



Office of Emergency Medical Services and Trauma

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### Scope of Practice for EMS Personnel

Emergency Medical Personnel are permitted to perform only those skills listed under their licensure level, and only once they have been trained on those skills, and credentialed to perform those skills by the agency Medical Director. Emergency Medical Personnel are permitted to administer only medications listed under their licensure level, and only once they are trained in the pharmacology of that medication, and credentialed to administer that medication by the EMS agency Medical Director.

Key to Provider Levels		
EMT	E	Emergency Medical Technician
EMT-I	I	Emergency Medical Technician-Intermediate/1985
AEMT	A	Advanced Emergency Medical Technician
CT	C	Cardiac Technician
PMDC	P	Paramedic

**NOTE: If a provider code (the single letter code from the table above) is listed for a skill, then that level of EMS Provider is permitted to perform the skill. Interpretive guidelines serve to clarify and/or modify the skill listed. If an asterisk (\*) appears with the letter code for a specific provider level, then the interpretive guidelines may modify the skill for that provider level.**

Airway and Breathing Skills	Levels	Interpretive Guidelines
1. Supplemental oxygen therapy		
a. Oxygen delivery devices	E I A C P	This would include any type of cannula or mask designed for the delivery of supplemental oxygen.
b. Humidified oxygen	E I A C P	

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Airway and Breathing Skills		Levels					Interpretive Guidelines
2.	Basic airway management						
a.	Manual maneuvers to open and control the airway	E	I	A	C	P	<i>This would include procedures such as: head-tilt, chin-lift; tongue-jaw lift; modified chin lift; jaw thrust; Sellick's maneuver.</i>
b.	Manual maneuvers to remove an airway obstruction	E	I	A	C	P	
c.	Insertion of airway adjuncts intended to go into the oropharynx	E	I	A	C	P	
d.	Insertion of airway adjuncts intended to go into the nasopharynx	E	I	A	C	P	
3.	Ventilation management						
a.	mouth to barrier devices	E	I	A	C	P	
b.	bag-valve-mask	E	I	A	C	P	
c.	manually triggered ventilators	E	I	A	C	P	
d.	automatic transport ventilators	E*	I*	A*	C	P	<i>EMTs, EMT-Is and AEMTs are limited to the initiation during resuscitative efforts of ventilators that only adjust rate and tidal volume.</i>
e.	chronic-use home ventilators	E	I	A	C	P	
4.	Suctioning						
a.	Upper airway suctioning	E	I	A	C	P	
b.	Tracheobronchial suctioning			A*	C	P	<i>AEMTs are limited to tracheobronchial suctioning of patients with pre-established airways.</i>
5.	Advanced airway management						
a.	CPAP/BiPAP administration and management		I	A	C	P	
b.	BIAD (Blind Insertion Airway Device) Insertion		I*	A*	C	P	<i>This would also permit the removal of a BIAD under medically appropriate circumstances for the specified levels. EMT-Is are limited to insertion of devices not intended to be placed into the trachea. AEMTs are limited to insertion of devices not intended to be placed into the trachea.</i>
c.	Endotracheal intubation				C	P	<i>This includes nasal and oral endotracheal intubation. This would also allow the CT or Paramedic to extubate the patient for medically necessary reasons. This would include the use of PEEP and EtCO2/Capnography as necessary.</i>
d.	Airway obstruction removal by direct laryngoscopy				C	P	
e.	Percutaneous Cricothyrotomy					P*	<i>This would include retrograde intubation techniques. Paramedics are not permitted to make a surgical incision of the cricothyroid membrane; paramedics may perform skin incision with a surgical blade for the purpose of the percutaneous cricothyrotomy.</i>
f.	Gastric decompression					P	
g.	Pleural decompression via needle thoracostomy					P	
h.	Chest tube monitoring					P	

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Assessment Skills		Levels					Interpretive Guidelines
1.	Basic assessment skills						
	a. Perform simple patient assessments	E	I	A	C	P	
	b. Perform comprehensive patient assessments	E	I	A	C	P	
	c. Obtaining vital signs manually	E	I	A	C	P	<i>Includes the use of a manual BP cuff.</i>
2.	Advanced assessment skills						
	a. Obtaining vital signs with electronic devices	E	I	A	C	P	<i>This would include the use of non-invasive blood pressure monitoring devices, as well as pulse oximetry measurement and blood glucose monitoring.</i>
	b. Blood Chemistry Analysis					P	

Pharmacological Intervention Skills		Levels					Interpretive Guidelines
1.	Fundamental pharmacological skills						
	a. Use of unit dose commercially pre-filled containers or auto-injectors for the administration of life saving medications intended for self, peer, or patient rescue in hazardous materials situations	E	I	A	C	P	
	b. Assist patients in taking their own prescribed medications as approved by medical direction	E	I	A	C	P	
	c. Administration of over-the-counter medications with appropriate medical direction	E	I	A	C	P	<i>Includes oral glucose for hypoglycemia and aspirin for chest pain of suspected ischemic origin.</i>
2.	Advanced pharmacological skills: venipuncture/vascular access						
	a. Obtaining peripheral venous blood specimens		I	A	C	P	<i>This is either through direct venipuncture or through an existing peripheral IV catheter.</i>
	b. Peripheral IV insertion and maintenance (includes removal as needed)		I	A	C	P	<i>This includes placement of an INT/Saline lock. Peripheral lines include external jugular veins, but does not include placement of umbilical catheters.</i>
	c. Intraosseus device insertion (includes removal as needed)		I	A	C	P	<i>This includes placement in both adult and pediatric patients. This also includes both manual and mechanically assisted devices as approved by the local EMS medical director.</i>
	d. Access indwelling catheters and implanted central IV ports for fluid and medication administration.				C	P	
	e. Central line monitoring				C	P	

