Office of EMS and Trauma

2020 Scope of Practice Update

David Newton, Director

December 2019

Topics

- What is a Scope of Practice
- Scope of Practice vs Standard of Care
- Accreditation, Certification, Licensure
- National Scope vs Georgia Scope
- New 2019 National Scope of Practice
- Previous versions of Georgia's Scope of Practice
- 2020 Georgia Scope of Practice
- Post-Licensure Skills for Paramedics

What is a Scope of Practice

Definition

"The term ***scope of practice*** is used to specify the extent of privileges permitted by state law for a given class of allied health provider based on specific criteria like education, training, experience, and special qualifications."

Regulatory, Legal, and Liability Issues Pertaining to Transesophageal Echocardiography (https://www.sciencedirect.com/topics/medicine-and-dentistry/scope-of-practice)

"***Scope of practice***—Defined parameters of various duties or services that may be provided by an individual with specific credentials. Whether regulated by rule, statute, or court decision, it represents the limits of services an individual may legally perform."

2019 National EMS Scope of Practice Model (https://www.ems.gov/pdf/National_EMS_Scope_of_Practice_Model_2019.pdf)

Why do we have a Scope of Practice?

PUBLIC PROTECTION

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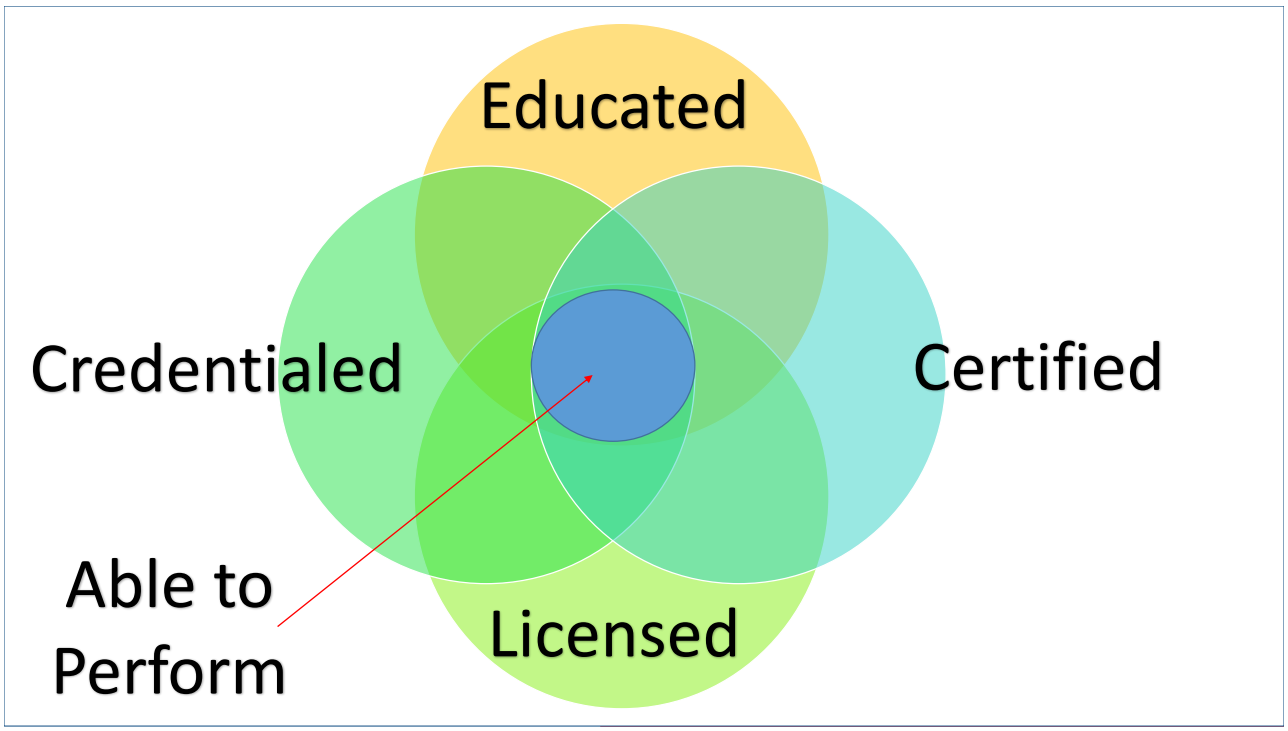

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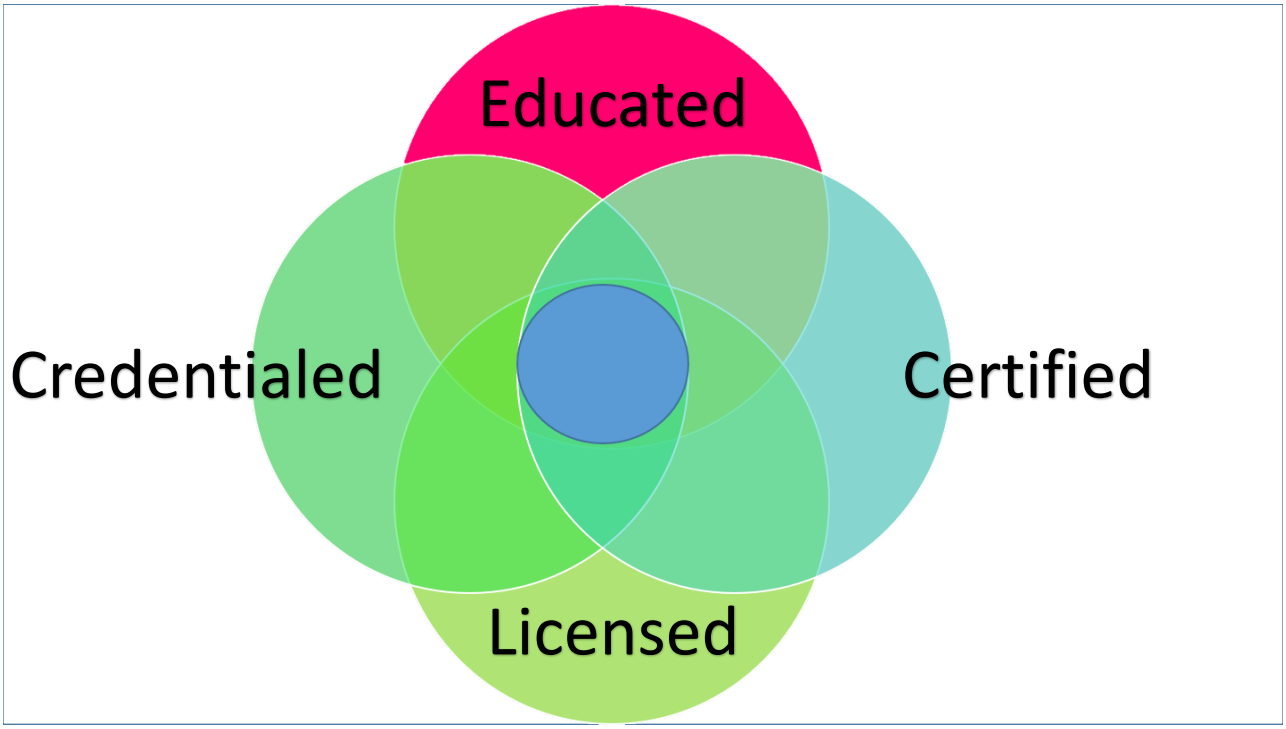
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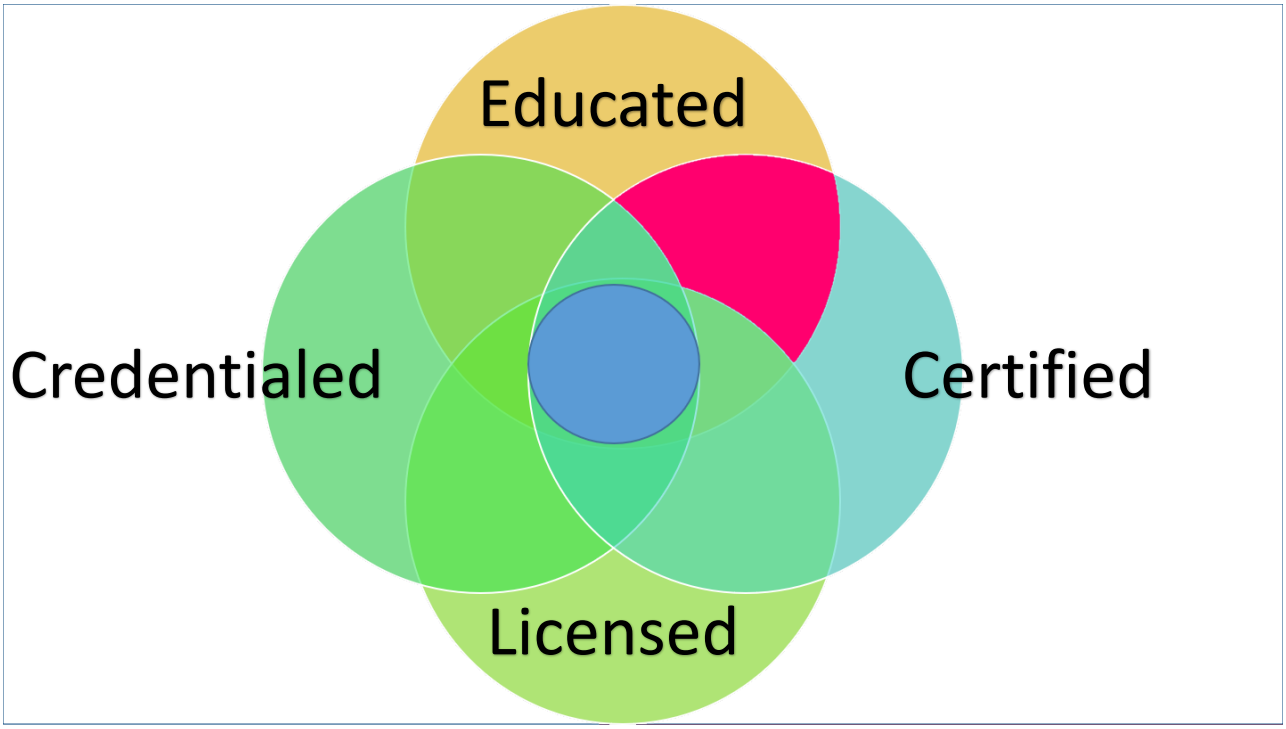
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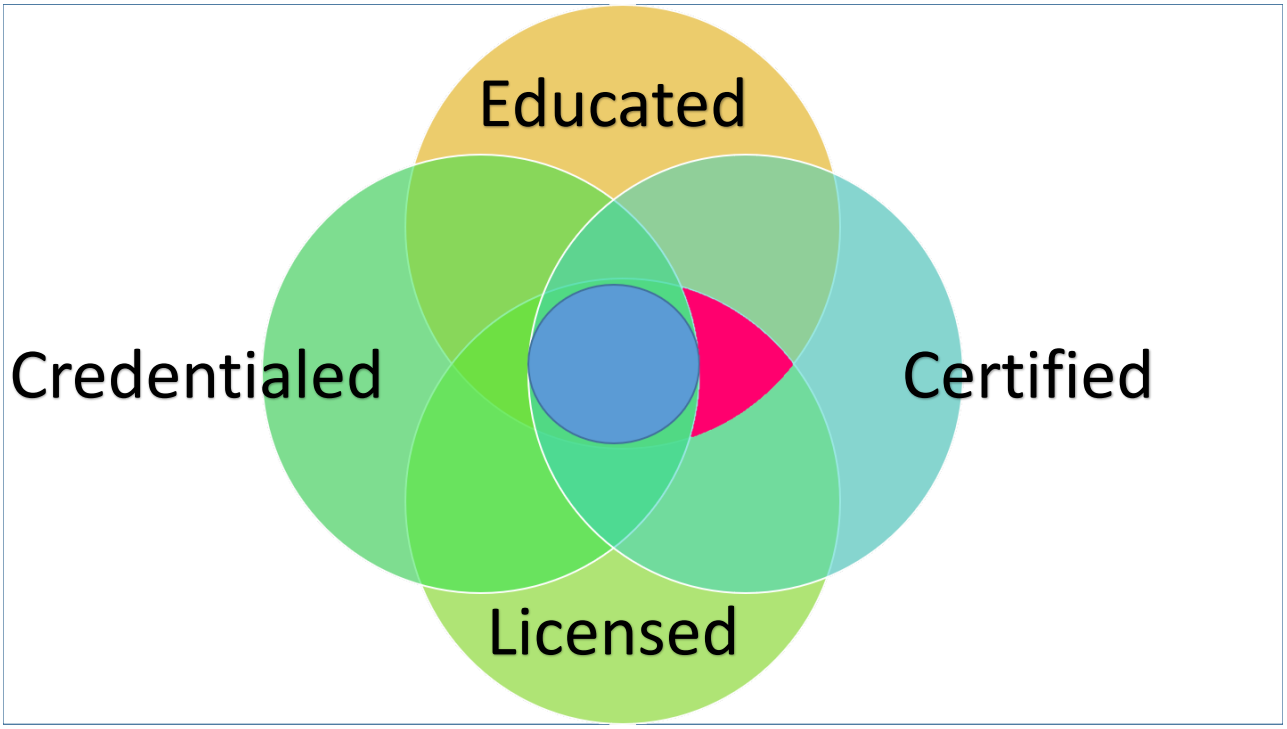
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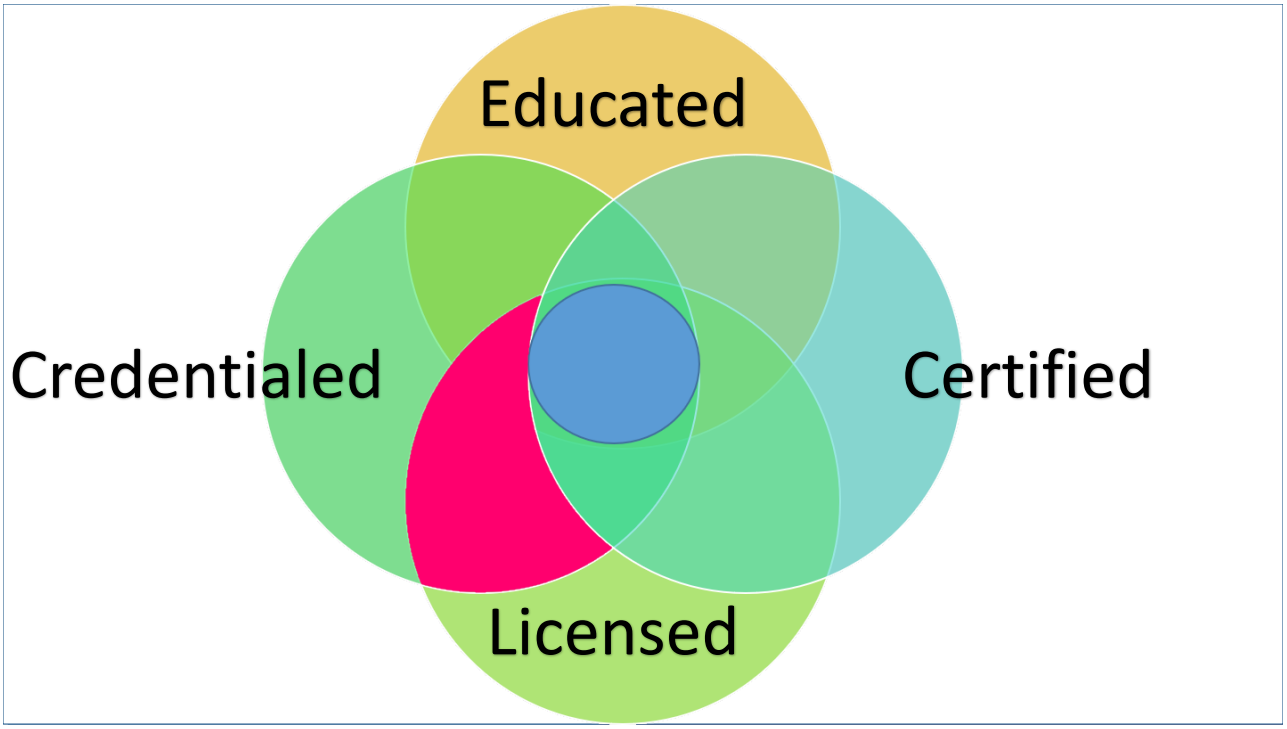
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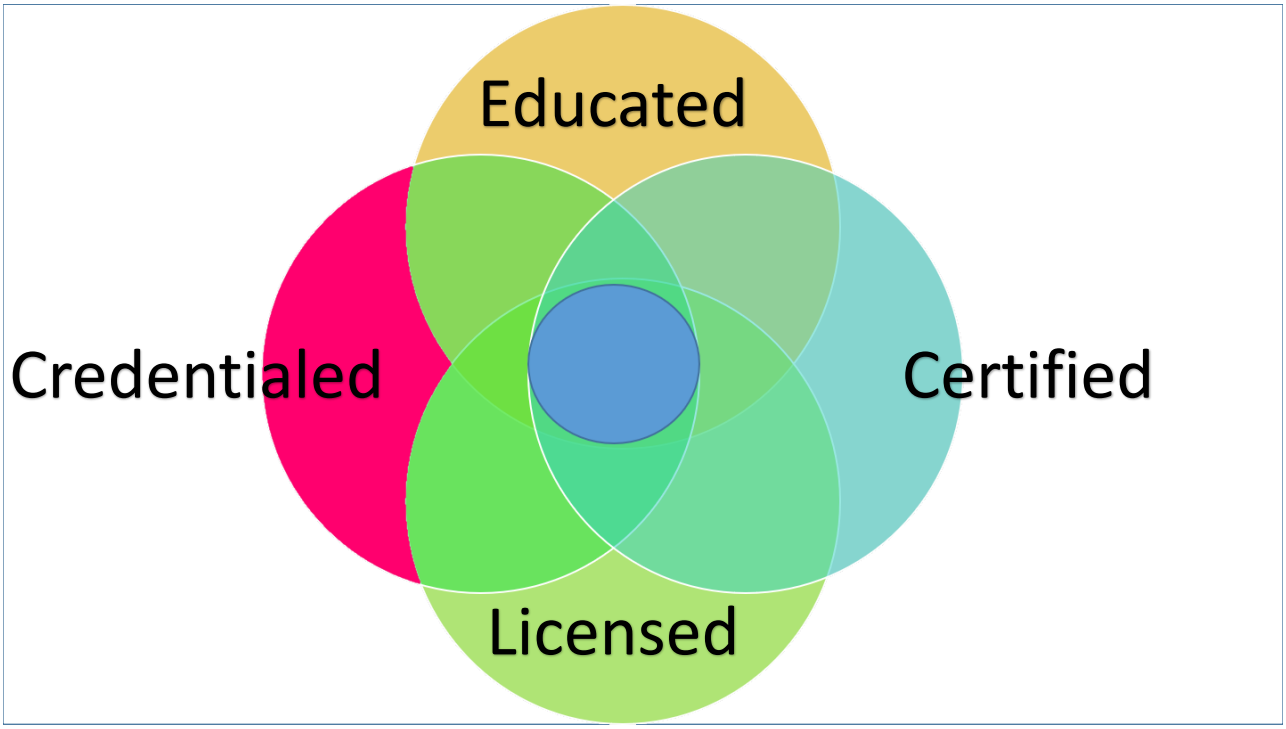

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Just because you can…

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Scope of Practice vs Standard of Care

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Scope of Practice vs Standard of Care

	Scope of Practice	Standard of Care
Purpose	"Are you/were you ***allowed*** to do it?"	"Did you do the right thing and did you do it properly?"
Legal Implications	Act of commission is a criminal offense or rule violation	Acts of commission or omission not in conformance with the standard of care may lead to civil liability
Variability	May vary from individual to individual (EMT vs AEMT vs Paramedic). Does not vary based on circumstances.	Situational, depends on many variables
Defined by	Established by statute, rules, regulations, precedent, and/or licensure board interpretations	Determined by scope of practice, literature, expert witnesses, and juries
NOTE	It is difficult to regulate knowledge through scope of practice.	Used to evaluate the totality of circumstances. What would a reasonable EMS person do in the same or similar circumstances?

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Accreditation, Certification, Licensure

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National Scope vs Georgia Scope

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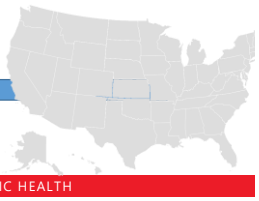
Floor vs Ceiling

Ceiling – Georgia sets the maximum you can't go above

Medical Directors can credential up to the ceiling, but should not go below the floor



Floor – States should not go below

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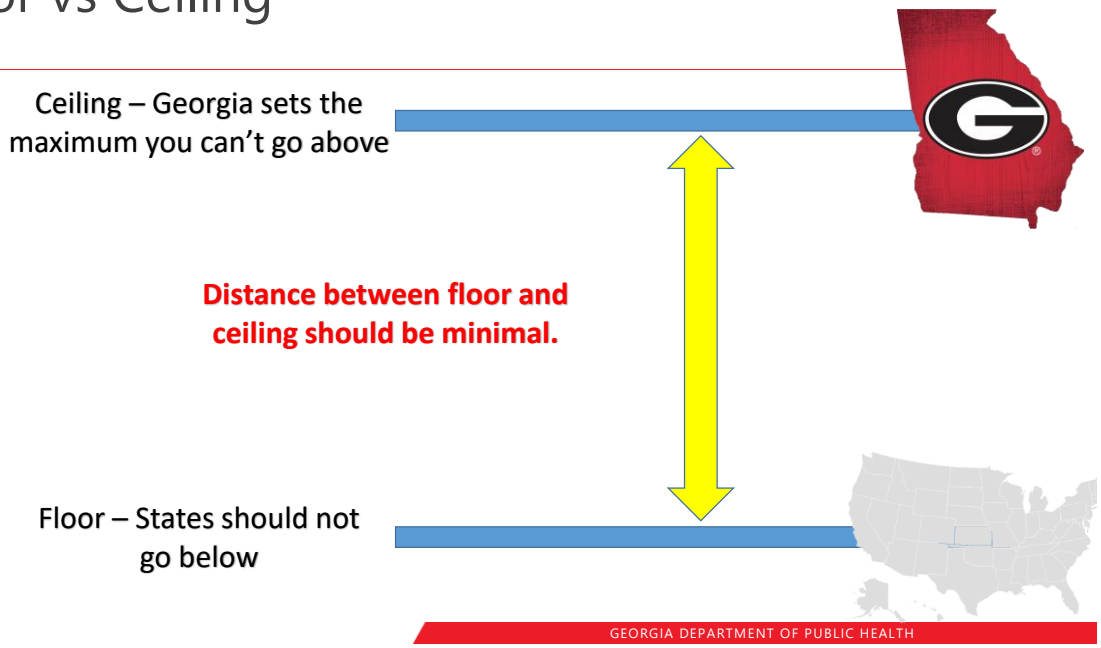
Floor vs Ceiling



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Ideal

Educated Certified Licensed Credentialed

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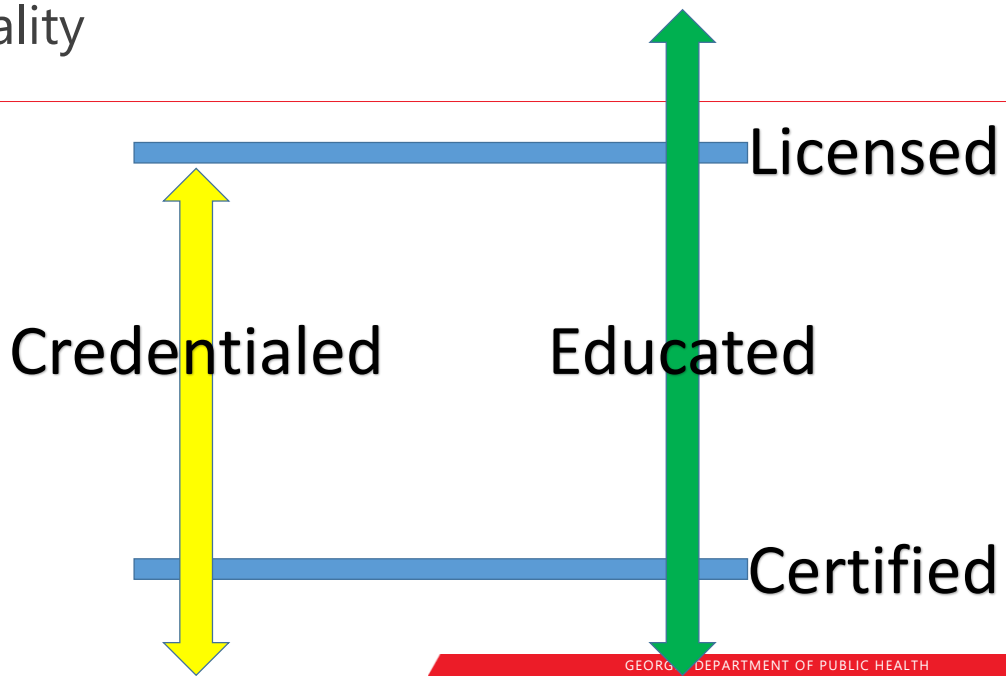
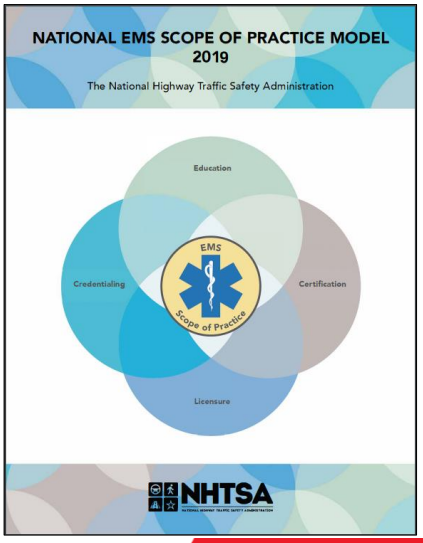
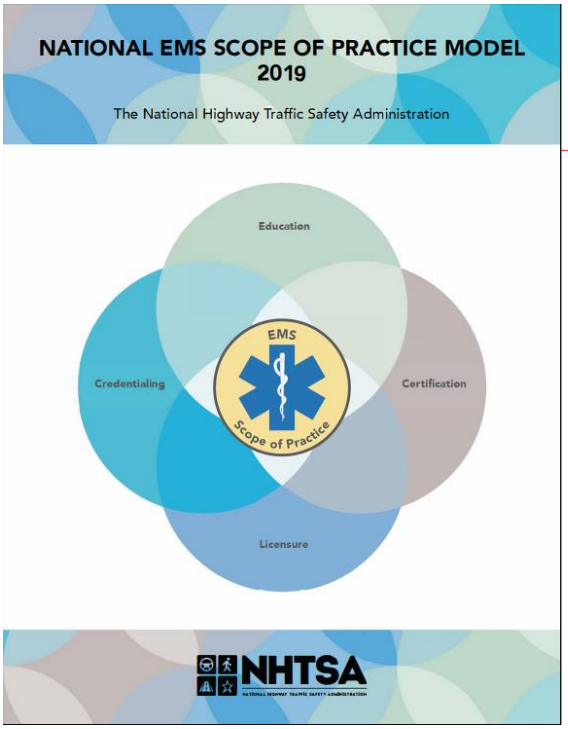
Reality



New National Scope of Practice

2019 National Scope of Practice Model





Some of the changes…

- CPAP for EMTs – **not in GA (yet)**
- 12-Lead Acquisition/Transmission for EMTs/AEMTs – **already in GA**
- $EtCO_2$ monitoring and interpretation of waveform capnography for AEMTs– **not in GA (yet)**
- Wound Packing for all levels– **already in GA**
- Telemetric monitoring devices and transmission of clinical data, including video data for EMT/AEMT/PMDC – sort of in Georgia
- Parenteral analgesia for pain for AEMTs – **not in GA (yet)**

When will Georgia move to the 2019 National Scope of Practice?

- Short answer…when we are ready.
- Steps needed:
  - National EMS Education Standards and Instructional Guidelines need to be updated, then all education programs need to teach the new material
  - OEMS and EMSMDAC to review National SOP vs Georgia SOP
  - Develop transition curriculum for currently licensed personnel

Previous versions of GA's SOP

2007

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_8	X_8	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_6	X_6	X_6
b. acute use ventilators			X_6	X_6
11. CPAP/BiPAP administration and management		X_6	X_6	X_6
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)				

R-P01A: Scope of Practice 1

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_d	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_a	X_a	X_b	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	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

R-P01A: Scope of Practice 2

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.

R-P01A: Scope of Practice 3

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2011

Office of Emergency Medical Services and Trauma

INDEX	R-P11A
EFFECTIVE	7/1/2011
LAST REVIEW	7/1/2011
PAGES	5
VERSION	2011

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	

EMT E EMT-I I AEMT A CT C PMDC P

R-P11A (2011): Scope of Practice - Becomes Effective on 7/1/2011 Page 1 of 5

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	*This would include procedures such as: head-tilt, chin-lift; tongue-jaw lift; modified chin-lift; jaw thrust; Sellick's maneuver.*
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	*EMTs, EMT-Is and AEMTs are limited to the initiation during resuscitative efforts of ventilators that only adjust rate and tidal volume.*
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	*AEMTs are limited to tracheobronchial suctioning of patients with pre-established airways.*
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	*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.*
c. Endotracheal intubation	C P	*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.*
d. Airway obstruction removal by direct laryngoscopy	C P	
e. Percutaneous Cricothyrotomy	P*	*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.*
f. Gastric decompression	P	
g. Pleural decompression via needle thoracostomy	P	
h. Chest tube monitoring	P	

EMT E EMT-I I AEMT A CT C PMDC P

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2015

SCOPE OF PRACTICE FOR EMS PERSONNEL
GEORGIA OFFICE OF EMS AND TRAUMA
FORM R-P11A

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		
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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	

EMT E | EMT-I I | AEMT A | CT C | PMDC P

R-P11A: Scope of Practice for EMS Personnel - Revised 12/03/2015 Page 1 of 8

SCOPE OF PRACTICE FOR EMS PERSONNEL
GEORGIA OFFICE OF EMS AND TRAUMA
FORM R-P11A

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EMT E | EMT-I I | AEMT A | CT C | PMDC P

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2020 Georgia Scope of Practice

Legal Authority

- **EMTs (and EMT-Is, AEMTs)**
  - O.C.G.A. § 31-11-53 - Services which may be rendered by certified emergency medical technicians and trainees
- **Cardiac Technicians**
  - O.C.G.A. § 31-11-55. Services which may be rendered by certified cardiac technicians and trainees
- **Paramedics**
  - O.C.G.A. § 31-11-54. Services which may be rendered by paramedics and paramedic trainees
- **In Hospitals**
  - O.C.G.A. § 31-11-59. Services of emergency medical technicians, paramedics, and cardiac technicians in hospitals

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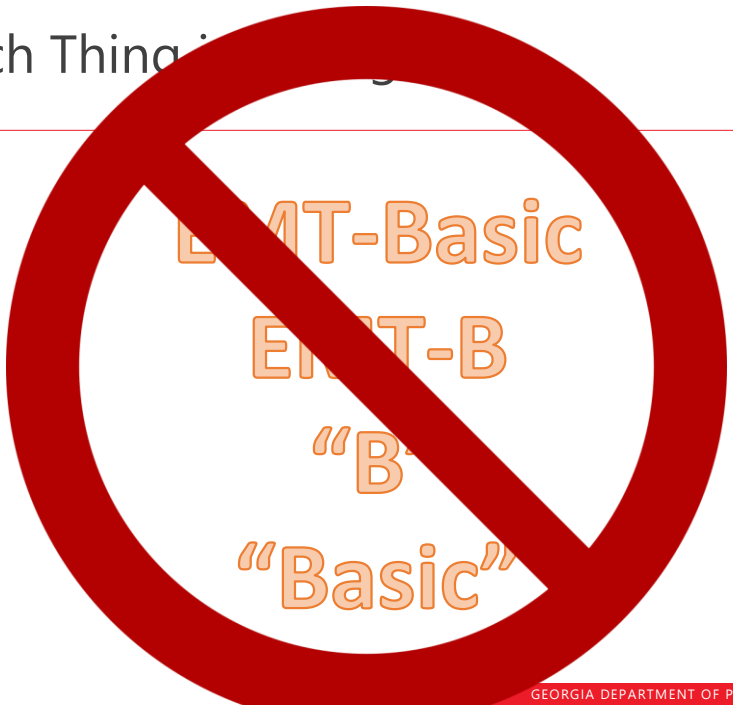
No Such Thing



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SCOPE OF PRACTICE FOR EMS PERSONNEL
GEORGIA OFFICE OF EMS AND TRAUMA
POLICY: SOP-2020 (effective 1/1/2020)

Approval:		12/23/2019
	David Newton, Director, Office of EMS and Trauma	Date

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**
- **CREDENTIALED** (has been authorized by the medical director to perform the skill or role).

In Georgia, EMS personnel are permitted to perform only those skills listed under their licensure level, and only once they have been ***trained*** on those skills, ***certified*** as competent, ***credentialed*** to perform those skills by their local EMS Medical Director, and only while operating under standing, verbal or written ***orders*** from their local EMS Medical Director, transferring physician or a Medical Control physician. EMS personnel are permitted to administer only medications listed under their licensure level, and only once they are ***trained*** in the pharmacology of that medication, ***certified*** as competent to administer the medication, ***credentialed*** to administer that medication by their local EMS Medical Director, and ***ordered*** to give that medication by standing, verbal or written orders from the local EMS Medical Director, transferring physician or a Medical Control Physician.

While EMS personnel are permitted to do the skills or administer medications in this document, given the conditions above, the decision to perform a skill or administer medications in a given situation for a particular patient should be based on the patient's clinical presentation and current evidence-based practice. Being *able* to do a skill or administer a medication does not mean a provider *should* do that skill or administer that medication.

Key to Provider Levels		
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

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.

Georgia Scope of Practice for EMS Personnel – Effective 1/1/2020 Page 1 of 11

SCOPE OF PRACTICE FOR EMS PERSONNEL
GEORGIA OFFICE OF EMS AND TRAUMA
POLICY: SOP-2020 (effective 1/1/2020)

Implementation Timeline for 2020 Scope of Practice

This version of the Georgia Scope of Practice for EMS Personnel becomes effective on January 1, 2020. Given the nature of the changes from the 2015 scope of practice to the 2020 scope of practice, as they relate to the use of advanced transport ventilators and other skills that are listed under the Post-Licensure Skills for Paramedics section, there will be a six (6) month grace period for the full implementation of the 2020 Georgia Scope of Practice. EMS agencies that are already (as of 12/31/2019) allowing paramedics to use advanced transport ventilators or perform other skills that are listed under the Post-Licensure Skills for Paramedics section, may continue to allow those skills up until June 30, 2020. ***Beginning July 1, 2020, any agency that desires to allow paramedics to use advanced transport ventilators or use any of the skills now listed under the Post-Licensure Skills for Paramedics section, must meet all the requirements under that section.***

Georgia Scope of Practice for EMS Personnel – Effective 1/1/2020 Page 2 of 11

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Page 1 - Skills

In Georgia, EMS personnel are permitted to perform only those skills listed under their licensure level, and only once they have been ***trained*** on those skills, ***certified*** as competent, ***credentialed*** to perform those skills by their local EMS Medical Director, and only while operating under standing, verbal or written ***orders*** from their local EMS Medical Director, transferring physician or a Medical Control physician.

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Page 1 - Medications

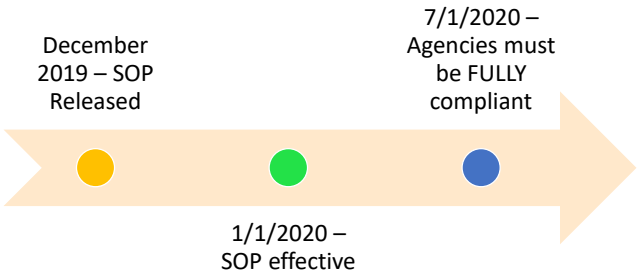
EMS personnel are permitted to administer only medications listed under their licensure level, and only once they are ***trained*** in the pharmacology of that medication, ***certified*** as competent to administer the medication, ***credentialed*** to administer that medication by their local EMS Medical Director, and ***ordered*** to give that medication by standing, verbal or written orders from the local EMS Medical Director, transferring physician or a Medical Control Physician.

Page 1 – Common Sense & Clinical Judgement

While EMS personnel are permitted to do the skills or administer medications in this document, given the conditions above, the decision to perform a skill or administer a medication in a given situation for a particular patient should be based on the patient's clinical presentation and current evidence-based practice. ***Being <u>able</u> to perform a skill or administer a medication does not mean a provider <u>should</u> perform that skill or administer that medication.***

Page 2 - Timeline

- 6-month grace period to come into full compliance with ATVs and other skills that are now listed under Post-Licensure Skills.



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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 but does not include high flow nasal cannulas.*
b. Humidified oxygen	E	I	A	C	P	
2. Basic airway management						
a. Manual maneuvers to open and control the airway	E	I	A	C	P	*This would include procedures such as: head-tilt, chin-lift; tongue-jaw lift; jaw thrust; Sellick's maneuver.*
b. Manual maneuvers to remove obstructions from the airway	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 capable of rate and tidal volume adjustments only	E*	I*	A*	C	P	*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	
4. Suctioning						
a. Upper airway suctioning	E	I	A	C	P	
b. Tracheobronchial suctioning			A*	C	P	*AEMTs are limited to tracheobronchial suctioning of patients with pre-established airways.*
5. Advanced airway management						
a. CPAP/BiPAP administration and management		I	A	C	P	
b. Supraglottic airway device/BIAD (Blind Insertion Airway Device) insertion		I*	A*	C	P	*This would also permit the removal of a supraglottic airway 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.*

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Airway and Breathing Skills	Levels					Interpretive Guidelines
5. Advanced airway management (continued)						
c. Endotracheal intubation				C	P	*This includes nasal and oral endotracheal intubation; extubation for medically necessary reasons; initiation of PEEP; and the maintenance and transport of patients who are currently intubated.*
d. Airway obstruction removal by direct laryngoscopy				C	P	
e. Percutaneous cricothyrotomy					P*	*This would include retrograde intubation techniques and 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.*
f. Gastric decompression					P	*Includes NG and OG tubes.*
g. Pleural decompression via needle thoracostomy					P	
h. Chest tube monitoring					P	

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	
2. Advanced assessment skills/Monitoring Devices						
a. Obtaining vital signs by electronic devices	E	I	A	C	P	*This would include the use of non-invasive blood pressure monitoring devices, as well as pulse oximetry/co-oximetry measurement and blood glucose monitoring.*
b. End-tidal CO_2 monitoring and interpretation of waveform capnography				C	P	
c. Blood chemistry analysis					P	*Includes the use of advanced point-of-care testing devices.*

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Page 3 – Automatic Transport Ventilators

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 capable of rate and tidal volume adjustments only	E*	I*	A*	C	P	*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	

Page 4 – Advanced Airway

5.	Advanced airway management (continued)						
c.	Endotracheal intubation				C	P	*This includes: nasal and oral endotracheal intubation; extubation for medically necessary reasons; initiation of PEEP; and the maintenance and transport of patients who are currently intubated.*
d.	Airway obstruction removal by direct laryngoscopy				C	P	
e.	Percutaneous cricothyrotomy					P*	*This would include retrograde intubation techniques and 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.*
f.	Gastric decompression					P	*Includes NG and OG tubes.*

Page 4 – Monitoring Devices

2.	Advanced assessment skills/Monitoring Devices						
a.	Obtaining vital signs by electronic devices	E	I	A	C	P	*This would include the use of non-invasive blood pressure monitoring devices, as well as pulse oximetry/co-oximetry measurement and blood glucose monitoring.*
b.	End tidal CO_2 monitoring and interpretation of waveform capnography				C	P	
c.	Blood chemistry analysis					P	*Includes the use of advanced point-of-care testing devices.*

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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 for chemical/hazardous material exposures.	E	I	A	C	P	
b. Assist patients in taking their own prescribed medications as approved by the local EMS Medical Director	E	I	A	C	P	
c. Administration of over-the-counter medications with appropriate medical direction.	E	I	A	C	P	*Includes oral glucose for hypoglycemia and aspirin for chest pain of suspected ischemic origin.*
2. Advanced pharmacological skills: Venipuncture/vascular access						
a. Obtaining peripheral venous blood specimens		I	A	C	P	*This is either through direct venipuncture or through an existing IV catheter.*
b. Transport of a patient with a pre-established peripheral INT/saline lock	E*	I	A	C	P	*This would permit EMTs and above to transport patients with pre-established INTs/saline locks. EMTs are not permitted to access the INT/saline lock, nor are they permitted to remove it.*
c. Peripheral IV insertion and maintenance; incudes removal as needed		I	A	C	P	*This includes an INT/saline lock. 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	*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.*
e. Access indwelling catheters and implanted central IV ports for fluid and medication administration.				C	P	*After approval of the local EMS Medical Director AND only after successful completion of device-specific training and appropriate periodic (at least annually) skills verification, as specified, approved and validated by the local EMS Medical Director. CTs and Paramedics are NOT permitted to place or remove central venous catheters.*
f. Central line monitoring				C	P	

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Pharmacological Interventions/Skills	Levels					Interpretive Guidelines
3. Advanced pharmacological skills: Medication/Fluids Administration						
a. Administration of crystalloid IV solutions		I*	A*	C	P	*This includes hypotonic, isotonic and hypertonic solutions as approved by the local EMS Medical 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.*
b. Maintenance of non-medicated IV fluids		I	A	C	P	
c. Maintenance of medicated IV fluids				C*	P	*CTs are authorized to maintain only the following: antiarrhythmics, vagolytic agents, chronotropic agents, alkalizing agents, analgesic agents and vasopressor agents.*
d. Administration of hypertonic dextrose solutions for hypoglycemia		I	A	C	P	*Hypertonic dextrose solutions may be given IV/IO.*
e. 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.*
f. Administration of SL nitroglycerine to a patient experiencing chest pain of a suspected ischemic origin			A	C	P	
g. Parenteral administration of epinephrine for anaphylaxis	E*	I*	A*	C	P	*EMTs and EMT-Is may only administer epinephrine via an auto-injector. EMTs and EMT-Is may also administer epinephrine from a vial/syringe from a commercially or pharmacy pre-assembled and pre-measured kit, via the IM route after approval of the local EMS Medical Director AND successful completion of post-licensure training and appropriate periodic (at least annually) skills verification, as specified, approved and validated by the local EMS Medical Director. Agencies must maintain documentation and submit to OEMS upon request, of all training, skills verifications and medical director approval/validations. AEMTs may prepare and administer epinephrine via the IM route only.*

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Page 5 – Pharmacological skills

1.	Fundamental pharmacological skills						
a.	Use of unit dose commercial pre-filled containers or auto-injectors for the administration of life saving medications for chemical/hazardous material exposures.	E	I	A	C	P	

2.	Advanced pharmacological skills: Venipuncture/vascular access						
a.	Obtaining peripheral venous blood specimens		I	A	C	P	*This is either through direct venipuncture or through an existing IV catheter.*
b.	Transport of a patient with a pre-established peripheral INT/saline lock	E*	I	A	C	P	*This would permit EMTs and above to transport patients with pre-established INTs/saline locks. EMTs are not permitted to access the INT/saline lock, nor are they permitted to remove it.*

Page 5 – Pharmacological skills

e. Access indwelling catheters and implanted central IV ports for fluid and medication administration.				C	P	*After approval of the local EMS Medical Director AND only after successful completion of device-specific training and appropriate periodic (at least annually) skills verification, as specified, approved and validated by the local EMS Medical Director. CTs and Paramedics are NOT permitted to place or remove central venous catheters.*
f. Central line monitoring				C	P	

Page 6 - Medications

3.	Advanced pharmacological skills: Medication/Fluids Administration						
a. Administration of crystalloid IV solutions		I*	A*	C	P	*This includes hypotonic, isotonic and hypertonic solutions as approved by the local EMS Medical 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.*
b. Maintenance of non-medicated IV fluids		I	A	C	P	
c. Maintenance of medicated IV fluids				C*	P	*CTs are authorized to maintain only the following: anti-arrhythmics, vagolytic agents, chronotropic agents, alkalizing agents, analgesic agents and vasopressor agents.*

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Page 6 - Epinephrine

g. Parenteral administration of epinephrine for anaphylaxis	E*	I*	A*	C	P	*EMTs and EMT-Is may only administer epinephrine via an auto-injector. EMTs and EMT-Is may also administer epinephrine from a vial/syringe from a commercially or pharmacy pre-assembled and pre-measured kit, via the IM route after approval of the local EMS Medical Director AND successful completion of post-licensure training and appropriate periodic (at least annually) skills verification, as specified, approved and validated by the local EMS Medical Director. Agencies must maintain documentation and submit to OEMS upon request, of all training, skills verifications and medical director approval/validations. AEMTs may prepare and administer epinephrine via the IM route only.*

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Cost Benefit Analysis

Draw up Epi

Training costs (annual):

- Overtime?
- Supplies
- Needles
- Curriculum

1 Dose is much cheaper than auto-injector.

Training not included in initial education curriculum.

More prone to medication errors.

Use Auto-Injector

Cost of Auto-Injector is $$$!

Training included in initial education.

Less prone to medication errors.

