



GEORGIA OFFICE OF EMS AND TRAUMA

SCOPE OF PRACTICE FOR EMS PERSONNEL

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Introduction

Broadly defined, a Scope of Practice outlines the parameters of duties or services that an individual with specific credentials is authorized to perform. This description, as defined by the Department of Public Health, specifies what a Licensee is legally permitted or prohibited from doing based on their level of licensure. It serves as a legal framework that distinguishes between licensed health care personnel and the general public, as well as among various licensed health care professionals. The Scope of Practice for EMS Personnel, for instance, does not include certain skills like chest tube insertion or surgical procedures, as these are reserved for individuals with higher levels of healthcare licensure.

As noted in the 2019 National EMS Scope of Practice Model (available at www.ems.gov), an individual may only perform a skill or role for which that person is:

- **EDUCATED** (has been trained to perform the skill or role), AND
- **CERTIFIED** (has demonstrated competence in the skill or role), AND
- **LICENSED** (has legal authority issued by the State to perform the skill or role), AND
- **CREDENTIALLED** (has been authorized by the medical director to perform the skill or role).

In Georgia, EMS personnel are authorized to perform skills and administer medications within the scope of practice for their licensure level following standing, verbal, or written orders. This authorization is only valid when the provider:

1. has received proper training and certification for those skills and medications; AND
2. has been credentialed for those skills and medications by their local EMS Agency Medical Director; AND
3. is working as a member of a licensed EMS agency.

Alternatively, a licensed EMS provider may perform skills and administer medications within their scope of practice in settings such as hospitals, emergency departments, medical facilities, or physician offices under the direct supervision of a licensed physician. Direct supervision requires the supervising physician to be present in the same physical location and be readily available to assist and guide the EMS provider throughout the patient encounter.

When EMS personnel are authorized to perform skills or administer medications as outlined in this document, the decision to execute a skill or administer medications for a specific patient in a given situation should be based on the patient's clinical presentation, the standing, verbal, or written orders of a duly licensed physician, and current evidence-based practice. The ability to perform a skill or administer a medication does not automatically imply that a provider should do so.

Statutory Authority Regarding Scope of Practice

The following Georgia statutes contain the enabling legislation for the Scope of Practice for EMS Personnel.

- O.C.G.A. § 31-11-53. Services which may be rendered by certified emergency medical technicians and trainees
- O.C.G.A. § 31-11-54. Services which may be rendered by paramedics and paramedic trainees
- O.C.G.A. § 31-11-55. Services which may be rendered by certified cardiac technicians and trainees

Delegation of Skills

Medics are authorized to delegate only the skills they can perform themselves. Delegation to other licensees is permissible only if those skills fall within the respective Scope of Practice of the delegate. For instance, a Paramedic can delegate the administration of amiodarone (an antiarrhythmic) to a Cardiac Technician, subject to approval by the local Medical Director. However, a Paramedic is not allowed to delegate the administration of amiodarone to an EMT-R, EMT, EMT-I, or AEMT.

Scope of Practice Approval

This document is hereby approved as of the date listed below.

Approval:		1/23/2026
	Michael B. Johnson, Director, Office of EMS and Trauma	Date

Approval:		1/23/2026
	Patrick McDougal, Medical Director, Office of EMS and Trauma	Date

Scope of Practice Guide for EMT-R, EMT, EMT-I, AEMT, CT, PMDC, CCP

Key to Provider Levels		
EMT-R	R	Emergency Medical Technician - Responder
EMT	E	Emergency Medical Technician
EMT-I	I	Emergency Medical Technician - Intermediate
AEMT	A	Advanced Emergency Medical Technician
CT	C	Cardiac Technician
PMDC	P	Paramedic
CCP	CC	Critical Care 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. If a skill does not have the letter code shown for a provider level, then personnel licensed at that level are NOT permitted to perform that skill. EMS providers performing skills outside their scope of practice may be subject to disciplinary action under DPH Rules and Regulations 511-9-2. Interpretive guidelines serve to clarify 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.

If the letter code includes a "GA" below it, this means that individual skill for the respective license level is not included in the National EMS Scope of Practice Model but is included in the Georgia Scope of Practice for EMS Personnel. For a licensee to perform these skills, the EMS Agency and the Medical Director must ensure that the skill has been appropriately taught and verified for each individual EMS Agency Medic licensed at the respective level.

Airway and Breathing Skills	Levels							Interpretive Guidelines
1. Supplemental oxygen therapy								
a. Oxygen delivery devices	R*	E	I	A	C	P	CC	*EMT-Rs are limited to the use of nasal cannulas and non-rebreather masks. This does not include High Flow Nasal Cannulas (HFNC) which is a system that provides oxygen at a flow rate that exceeds 15 LPM and requires a specially designed nasal canula.
b. Humidified oxygen		E	I	A	C	P	CC	
c. High flow oxygen via nasal cannula						P*	CC	*Paramedics can only perform this skill with PLS approval.
2. Basic airway management								
a. Manual maneuvers to open and control the airway	R	E	I	A	C	P	CC	
b. Manual maneuvers to remove obstructions from the airway	R	E	I	A	C	P	CC	
c. Insertion of airway adjuncts intended to go into the oropharynx	R	E	I	A	C	P	CC	
d. Insertion of airway adjuncts intended to go into the nasopharynx		E	I	A	C	P	CC	
3. Ventilation management								
a. Manual ventilation by mouth	R	E	I	A	C	P	CC	
b. Bag-valve mask	R	E	I	A	C	P	CC	
c. Manually triggered ventilators		E	I	A	C	P	CC	
d. Automatic transport ventilators capable of rate and tidal volume adjustments only		E*	I*	A*	C	P	CC	*EMTs, EMT-Is and AEMTs are limited to the initiation of automatic transport ventilators during resuscitative efforts only.
e. Chronic-use home ventilators		E	I	A	C	P	CC	
f. Advanced transport ventilators						P*	CC	*Paramedics can only perform this skill with PLS approval.
4. Suctioning								
a. Upper airway suctioning	R	E	I	A	C	P	CC	
b. Tracheobronchial suctioning				A*	C	P	CC	*AEMTs are limited to tracheobronchial suctioning of patients with pre-established airways.

Airway and Breathing Skills	Levels							Interpretive Guidelines
5. Advanced airway management								
a. CPAP administration and management		E	I	A	C	P	CC	
b. BiPAP administration and management			I	A	C	P	CC	
c. Supraglottic airway device/BIAD (Blind Insertion Airway Device) insertion/removal			I*	A*	C	P	CC	<i>*EMT-Is and AEMTs are limited to the insertion of devices not intended to be placed into trachea.</i>
d. Endotracheal intubation					C	P	CC	
e. Airway obstruction removal by direct laryngoscopy					C	P	CC	
f. Percutaneous cricothyrotomy						P*	CC	<i>*This would include devices that puncture the skin and/or cricothyroid membrane. Paramedics are not permitted to make a surgical incision of the cricothyroid membrane. Paramedics may perform skin incisions with a surgical blade for percutaneous cricothyrotomy.</i>
g. Gastric decompression						P	CC	
h. Pleural decompression via needle thoracostomy						P	CC	
i. Chest tube monitoring and management						P	CC	
j. Rapid sequence intubation							CC	
k. Surgical cricothyrotomy							CC	

Assessment Skills	Levels							Interpretive Guidelines
1. Basic assessment skills								
a. Perform simple patient assessments	R	E	I	A	C	P	CC	<i>Includes determination of chief complaint, mechanism of injury/nature of illness, associated signs/symptoms, assessment of pain, and performing a rapid full body scan.</i>

Assessment Skills	Levels							Interpretive Guidelines
1. Basic assessment skills								
b. Perform comprehensive patient assessments		E	I	A	C	P	CC	Includes investigation of chief complaint, past medical history, pertinent negatives, and more detailed assessments of major body systems and anatomical regions.
c. Manual blood pressure	R	E	I	A	C	P	CC	
2. Advanced assessment skills/Monitoring devices								
a. Non-invasive (automated) blood pressure measurement	R* GA	E	I	A	C	P	CC	*EMT-Rs may only use an automated blood pressure device under the direction of an EMT or higher licensed Medic, RN, PA, or MD/DO who is present with the EMT-R and the patient.
b. Pulse oximetry measurement	R* GA	E	I	A	C	P	CC	*EMT-Rs may only use a pulse oximetry device in preparation for the arrival of the responding EMS vehicle (with an EMT or higher licensed Medic), or under the direction of an EMT or higher licensed Medic, RN, PA, or MD/DO who is present with the EMT-R and the patient.
c. Pulse oximetry interpretation		E	I	A	C	P	CC	
d. CO-oximetry measurement		E	I	A	C	P	CC	Georgia specific skill.
e. CO-oximetry interpretation		E	I	A	C	P	CC	Georgia specific skill.
f. Blood glucose measurement	R* GA	E	I	A	C	P	CC	*EMT-Rs may only obtain a capillary blood glucose level in preparation for the arrival of the responding EMS vehicle (with an EMT or higher licensed Medic), or under the direction of an EMT or higher licensed Medic, RN, PA, or MD/DO who is present with the EMT-R and the patient.
g. Blood glucose interpretation		E	I	A	C	P	CC	