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Pharmacological Intervention Skills		Levels					Interpretive Guidelines
3.	Administration of medications/fluids						
a.	Crystalloid IV solutions		I*	A*	C	P	This includes hypotonic, isotonic, and hypertonic solutions as approved by medical direction. This also includes combination solutions (i.e. D5LR, D5NS, etc.). EMT-Is are limited to the initiation of crystalloid solutions that do not have added pharmacological agents. AEMTs are limited to the initiation of crystalloid solutions that do not have added pharmacological agents.
b.	Administration of hypertonic dextrose solutions for hypoglycemia		I	A	C	P	Hypertonic dextrose solutions may be given IV/IO.
c.	Administration of glucagon for hypoglycemia			A	C	P	Glucagon may be administered via IM, SC, IV, IO or intranasal routes as approved by the local EMS medical director.
d.	Administration of SL nitroglycerine to a patient experiencing chest pain of suspected ischemic origin			A	C	P	
e.	Parenteral administration of epinephrine for anaphylaxis	E*	I*	A*	C	P	EMTs may only administer epinephrine via an auto-injector. EMT-Is may only administer epinephrine via an auto-injector. AEMTs may prepare and administer epinephrine only via the IM and SC routes.
f.	Inhaled (nebulized) medications to patients with difficulty breathing and/or wheezing	E*	I*	A	C	P	Inhaled (nebulized) means atomization of the medication through an oxygen/air delivery device with a medication chamber, or through use of a metered-dose inhaler. EMTs may only administer pre-measured unit doses of nebulized medications. EMT-Is may only administer pre-measured unit doses of nebulized medications.
g.	Administration of a narcotic antagonist to a patient suspected of narcotic overdose			A	C	P	Administration may be via IM, SC, IV, IO, or Intranasal routes as approved by the local EMS medical director.
h.	Administration of nitrous oxide (50% nitrous oxide, 50% oxygen mix) for pain relief			A	C	P	
i.	Vaccine administration		I*	A*	C*	P	EMT-Is, AEMTs and CTs are allowed to administer vaccinations only during designated events such as mass vaccination clinics or in the event of a declared public health emergency, and only after training through an OEMST training course.
j.	Paralytic administration					P*	Administration of paralytics for the purposes of RSI (Rapid Sequence Induction/Intubation) is not permitted unless the EMS Agency has met RSI requirements promulgated by the OEMST, and has received approval for RSI use from the OEMST. Paramedics are allowed to use paralytics to maintain the paralysis of an already intubated patient, if approved by medical direction.
k.	Administration of other physician approved medications				C*	P*	CTs are only permitted to give the following: anti-arrhythmics, vagolytic agents, chronotropic agents, alkalizing agents, analgesic agents, and vasopressor agents. Paramedics are allowed to give any medication via any enteral or parenteral route, as approved by medical direction (see RSI note above).
l.	Maintain an infusion of blood or blood products					P	

Cardiac/Medical Skills		Levels					Interpretive Guidelines
1.	Fundamental cardiac skills						
a.	Manual external CPR	E	I	A	C	P	
b.	Use of an automated external defibrillator	E	I	A	C	P	

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Cardiac/Medical Skills		Levels					Interpretive Guidelines
2.	Advanced cardiac skills						
	a. Use of mechanical CPR assist devices	E	I	A	C	P	
	b. ECG monitoring and interpretation				C	P	<i>This includes obtaining and interpreting 12-Lead ECGs.</i>
	c. Manual cardiac defibrillation				C*	P	<i>CTs may only defibrillate a pulseless and apneic patient.</i>
	d. Emergency cardioversion, including vagal maneuvers				C	P	
	e. Transcutaneous cardiac pacing				C	P	
3.	Emergency childbirth management						
	a. Assist in the normal delivery of a newborn	E	I	A	C	P	
	b. Assist in the complicated delivery of a newborn	E	I	A	C	P	<i>This includes external fundal massage for post-partum bleeding, but does NOT include internal fundal massage.</i>
4.	Behavioral emergency skills						
	a. Manual and mechanical patient restraints for behavioral emergencies	E	I	A	C	P	<i>Includes soft disposable restraints and leather restraints, as approved by the local EMS medical director, and with appropriate patient monitoring.</i>
	b. Chemical restraint of combative patients					P	<i>See pharmacological skills.</i>

Trauma Care Skills		Levels					Interpretive Guidelines
1.	Managing injuries, including, but not limited to:						
	a. Manual cervical stabilization and cervical collar use	E	I	A	C	P	
	b. Manual stabilization of orthopedic trauma	E	I	A	C	P	
	c. Spinal motion restriction	E	I	A	C	P	<i>Includes the use of commercial spinal motion restriction devices such as the KED®.</i>
	d. Splinting	E	I	A	C	P	<i>This includes the use of traction splints.</i>
	e. MAST/PASG Use (no longer approved for use in Georgia)						
2.	Managing other traumatic injuries, including, but not limited to:						
	a. Fundamental bleeding control	E	I	A	C	P	<i>Includes direct pressure and bandaging.</i>
	b. Progressive bleeding control	E	I	A	C	P	<i>Includes the use of tourniquets and hemostatic agents as approved by the local EMS medical director.</i>
	c. Fundamental eye irrigation	E	I	A	C	P	
	d. Complex eye irrigation with the Morgan® lens					P	
	e. Fundamental management of soft-tissue injuries	E	I	A	C	P	
	f. Complex management of soft-tissue injuries	E	I	A	C	P	
3.	Movement/extrication of patients, including, but not limited to:						
	a. Emergency moves for endangered patients	E	I	A	C	P	
	b. Rapid extrication of patients	E	I	A	C	P	

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