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Pharmacological Interventions/Skills	Levels					Interpretive Guidelines
3. Advanced pharmacological skills: Medication/Fluids Administration (continued)						
h. Administration of inhaled (nebulized) beta agonist/ bronchodilator and anticholinergic agents for dyspnea and wheezing	E*	I*	A	C	P	*Inhaled (nebulized) means atomization of the medication through an oxygen/air delivery device with a medication chamber or using a metered-dose inhaler. EMTs and EMT-Is may only administer pre-measured unit doses of nebulized medications.*
i. Administration of a narcotic antagonist to a patient with a suspected narcotic overdose	E*	I*	A	C	P	*EMTs and EMT-Is may only administer narcotic antagonists via the intranasal route or via an auto-injector.*
j. Administration of nitrous oxide (50% mixture) for pain relief			A	C	P	
k. Vaccine administration		I*	A*	C*	P	*EMT-Is, 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.*
l. Paralytic administration					P*	***Administration of paralytics for DAI/RSI is NOT permitted*** *unless an agency has obtained* ***written*** *approval from the Office of EMS and Trauma. Paramedics are only authorized to use non-depolarizing paralytics to maintain the paralysis of already intubated patients during interfacility transports if approved by the local EMS Medical Director.*
m. Sedative/Hypnotic agents					P*	*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)*

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Pharmacological Interventions/Skills	Levels					Interpretive Guidelines
3. Advanced pharmacological skills: Medication/Fluids Administration (continued)						
n. Administration of other physician-approved medications				C*	P*	*CTs are authorized to give only the following: antiarrhythmics, vagolytic agents, chronotropic agents, alkalizing agents, analgesic agents and vasopressor agents. In addition to the medications with respective interpretive guidelines above, Paramedics are authorized to give any additional medication via enteral or parenteral routes, if approved by the local EMS Medical Director.*
o. Maintain an infusion of blood or blood products					P	*Paramedics may maintain a blood/blood product infusion started at the sending facility. This does NOT include the initiation of an additional unit of blood or blood product.*

Cardiac/Medical Skills	Levels					Interpretive Guidelines
1. Fundamental cardiac skills						
a. Manual external CPR	E	I	A	C	P	
b. Use of an automated or semi-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 acquisition and transmission	E*	I*	A*	C	P	*Includes 12-lead ECGs. EMTs, EMT-Is, 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.*
c. ECG monitoring and interpretation				C	P	*Includes 12-lead ECGs.*
d. Manual cardiac defibrillation				C*	P	*CTs may only defibrillate a pulseless and apneic or hemodynamically unstable patient. See O.C.G.A. § 31-11-55 (a)(2)(A).*
e. Emergency cardioversion; includes vagal maneuvers				C	P	
f. Transcutaneous cardiac pacing				C	P	

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Page 7 – Inhaled Meds & Narcan

3.	Advanced pharmacological skills: Medication/Fluids Administration (continued)					
h. Administration of inhaled (nebulized) beta agonist/ bronchodilator and anticholinergic agents for dyspnea and wheezing	E*	I*	A	C	P	*Inhaled (nebulized) means atomization of the medication through an oxygen/air delivery device with a medication chamber or using a metered-dose inhaler. EMTs and EMT-Is may only administer pre-measured unit doses of nebulized medications.*
i. Administration of a narcotic antagonist to a patient with a suspected narcotic overdose	E*	I*	A	C	P	*EMTs and EMT-Is may only administer narcotic antagonists via the intranasal route or via an auto-injector.*

Page 7 - Paralytics

l. Paralytic administration					P*	***Administration of paralytics for DAI/RSI is NOT permitted*** *unless an agency has obtained* ***written*** *approval from the Office of EMS and Trauma. Paramedics are only authorized to use non-depolarizing paralytics to maintain the paralysis of already intubated patients during interfacility transports, if approved by the local EMS Medical Director.*

Page 7 – Sedative/Hypnotics

m. Sedative/Hypnotic agents					P*	*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)*

Page 8 – Pharmacological Skills

3.	Advanced pharmacological skills: Medication/Fluids Administration (continued)						
n. Administration of other physician approved medications					C*	P*	*CTs are authorized to give only the following: anti-arrhythmics, vagolytic agents, chronotropic agents, alkalizing agents, analgesic agents and vasopressor agents. In addition to the medications with respective interpretive guidelines above, Paramedics are authorized to give any additional medication via enteral or parenteral routes, if approved by the local EMS Medical Director.*
o. Maintain an infusion of blood or blood products						P	*Paramedics may maintain a blood/blood product infusion started at the sending facility. This does NOT include the initiation of an additional unit of blood or blood product.*

Page 8 - Cardiac

2.	Advanced cardiac skills						
	a. Use mechanical CPR assist devices	E	I	A	C	P	
	b. ECG acquisition and transmission	E*	I*	A*	C	P	*Includes 12-lead ECGs. EMTs, EMT-Is, 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.*
	c. ECG monitoring and interpretation				C	P	*Includes 12-lead ECGs.*
	d. Manual cardiac defibrillation				C*	P	*CTs may only defibrillate a pulseless and apneic or hemodynamically unstable patient. See O.C.G.A. § 31-11-55 (a)(2)(A).*

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Cardiac/Medical Skills	Levels					Interpretive Guidelines
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	*This includes external fundal massage for post-partum bleeding but does not include internal fundal massage.*
4. Behavioral emergency skills						
a. Manual and mechanical patient restraints for behavioral emergencies	E	I	A	C	P	*Includes soft disposable and leather restraints, as approved by the local EMS Medical Director.*
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 (SMR)	E	I	A	C	P	*Includes the use of long spine boards and seated SMR devices such as the KED®.*
d. Splinting	E	I	A	C	P	*Includes traction splint.*
e. MAST/PASG						*Not approved for use in Georgia.*
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	*Includes the use of tourniquets, wound packing and hemostatic agents as approved by the local EMS Medical Director.*
c. Fundamental eye irrigation	E	I	A	C	P	
d. Complex eye irrigation					P	*Hands-free irrigation using a sterile eye irrigation device.*
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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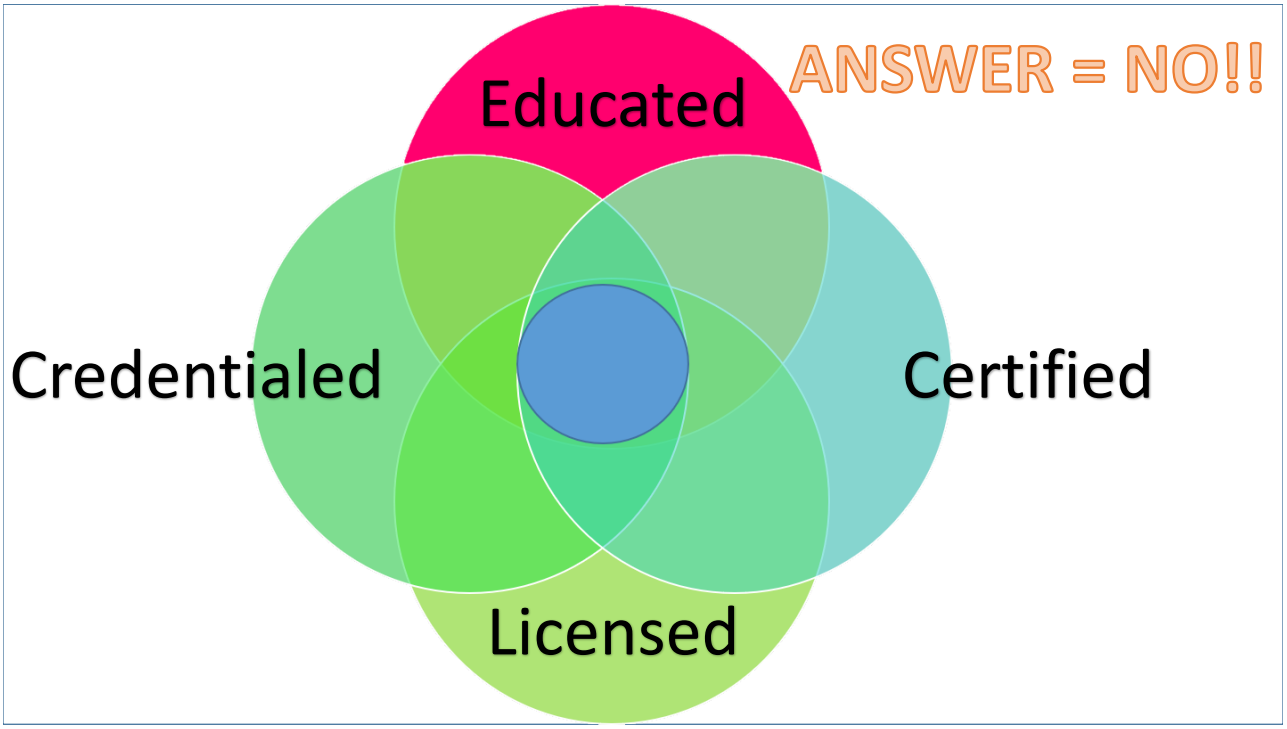
Page 9 - Trauma

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	*Includes the use of tourniquets, wound packing and hemostatic agents as approved by the local EMS Medical Director.*
	c. Fundamental eye irrigation	E	I	A	C	P	
	d. Complex eye irrigation					P	*Hands free irrigation using a sterile eye irrigation device.*
	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	

Quick Quiz…

Can an EMT spike an IV bag?