Assessment Skills	Levels							Interpretive Guidelines
2. Advanced assessment skills/Monitoring devices								
End-tidal CO2 monitoring and h. interpretation of waveform capnography				A	C	P	CC	
i. Blood chemistry analysis						P	CC	
Telemetric monitoring devices and j. transmission of clinical data, including video data		E	I	A	C	P	CC	
k. Vascular Doppler monitoring and interpretation			I	A	C	P	CC	<i>EMS personnel may only utilize Vascular Dopplers to detect peripheral pulses and blood flow. It is not permitted to assess fetal heart tones.</i>
l. Point of Care Ultrasound (POCUS)						P*	CC	<i>*Paramedics may only use POCUS to establish peripheral IV access in an extremity.</i>
3. Specimen Collection								
a. Perform specimen collection for infectious diseases		E*	I	A	C	P	CC	<i>*EMTs are not permitted to perform venipuncture for specimen collection.</i>

Pharmacological Interventions/Skills	Levels							Interpretive Guidelines
1. Fundamental pharmacological skills								
Use of unit dose commercial pre-filled containers or auto-injectors a. for the administration of life saving medications for chemical/hazardous material	R	E	I	A	C	P	CC	
b. Assist patients in taking their own prescribed medications as approved by the local EMS Medical		E	I	A	C	P	CC	<i>Georgia specific skill.</i>
c. Administration of over-the-counter medications with appropriate medical direction		E	I	A	C	P	CC	<i>Includes oral glucose for hypoglycemia, aspirin for chest pain of suspected ischemic origin, and analgesics for pain or fever.</i>
2. Advanced pharmacological skills: Venipuncture/Vascular access								
a. Obtaining peripheral venous blood specimens			I	A	C	P	CC	<i>This is either through direct venipuncture or through an existing IV catheter.</i>

Pharmacological Interventions/Skills	Levels							Interpretive Guidelines
2. Advanced pharmacological skills: Venipuncture/Vascular access								
b. Transport of a patient with a pre-established peripheral INT/saline lock		E*	I	A	C	P	CC	*EMTs are not permitted to access the INT/saline lock, nor are they permitted to remove it.
c. Peripheral IV insertion and maintenance; includes removal as needed			I	A	C	P	CC	Peripheral lines include external jugular veins but does not include placement of umbilical catheters.
d. Intraosseous device insertion; includes removal as needed			I	A	C	P	CC	
e. Access indwelling catheters and implanted central IV ports for fluid and medication administration					C*	P*	CC*	*CTs, Paramedics and CCP are NOT permitted to place or remove central venous catheters.
f. Central line monitoring					C	P	CC	
g. Accessing central lines							CC	
h. Obtaining arterial blood gasses							CC	
i. Prehospital lab analysis							CC	
j. Arterial line monitoring							CC	
k. Umbilical vein catheterization							CC	
3. Advanced pharmacological skills: Medication/Fluid administration								
a. Administration of crystalloid IV solutions			I*	A*	C	P	CC	*EMT-Is and AEMTs are limited to the initiation of crystalloid solutions that do not have added pharmacological agents.
b. Maintenance of non-medicated IV fluids			I	A	C	P	CC	
c. Maintenance of medicated IV fluids				A*	C*	P	CC	*AEMTs are permitted to administer TXA and Cyanokits via an infusion. *CTs are authorized to maintain only the following: antiarrhythmics, vagolytic agents, chronotropic agents, alkalinizing agents, analgesic agents and vasopressor agents.
d. Administration of hypertonic dextrose solutions for hypoglycemia			I	A	C	P	CC	

