

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 their local EMS 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 their local EMS Medical Director.

Key to Provider Levels		
EMT	E	Emergency Medical Technician
EMT-I	I	Emergency Medical Technician-Intermediate/85
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 particular skill, then that level of EMS provider is permitted to perform that 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 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; jaw thrust; Sellick's maneuver.</i>
b.	Manual maneuvers to remove the airway	E	I	A	C	P	
c.	Insertion of airway adjuncts intended to go into oropharynx	E	I	A	C	P	
d.	Insertion of airway adjuncts intended to go into 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 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	

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5. Advanced airway management						
b. BIAD (blind insertion airway device) insertion	<table border="1"> <tr> <td></td> <td>I*</td> <td>A*</td> <td>C</td> <td>P</td> </tr> </table> <p>This would also permit the removal of a BIAD under medically appropriate circumstances for the specific levels. EMT-Is and AEMTs are limited to the insertion of devices not intended to be placed into trachea.</p>		I*	A*	C	P
	I*	A*	C	P		
c. Endotracheal intubation	<table border="1"> <tr> <td></td> <td></td> <td></td> <td>C</td> <td>P</td> </tr> </table> <p>This includes nasal and oral endotracheal intubation. This would also allow the extubation for medically necessary reasons. This includes the use of PEEP and EtCO2/Capnography.</p>				C	P
			C	P		
d. Airway obstruction removal by direct laryngoscopy	<table border="1"> <tr> <td></td> <td></td> <td></td> <td>C</td> <td>P</td> </tr> </table>				C	P
			C	P		
e. Percutaneous cricothyrotomy	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>P*</td> </tr> </table> <p>This would include retrograde intubation techniques. Paramedics are not permitted to make a surgical incision of the cricothyroid membrane. Paramedics may perform skin incisions with a surgical blade for the purpose of percutaneous cricothyrotomy.</p>					P*
				P*		
f. Gastric decompression	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>P</td> </tr> </table>					P
				P		
g. Pleural decompression via needle thoracostomy	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>P</td> </tr> </table>					P
				P		
h. Chest tube monitoring	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>P</td> </tr> </table>					P
				P		

Assessment Skills	Levels	Interpretive Guidelines					
1. Basic assessment skills							
a. Perform simple patient assessments	<table border="1"> <tr> <td>E</td> <td>I</td> <td>A</td> <td>C</td> <td>P</td> </tr> </table>	E	I	A	C	P	
E	I	A	C	P			
b. Perform comprehensive patient assessments	<table border="1"> <tr> <td>E</td> <td>I</td> <td>A</td> <td>C</td> <td>P</td> </tr> </table>	E	I	A	C	P	
E	I	A	C	P			
c. Obtaining vital signs manually	<table border="1"> <tr> <td>E</td> <td>I</td> <td>A</td> <td>C</td> <td>P</td> </tr> </table>	E	I	A	C	P	
E	I	A	C	P			

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2. Advanced assessment skills											
a. Obtaining vital signs by electronic devices	<table border="1"> <tr> <td>E</td> <td>I</td> <td>A</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <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></p>	E	I	A	C	P					
E	I	A	C	P							
b. Blood chemistry analysis	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>P</td> </tr> </table>					P					
				P							

Pharmacological Interventions Skills		Levels	Interpretive Guidelines									
1. Fundamental pharmacological skills												
a. Use of unit dose commercial pre-filled containers or auto-injectors for the administration of life saving medications	<table border="1"> <tr> <td>E</td> <td>I</td> <td>A</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	E	I	A	C	P						
E	I	A	C	P								
b. Assist patients in taking their own prescribed medications as approved by the local EMS Medical Director	<table border="1"> <tr> <td>E</td> <td>I</td> <td>A</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	E	I	A	C	P						
E	I	A	C	P								
c. Administration of over-the-counter medications with appropriate medical direction.	<table border="1"> <tr> <td>E</td> <td>I</td> <td>A</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	E	I	A	C	P						<i>Includes oral glucose for hypoglycemia and aspirin for chest pain of suspected ischemic origin.</i>
E	I	A	C	P								
2. Advanced pharmacological skills: Venipuncture/vascular access												
a. Obtaining peripheral venous blood specimens	<table border="1"> <tr> <td></td> <td>I</td> <td>A</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		I	A	C	P						<i>This is either through direct venipuncture or through an existing IV catheter.</i>
	I	A	C	P								
b. Peripheral IV insertion and maintenance; includes removal as needed	<table border="1"> <tr> <td></td> <td>I</td> <td>A</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		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>
	I	A	C	P								
c. Intraosseus device insertion; includes removal as needed	<table border="1"> <tr> <td></td> <td>I</td> <td>A</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		I	A	C	P						<i>This includes placement in both adult and pediatric patients. This also includes both manual ad mechanical assisted devices as approved by the local EMS Medical Director.</i>
	I	A	C	P								

