Authority-approved training may prepare and administer atropine sulfate and pralidoxime chloride by autoinjector, using protocols approved by the Authority and adopted by the supervising physician; and

(n) In the event of a declared Mass Casualty Incident (MCI) as defined in the local Mass Casualty Incident plan, monitor patients who have isotonic intravenous fluids flowing.

(o) Medications given by BFD paramedics and transported by BLS crew are limited to with approval and training by BFD Medical Director

- **Acetaminophen**
- **ASA**
- **Albuterol**
- **Dextrose**
- **Diphenhydramine**
- **Fentanyl for orthopedic injuries only: Zofran may be given for nausea**
- **Zofran for nausea- All patients over the age of 50 "with Nausea" requires a 12 lead EKG prior to BLS transport.**

A follow up assessment must be administered if any medication stated above is given, prior to transport. (V/S, CBG, lung sounds)

ADVANCED EMT (AEMT) SCOPE OF PRACTICE

An Advanced Emergency Medical Technician (AEMT) may:

- (a) Perform all procedures that an EMT may perform;
- (b) Initiate and maintain peripheral intravenous (I.V.) lines;
- (c) Initiate saline or similar locks;
- (d) Obtain peripheral venous blood specimens;
- (e) Initiate and maintain an intraosseous infusion.
- (f) Perform tracheobronchial suctioning of an already intubated patient; and
- (g) Prepare and administer the following medications under specific written protocols authorized by the supervising physician or direct orders from a licensed physician:
 - i. Physiologic isotonic crystalloid solution;
 - ii. Anaphylaxis: epinephrine;
 - iii. Antihypoglycemics:
 - Hypertonic glucose;
 - iv. Vasodilators: nitroglycerine;
 - v. Nebulized bronchodilators:
 - Albuterol;
 - Ipratropium bromide;
 - vi. Analgesics for acute pain: nitrous oxide.
 - vii. Naloxone (With Approval and training of Medical Director.)

EMT-INTERMEDIATE SCOPE OF PRACTICE

An EMT-Intermediate may:

(a) Perform all procedures that an Advanced EMT may perform;

(b) Initiate and maintain an intraosseous infusion;

(c) Prepare and administer the following medications under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician:

i. Vasoconstrictors:

- Epinephrine;
- Vasopressin;

ii. Antiarrhythmics:

- Atropine sulfate;
- Lidocaine;
- Amiodarone;

iii. Analgesics for acute pain:

- Morphine;
- Nalbuphine Hydrochloride;
- Ketorolac tromethamine;
- Fentanyl;

iv. (D) Antihistamine: Diphenhydramine;

v. (E) Diuretic: Furosemide;

vi. (F) Intraosseous infusion anesthetic: Lidocaine;

vii. (G) Anti-Emetic: Ondansetron;

(d) Prepare and administer immunizations in the event of an outbreak or epidemic as declared by the Governor of the state of Oregon, the State Public Health Officer or a

county health officer, as part of an emergency immunization program, under the agency's supervising physician's standing order;

(e) Prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC Advisory Committee on Immunization Practices (ACIP), and/or the Oregon State Public Health Officer's recommended immunization guidelines as directed by the agency's supervising physician's standing order;

(f) Distribute medications at the direction of the Oregon State Public Health Officer as a component of a mass distribution effort;

EMT-INTERMEDIATE SCOPE OF PRACTICE (Continued)

(g) Prepare and administer routine or emergency immunizations and tuberculosis skin testing, as part of an EMS Agency's occupational health program, to the EMT-Intermediate's EMS agency personnel, under the supervising physician's standing order;

(h) Insert an orogastric tube;

(i) Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written and verbal instructions for such maintenance have been provided by the physician, nurse practitioner or physician assistant at the sending medical facility;

(j) Perform electrocardiographic rhythm interpretation; and

(k) Perform cardiac defibrillation with a manual defibrillator.

PARAMEDIC SCOPE OF PRACTICE

A Paramedic may:

- (a) Perform all procedures that an EMT-Intermediate may perform;
- (b) Initiate the following airway management techniques:
 - i. Endotracheal intubation;
 - ii. Cricothyrotomy; and
 - iii. Transtracheal jet insufflation which may be used when no other mechanism is available for establishing an airway;
- (c) Initiate a nasogastric tube;
- (d) Provide advanced life support in the resuscitation of patients in cardiac arrest;
- (e) Perform emergency cardioversion in the compromised patient;
- (f) Attempt external transcutaneous pacing of bradycardia that is causing hemodynamic compromise;
- (g) Perform electrocardiographic interpretation;
- (h) Initiate needle thoracostomy for tension pneumothorax in a prehospital setting;
- (i) Obtain peripheral arterial blood specimens under specific written protocols authorized by the supervising physician;
- (j) Access indwelling catheters and implanted central IV ports for fluid and medication administration;
- (k) Initiate placement of a urinary catheter for trauma patients in a prehospital setting who have received diuretics and where the transport time is greater than thirty minutes; and
- (l) Prepare and initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician.