

	Department of Human Resources Division of Public Health Office of Emergency Medical Services	Index: R-P01A Effective: 09/14/2006 Review: 09/14/2007 Page: 1 of 3
-----------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

Scope of Practice for EMS Personnel

B	Emergency Medical Technician-Basic
I	Emergency Medical Technician-Intermediate 1985
CT	Cardiac Technician
P	Emergency Medical Technician-Paramedic

Current Scope of Practice for emergency procedures to be performed by emergency medical service personnel in Georgia that are authorized by the supervising physician.	B	I	CT	P
1. Perform comprehensive patient assessments	X	X	X	X
2. Taking and recording of vital signs	X	X	X	X
3. Basic airway management, including but not limited to:				
a. Open and maintain airway using head-tilt, chin-lift, tongue and jaw lift, and modified jaw thrust	X	X	X	X
b. Oropharyngeal and nasopharyngeal airways	X	X	X	X
c. Pharyngeal suctioning	X	X	X	X
4. Advanced airway management, including, but not limited to:				
a. Supraglottic ventilation devices		X _a	X _a	X
b. Endotracheal intubation			X	X
c. Needle cricothyrotomy				X
d. Tracheal Suctioning			X	X
5. Perform gastric decompression (NG or OG tube-suctioning by gastric intubation)				X
6. Use of oxygen units with cannulas or masks	X	X	X	X
7. Use of bag-valve-mask ventilation devices	X	X	X	X
8. Use of mouth to barrier devices	X	X	X	X
9. Use of positive pressure ventilation devices	X	X	X	X
10. Transport ventilator management				
a. chronic use home ventilators		X _b	X _b	X _b
b. acute use ventilators			X _b	X _b
11. CPAP/BiPAP administration and management		X _b	X _b	X _b
12. Obstructed airway management/cardiopulmonary resuscitation-infants, children, and adults	X	X	X _c	X _c
13. Managing soft tissue injuries	X	X	X	X
14. Managing suspected fractures	X	X	X	X
15. Utilization of pneumatic anti-shock garment (PASG) (As of March 28, 2006, the EMS Medical Directors' Advisory Council voted to remove this procedure from all levels of Scope of Practice)				

16. Managing suspected medical emergencies, including:				
a. Obtaining a peripheral blood specimen for blood glucose monitoring, obtained via finger-stick, heel-stick, or earlobe-stick	X	X	X	X
b. Hypoglycemia-administration of anti-hypoglycemic medication	X _d	X _e	X	X
c. Anaphylactic shock-administration of epinephrine by parenteral routes	X _f	X _f	X	X
d. Poisons-administration of activated charcoal	X	X	X	X
e. Ischemic chest pain-administration of aspirin	X _b	X _b	X _b	X
f. Narcotic overdose-narcotic antagonist			X	X
g. Febrile emergency-oral antipyretic medications as approved by medical direction	X _b	X _b	X _b	X
17. Emergency childbirth management	X	X	X	X
18. Cardiac defibrillation (AED only for EMT-B and EMT-I)	X _g	X _g	X _h	X
19. Emergency cardioversion, to include vagal maneuvers			X _b	X
20. Initiate electrocardiograph monitoring and interpret presenting rhythms			X	X
21. Transcutaneous cardiac pacing			X _b	X
22. Initiate and maintain peripheral intravenous therapy		X	X	X
23. Initiate saline locks/INT		X	X	X
24. Initiate intraosseous infusion				
a. Pediatric		X	X _b	X
b. Adult		X _b	X _b	X
25. Access indwelling catheters and implanted central IV ports for fluid and medication administration.			X	X
26. Infuse the following intravenous fluids, or combinations thereof, including:				
a. Dextrose 5% water		X	X	X
b. Lactated Ringers		X	X	X
c. Normal Saline		X	X	X
d. Any physiologic isotonic crystalloid solution		X	X	X
27. Draw peripheral intravenous blood specimens		X	X	X
28. Initiate or administer the following medications, including but not limited to:				
a. Anti-arrhythmics			X	X
b. Vagolytic agents			X	X
c. Chronotropic agents			X	X
d. Alkalizing agents			X	X
e. Parenteral Analgesic agents			X _i	X
f. Vasopressor agents			X	X
g. Inhaled (nebulized) respiratory agents	X _b	X _b	X _b	X
h. Mark I Plus Kit	X	X	X	X
29. Maintain intravenous medication infusions and other procedures to include blood or blood by-products		X _b	X _b	X

initiated in a medical facility with appropriate written instructions from the sending facility.				
30. Initiate needle decompression for tension pneumothorax				X
31. Assist patient in taking their own prescribed medications (prescribed by a physician, carried by the patient, and not carried on the EMS unit) if approved by medical direction				
a. nitroglycerin	X	X	X	X
b. metered dose inhalers	X	X	X	X
c. epinephrine auto-injector	X	X	X	X
d. inhaled (nebulized) respiratory agents	X _b	X _b	X	X

X_a	Supraglottic devices include dual lumen airways, as well as laryngeal airway devices. May include more recent medical technology not included in initial education. All devices must have approval of the local EMS Medical Director.
X_b	More recent medical technology/recommendations that may not have been included in initial education; procedure/medication must also have approval of the local EMS Medical Director.
X_c	To include manual removal using direct visualization techniques.
X_d	EMT-Basic can only administer oral glucose.
X_e	Oral glucose; or, adult administration of D ₅₀ ; pediatric administration of D ₂₅ ; or pediatric administration of D ₁₀ . May include additional training not previously included in initial education. Requires approval of local EMS Medical Director.
X_f	EMT-Basic and EMT-Intermediate can use only Epinephrine auto injector.
X_g	EMT-Basic and EMT-Intermediate can use AED after successfully completing an AED training program.
X_h	Cardiac Technician can only perform these procedures on a pulseless and non-breathing patient.
X_i	Cardiac Technicians can administer morphine for cardiac emergencies only.