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2. Advanced pharmacological skills: Venipuncture/vascular access											
a. Crystalloid IV solutions	<table border="1"> <tr> <td></td> <td>I*</td> <td>A*</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p><i>This includes hypotonic, isotonic and hypertonic solutions as approved by the local EMS Director. This also includes combination solutions, such as D5NS. EMT-Is and AEMTs are limited to the initiation of crystalloid solutions that do not have added pharmacological agents.</i></p>		I*	A*	C	P					
	I*	A*	C	P							
b. Administration of hypertonic dextrose solutions for hypoglycemia	<table border="1"> <tr> <td></td> <td>I</td> <td>A</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p><i>Hypertonic dextrose solutions may be given IV/IO.</i></p>		I	A	C	P					
	I	A	C	P							
c. Administration of glucagon for hypoglycemia	<table border="1"> <tr> <td></td> <td></td> <td>A</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p><i>Glucagon may be administered via IM, SC, IV, IO or intranasal routes as approved by the local EMS Medical Director.</i></p>			A	C	P					
		A	C	P							
d. Administration of SL nitroglycerine to a patient experiencing chest pain of a suspected ischemic origin	<table border="1"> <tr> <td></td> <td></td> <td>A</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p><i>Includes oral glucose for hypoglycemia and aspirin for chest pain of suspected ischemic origin.</i></p>			A	C	P					
		A	C	P							
e. Parenteral administration of epinephrine for anaphylaxis	<table border="1"> <tr> <td>E*</td> <td>I*</td> <td>A*</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p><i>EMTs and EMT-Is may only administer epinephrine via an auto-injector. AEMTs may prepare and administer epinephrine via IM or SC routes.</i></p>	E*	I*	A*	C	P					
E*	I*	A*	C	P							
f. Inhaled (nebulized) medications to patients with difficulty breathing or wheezing	<table border="1"> <tr> <td>E*</td> <td>I*</td> <td>A</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p><i>Inhaled (nebulized) means atomization of the medication through an oxygen/air delivery device with a medication chamber or through the use of a metered-dose inhaler. EMTs and EMT-I may only administer pre-measured unit doses of nebulized medications.</i></p>	E*	I*	A	C	P					
E*	I*	A	C	P							
g. Administration of a narcotic antagonist to a patient of suspected narcotic overdose	<table border="1"> <tr> <td>E*</td> <td>I*</td> <td>A</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p><i>EMTs and EMT-Is may only administer narcotic antagonists via auto-injector or intranasal routes.</i></p>	E*	I*	A	C	P					
E*	I*	A	C	P							
h. Administration of nitrous oxide (50% mixture) for pain relief	<table border="1"> <tr> <td></td> <td></td> <td>A</td> <td>C</td> <td>P</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			A	C	P					
		A	C	P							

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2. Advanced pharmacological skills: Venipuncture/vascular access	
i. Vaccine administration	I* A* C P <i>EMT-I, AEMTs and CTs may only administer vaccinations during designated events such as mass vaccination clinics or in the event of a declared public health emergency and then only after approved training.</i>
j. Paralytic administration	P* <i>Administration of paralytics for the purpose of RSI is not permitted unless the EMS agency has met the RSI requirements promulgated by OEMS and has received approval for RSI use from OEMS. Paramedics are authorized to use paralytics to maintain the paralysis of already intubated patients, if approved by the local EMS Medical Director.</i>
k. Administration other physician approved medications	C* P* <i>CTs are only authorized to give the following: anti-arrhythmics, vagolytic agents, chronotropic agents, alkalizing agents, analgesic agents and vasopressor agents. Paramedics are authorized to give any medication via enteral or parenteral routes, if approved by the local EMS Medical Director.</i>
l. Maintain an infusion of blood or blood products	P <i></i>

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	
2. Advanced cardiac skills		
a. Use mechanical CPR assist devices	E I A C P	
b. ECG monitoring and interpretation	E* I* A* C P	<i>Includes 12-lead ECGs. EMTs, EMT-I, and AEMTs may only obtain and transmit a 12-lead ECG for suspected STEMI patients, if approved and trained by the local EMS Medical Director. ECG interpretation is limited to CTs and Paramedics.</i>

EMT	E	EMT-I	I	AEMT	A	CT	C	PMDC	P
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2. Advanced cardiac skills						
c. Manual cardiac defibrillation				C*	P	<i>CTs may only defibrillate a pulseless and apneic patient.</i>
d. Emergency cardioversion; includes 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	<i>This includes external fundal massage for post-partum bleeding, but does not include internal fundal massage.</i>
b. Assist in the complicated delivery of a newborn	E	I	A	C	P	
4. Behavioral emergency skills						
a. Manual and mechanical patient restraints for behavioral emergencies	E	I	A	C	P	<i>Includes soft disposable and leather restraints, as approved by the local EMS Medical Director.</i>
b. Chemical restraints of combative patients					P	

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 use of commercial devices such as KED®.</i>	
d. Splinting	E	I	A	C	P	<i>Includes traction splint.</i>	
e. MAST/PASG						<i>Not approved for use in Georgia.</i>	

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2. Managing other trauma injuries, including but not limited to:						
a. Fundamental bleeding control	E	I	A	C	P	
b. Progressive bleeding control	E	I	A	C	P	<i>In 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 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 endangered patients	E	I	A	C	P	
b. Rapid extrication of patients	E	I	A	C	P	

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