Pharmacological Interventions/Skills	Levels							Interpretive Guidelines
3. Advanced pharmacological skills: Medication/Fluid administration								
e. Administration of glucagon for hypoglycemia		E*	I*	A	C	P	CC	*EMT and EMT-I may only administer Glucagon via a commercially available auto-injector.
f. Administration of SL nitroglycerin to a patient experiencing chest pain of a suspected ischemic origin		E*	I*	A	C	P	CC	*EMTs and EMT-Is may only administer SL nitroglycerin using the patient's own prescribed medication.
g. Administration of epinephrine for cardiac arrest				A	C	P	CC	
h. Administration of epinephrine via auto-injector or Intranasal Atomizer for anaphylaxis	R GA	E	I	A	C	P	CC	*EMT-Rs and EMTs may administer epinephrine from a vial/syringe from a commercially or pharmacy pre-assembled and pre-measured kit, via the IM or IN route.
i. Parenteral administration of epinephrine for anaphylaxis		E*	I*	A*	C	P	CC	*EMTs and EMT-Is may administer epinephrine from a vial/syringe from a commercially or pharmacy pre-assembled and pre-measured kit, via the IM route. *AEMTs may prepare and administer epinephrine via the IM route only.
j. Administration of inhaled (nebulized) beta agonist/bronchodilator and anticholinergic agents for dyspnea and wheezing		E*	I*	A	C	P	CC	*EMTs and EMT-Is may only administer pre-measured unit doses of nebulized medications.
k. Administration of a narcotic antagonist to a patient with a suspected narcotic overdose	R*	E*	I*	A	C	P	CC	*EMT-Rs, EMTs and EMT-Is may only administer narcotic antagonists via the intranasal route or via an auto-injector.
l. Administration of non-narcotic/non-controlled analgesics				A*	C	P	CC	*AEMTs may only administer non-narcotic/non-controlled analgesics
m. Administration of antiemetics				A*	C	P	CC	*AEMTs may only administer Zofran via the parenteral or ODT route
n. Administration of nitrous oxide (50% mixture) for pain relief				A	C	P	CC	Nitrous oxide is required to be patient self-administered.

Pharmacological Interventions/Skills	Levels							Interpretive Guidelines
3. Advanced pharmacological skills: Medication/Fluid administration								
o. Vaccine administration		E* GA	I*	A*	C*	P	CC	<p>*EMTs, EMT-Is, AEMTs, and CTs may only administer vaccinations during public health emergency (as defined in O.C.G.A. § 31-12-1.1) and then only after approved training.</p> <p>*EMTs and EMT-Is may only administer vaccines that have been prepared by a higher-level provider. See SB46/O.C.G.A. § 31-11-53 (a)(3) & O.C.G.A. § 31-11-55 (a)(2)(E).</p>
p. Administration of other physician-approved medications					C*	P*	CC	<p>*CTs are authorized to give only the following: antiarrhythmics, vagolytic agents, chronotropic agents, alkalizing agents, analgesic agents and vasopressor agents. (See O.C.G.A. § 31-11-55).</p> <p>*In addition to the medications with respective interpretive guidelines in previous sections, Paramedics are authorized to give any additional medication via approved enteral or parenteral routes.</p>
q. Paralytic administration						P*	CC	<p>*Administration of paralytics by Paramedics for DAI/RSI is NOT permitted unless an agency has obtained written approval from the Office of EMS and Trauma.</p> <p>*Paramedics are only authorized to use non-depolarizing paralytics to maintain the paralysis of already intubated patients during interfacility transports.</p> <p>CC are permitted to give paralytics for RSI.</p>

Pharmacological Interventions/Skills	Levels				Interpretive Guidelines			
3. Advanced pharmacological skills: Medication/Fluid administration								
r. Sedative/Hypnotic agents					P	CC	Administration of sedative/hypnotic agents for the purpose of intubating a patient is generally not recommended and should be utilized only by EMS systems that, in the judgment of the local EMS Medical Director(s), have a specific need for the procedure and possess adequate resources to develop and maintain a prehospital drug-assisted intubation (DAI) protocol. EMS providers performing DAI should possess training, knowledge, and experience in the techniques and in the use of pharmacologic agents used to perform DAI. (adapted from the NAEMSP position statement on DAI).	
s. Blood or blood products					P*	CC	*Paramedics may maintain a blood/blood product infusion started at the sending facility. *Paramedics can initiate initial or an additional unit of blood or blood products with PLS approval	
t. Cyanokit administration				A	C	P	CC	
u. Administration of TXA				A	C	P	CC	Georgia specific skill.