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Additional Post-Licensure Skills for Paramedics

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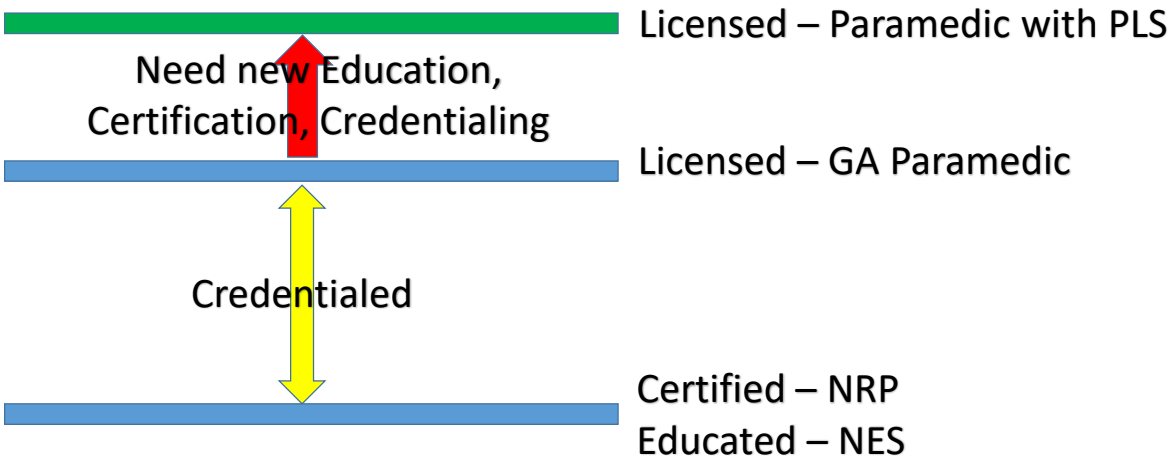
New Ceiling for ***Some*** Paramedics



Benefits

- Agencies ***should*** be able to charge more for trips where those paramedics with PLS use those skills in ***appropriate*** circumstances
- Provides a next step for those paramedics with more experience
- Allows agencies to recuperate some of the costs of

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Additional Post-Licensure Skills for Paramedics

The following skills are those that are above and beyond the normal scope of practice for a Georgia licensed Paramedic as listed on the previous pages. Georgia licensed Paramedics are only permitted to perform any of the skills below if the following requirements are met for EACH specific skill for EACH EMS agency that the skill will be performed at. EMS agencies will only be approved to utilize post-licensure paramedic skills if all the requirements below are met.

Paramedics are permitted to perform only those additional post-licensure skills listed below at EMS agencies that have been approved to utilize those post-licensure skills for paramedics, and only once the paramedic has been: ***trained*** on those skills; ***certified*** as competent; ***credentialed*** to perform those skills by the agency's EMS Medical Director; and only while operating under standing, verbal or written ***orders*** from the agency's EMS Medical Director, transferring physician, or medical control physician. It is recommended that Paramedics being considered and approved for these post-licensure skills have at least 2 years of experience at the Paramedic or RN level.

EMS Agency Initial and Annual Requirements

Prior to initial approval and on an annual basis thereafter, EMS agencies must submit an application to the Department using the current License Management System, and must include:

- Protocols and any standing orders for the use of each post-licensure skill;
- Training curriculum for each post-licensure skill (training must be done at least annually, and in some cases more frequently); and
- Documentation of the level of local EMS Medical Director involvement and support.

EMS Agency Reporting Requirements

After initial approval, the EMS agency must utilize the Department's current License Management System to:

- Submit a roster of all Paramedics who have been trained, certified as competent, and credentialed by the local EMS Medical Director for each post-licensure skill (must be done prior to the paramedic being permitted to perform those skills).
- Notify and obtain approval from the Department regarding any changes to:
  - Protocols, standing orders, or training curriculum – this must be submitted ***prior*** to the use of the protocol, standing order or training; and
  - Involvement or support of the local EMS Medical Director, including the replacement of the local EMS Medical Director – this notification must be within 24 hours of the change.
- Notify the Department by email to the Regional EMS Director of any adverse events that occur as a result of the use of these post-licensure skills, no more than thirty (30) days after the adverse event has occurred.

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Post-Licensure Skill for Paramedics
1. Initiation and maintenance of **Advanced Transport Ventilators (ATV)** that are capable of more advanced modes (i.e., capable of adjusting more than rate and tidal volume).
2. Initiation of additional units of blood/blood products, includes initiating an additional blood/blood product infusion if supplied by the sending facility after all proper safety checks are completed by the sending facility and the ambulance has addressed appropriate storage and temperature maintenance during transport.
3. Maintenance of Intra-Aortic Balloon Pumps (IABPs)
4. Maintenance of Transvenous Cardiac Pacing (TVP) devices
5. Maintenance of external cardiac support devices, including percutaneous Left Ventricular Assist Devices (pLVAD), Extra Corporeal Membrane Oxygenation (ECMO) devices, etc.

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Limitations

- John Doe, a licensed Paramedic in Georgia is approved at EMS Agency A to perform Post-Licensure skills.
- He also works at EMS Agency B
- He is NOT able to perform those Post-Licensure Skills at EMS Agency B unless that agency has been approved for those skills, and he has been trained, certified and credentialed at EMS Agency B

Timeline

- Released December 2019
- Effective January 1, 2020
- Agencies must come into compliance by June 30, 2020

How to apply for Post-Licensure Skills for Paramedics

- An instructions document and a link to a video with step-by-step instructions will be sent to EMS Agencies
- Process
  - Authorized Agent applies (will need to include clinical protocols for each skill), and curriculum needs to be submitted for review
  - Medical director will need to login and sign-off
  - OEMS will review and if appropriate, approve
  - Authorized Agent or EMS Agency Admin will then list personnel and medical director will need to login and sign-off

After initial approval

- **Submit a roster** of all Paramedics who have been trained, certified as competent, and credentialed by the local EMS Medical Director for each post-licensure skill (must be done prior to the paramedic being permitted to perform those skills).
  - **Notify and obtain approval** from the Department regarding any changes to:
    - Protocols, standing orders, or training curriculum – this must be submitted prior to the use of the protocol, standing order or training; and
    - Involvement or support of the local EMS Medical Director, including the replacement of the local EMS Medical Director – this notification must be within 24 hours of the change.
- **Notify the Department** by email to the Regional EMS Director of any adverse events that occur as a result of the use of these post-licensure skills, no more than thirty (30) days after the adverse event has occurred.

More Information

- Go to www.mygemsis.org/lms
- Scroll to bottom of page (just above login)

2020 Georgia Scope of Practice for EMS Personnel

- To download the 2020 Georgia Scope of Practice for EMS Personnel, click on one of these links:
  - Track Changes
  - No Track Changes
- Webinars upcoming:
  - Monday, 12/23/2019 at 10 am - Click HERE
  - Friday, 12/27/2019 at 10 am - Click HERE
  - Monday, 12/30/2019 at 10 am - Click HERE
- **Agencies - how to apply for Post-Licensure Skills for Paramedics**
  - Instructions - click HERE for PDF, click HERE for recorded presentation

Questions?