Pharmacological Interventions/Skills	Levels							Interpretive Guidelines
3. Advanced pharmacological skills: Medication/Fluid administration								
v. Administration of intramuscular hydrocortisone sodium succinate							P CC	<p><i>In addition to Paramedics being permitted to administer hydrocortisone sodium succinate based on physician orders in the pre-hospital setting, per O.C.G.A. § 31-11-55.2, Paramedics are authorized to administer intramuscular hydrocortisone sodium succinate to a patient who:</i></p> <ol style="list-style-type: none"> <i>1. Has congenital adrenal hyperplasia; or any adrenal insufficiency;</i> <i>2. Is believed to be in adrenal crisis; and</i> <i>3. Has on his or her person or in his or her belongings hydrocortisone sodium succinate in packaging that clearly states the appropriate dosage and has an unbroken seal.</i> <p><i>Within a reasonable period of time, all Paramedics who administer hydrocortisone sodium succinate pursuant to O.C.G.A. § 31-11-55.2 shall make available a printed or electronically stored report to the licensed ambulance service which transports the patient.</i></p>
4. Medication administration: Approved routes of administration								
a. Aerosolized/nebulized		E	I	A	C	P	CC	
b. Endotracheal tube					C	P	CC	
c. Inhaled		E	I	A	C	P	CC	
d. Intradermal						P	CC	
e. Intramuscular				A	C	P	CC	
f. Intramuscular auto-injector	R	E	I	A	C	P	CC	
g. Intranasal				A	C	P	CC	
h. Intranasal unit-dosed,	R	E	I	A	C	P	CC	
i. Intraosseous			I	A	C	P	CC	
j. Intravenous			I	A	C	P	CC	
k. Mucosal/Sublingual		E	I	A	C	P	CC	<i>Includes buccal.</i>
l. Nasogastric						P	CC	
m. Oral		E	I	A	C	P	CC	
n. Rectal						P	CC	

Pharmacological Interventions/Skills	Levels							Interpretive Guidelines
4. Medication administration: Approved routes of administration								
o. Subcutaneous				A	C	P	CC	
p. Topical						P	CC	
q. Transdermal						P	CC	
r. Ocular						P*	CC	<i>*Paramedics are only permitted to perform irrigation.</i>
s. Intrathecal								<i>Not permitted at any provider level.</i>
t. Vaginal								<i>Not permitted at any provider level.</i>
u. Otic								<i>Not permitted at any provider level.</i>
v. Intraurethral								<i>Not permitted at any provider level.</i>
w. Penile Injection								<i>Not permitted at any provider level.</i>
x. Other routes not listed above								<i>Not permitted at any provider level.</i>

Cardiac/Medical Skills	Levels							Interpretive Guidelines
1. Fundamental cardiac skills								
a. Manual external CPR	R	E	I	A	C	P	CC	
b. Use of an automated or semi-automated external defibrillator	R	E	I	A	C	P	CC	
2. Advanced cardiac skills								
a. Use of mechanical CPR assist		E	I	A	C	P	CC	
b. ECG acquisition and transmission		E*	I*	A*	C	P	CC	<i>*EMTs, EMT-Is, and AEMTs may only obtain and transmit a 12-lead ECG.</i>
c. ECG monitoring and interpretation					C	P	CC	
d. Manual cardiac defibrillation					C	P	CC	
e. Emergency cardioversion; includes vagal maneuvers					C	P	CC	
f. Transcutaneous cardiac pacing					C	P	CC	
g. Transvenous cardiac pacing						P*	CC	<i>*Paramedics can only perform this skill with PLS approval.</i>
h. Percutaneous ventricular assist device monitoring						P*	CC	<i>*Paramedics can only perform this skill with PLS approval.</i>
i. Intra-aortic balloon pump maintenance and monitoring						P*	CC	<i>*Paramedics can only perform this skill with PLS approval.</i>
j. Extracorporeal membrane oxygenation (ECMO) monitoring						P*	CC	<i>*Paramedics can only perform this skill with PLS approval.</i>
3. Emergency childbirth management								
a. Assist in the normal (uncomplicated) delivery of a newborn	R	E	I	A	C	P	CC	

Cardiac/Medical Skills	Levels							Interpretive Guidelines
3. Emergency childbirth management								
b. Assist in the complicated delivery of a newborn		E	I	A	C	P	CC	<i>This includes external fundal massage for post-partum bleeding but does not include internal fundal massage.</i>
c. Fetal monitoring							CC	
4. Behavioral emergency skills								
a. Manual and mechanical patient restraints for behavioral		E	I	A	C	P	CC	
b. Chemical restraints of combative patients						P	CC	

Trauma Care Skills	Levels							Interpretive Guidelines
1. Managing injuries								
a. Manual cervical stabilization and cervical collar use	R	E	I	A	C	P	CC	
b. Manual stabilization of orthopedic trauma	R	E	I	A	C	P	CC	
c. Assist with the application of Spinal Motion Restriction (SMR) for supine or seated patients	R* GA	E	I	A	C	P	CC	<i>*EMT-Rs may only assist an EMT or higher licensed Medic with the application of SMR upon the direction of the EMT or higher licensed Medic present on the scene.</i>
d. Application of Spinal Motion Restriction (SMR) for supine or seated patients		E	I	A	C	P	CC	
e. Extremity splinting	R	E	I	A	C	P	CC	<i>Does not include traction splints.</i>
f. Traction splints		E	I	A	C	P	CC	
2. Managing other trauma injuries								
a. Progressive bleeding control	R	E	I	A	C	P	CC	
b. Fundamental eye irrigation	R	E	I	A	C	P	CC	
c. Complex eye irrigation						P	CC	<i>Hands-free irrigation using a sterile eye irrigation device.</i>
d. Management of soft tissue injuries	R	E	I	A	C	P	CC	<i>This does not include suturing.</i>
3. Movement/Extrication of patients								
a. Emergency moves for endangered patients	R	E	I	A	C	P	CC	
b. Rapid extrication of patients		E	I	A	C	P	CC	

Crew Member Response Role	Levels							Interpretive Guidelines
1. Patient caregiver								
a. Serve as the primary patient caregiver during transport	R*	E	I	A	C	P	CC	*EMT-Rs licensed as a RN, NP, PA, or Physician may function as a primary patient caregiver if approved by agency protocol.
b. Serve as a secondary patient caregiver during transport	R*	E	I	A	C	P	CC	*EMT-Rs may only be present in the patient compartment during transport on ground ambulances when a Medic with an EMT license or higher or an EMT-R licensed as an RN, NP, PA, or Physician is serving as the primary patient caregiver in the patient compartment during the patient transport.
2. Disposition determination								
a. Determine the patient disposition, including patient refusals		E	I	A	C	P	CC	Determination should be based on assessment findings, patient's wishes, and Medical Director protocols.

EMT-R	R	EMT	E	EMT-I	I	AEMT	A	CT	C	PMDC	P	CCP	CC
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Changelog

Date of Change	Summary of Change
4/23/2020	Extended the mandatory date of compliance with the Post-Licensure Skills for Paramedics to January 1, 2021. Also separated the Post-Licensure Skills for Paramedics from the main Scope of Practice.
4/23/2020	Added "Perform specimen collection for infectious diseases." to Assessment Skills. This was added to help the COVID-19 specimen collection and testing efforts in Georgia.
10/27/2021	Added EMT-R level and updated document to include medication administration routes and crew member response roles. Added clarification to vaccine administration (only during public health emergencies, and not mass vaccination clinics). Added reference to O.C.G.A. § 31-11-55.2. Administration of hydrocortisone sodium succinate intramuscular by emergency medical services personnel; training; reporting; immunity.
12/7/2022	Added "Initiated of the administration of blood/blood products in the pre-hospital environment." Changed EMS agency PLS approval to a 2-year period.
1/1/2024	Added ETCO2 monitoring and interpretation to the AEMT level
1/1/2024	Added Vascular Monitoring and Interpretation (Doppler)
1/1/2024	Added Glucagon via Auto-Injector to EMT and EMT-I level
1/1/2024	Added POCUS for peripheral (extremity) IV insertion
1/1/2024	Separated CPAP/BiPAP and added CPAP to EMT
1/1/2024	Added Cyanokit to AEMT
1/1/2024	Added non-narcotic/non-controlled analgesics to AEMT
1/1/2024	Added antiemetics (Zofran) via parenteral and OTD route to AEMT
6/3/2025	Added CCP level and updated document to include advanced ventilators, rapid sequence intubation, surgical cricothyrotomy, accessing central lines, obtaining arterial blood gasses, prehospital lab analysis, arterial line monitoring, ventricular assist device monitoring, intra-aortic balloon pump maintenance and monitoring, extracorporeal membrane oxygenation (ECMO) monitoring, fetal monitoring, blood product administration, point of care ultrasound (POCUS), and umbilical vein catheterization

6/3/2025	Updated preamble to clarify where a medic can work under the direction of a physician
6/3/2025	Added administration of TXA to AEMT and administration of epinephrine in cardiac arrest to AEMT
1/23/2026	Added that EMT-R and EMT can administer Epi for Anaphylaxis via IM or IN route
1/23/2026	Amended Maintenance of Medicated IV Fluids to add *AEMTs are permitted to administer TXA and Cyanokits via an infusion.