

SCOPE OF PRACTICE

1. Purpose: LaSalle Ambulance Service's drive to maintain the highest level of care has been paramount in our success. This policy outlines the scope of practice allowed by law, regulation, medical direction, and protocol.
2. An **Emergency Medical Responder (EMR)** may perform any of the following functions:
 - 2.1. Rescue, first aid, resuscitation, and other services, skills and procedures that have been approved by the Louisiana Bureau of Emergency Medical Services and included in the Louisiana EMS Scope of Practice Matrix for licensed EMS practitioners at the EMR level.
 - 2.2. For each individual protocol and procedure outlined in *The Green Book*, an EMR may perform to the noted EMT-Basic level of training with the **exception of the following**:
 - 2.2.1. Supraglottic Airways
 - 2.2.2. Traction splints
 - 2.2.3. End Tidal CO2 Detection
 - 2.2.4. Suctioning: Tracheobronchial of an intubated patient
 - 2.2.5. Albuterol
 - 2.2.6. Ipratropium
 - 2.2.7. Serve as provider during transport emergency and non-emergency transports
3. An **EMT** may perform any of the following functions:
 - 3.1. Rescue, first aid, resuscitation, and other services to the extent that he has been trained to perform such services as outlined in the National EMS Education Standards and National EMS Scope of Practice Model and has been adopted by the bureau. These interventions are specified within each protocol. Additionally, the procedure section includes the level of training required for each procedure.
 - 3.2. Insertion of a supraglottic airway by the EMT is permissible when quantitative waveform capnography is immediately available for continuous monitoring in accordance with the **ADVANCED AIRWAY CONFIRMATION/MANAGEMENT Protocol**.
 - 3.3. An EMT may administer or aid the patient in the administration of a dose of epinephrine from an auto-injector or IM epinephrine to treat anaphylaxis.
 - 3.4. Albuterol
 - 3.5. Glucose-Oral
 - 3.6. Ipratropium
 - 3.7. Naloxone
 - 3.8. Serve as the provider during transport on Status 4 BLS emergencies.
4. An **AEMT** may perform any of the following functions:
 - 4.1. Services to the extent that he has been trained to perform such services as outlined in the National EMS Education Standards and National EMS Scope of Practice Model and has been adopted by the bureau. These interventions are specified within each protocol. Additionally, the procedure section includes the level of training required for each procedure. See **ADVANCED EMT SCOPE OF PRACTICE Protocol**.
 - 4.2. In addition to the interventions allowed by an EMT, the AEMT scope of practice includes:
 - 4.2.1. 12 lead ECG (Acquisition & Transmission Only)
 - 4.2.2. CPAP
 - 4.2.3. ETCO2 Waveform Capnography
 - 4.2.4. Intraosseous access (EZ-IO and Manual)

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- 4.2.5. Peripheral venous access (excluding external jugular)
- 4.2.6. Dextrose 50%
- 4.2.7. Diphenhydramine
- 4.2.8. Epinephrine 1:10,000 (**CARDIAC ARREST - AED Protocol Only**)
- 4.2.9. Fluid-D5W, NS, LR
- 4.2.10. Glucagon
- 4.2.11. Nitroglycerin (SL/TD)
- 4.2.12. Ketorolac
- 4.2.13. Ondansetron
- 4.2.14. Oxymetazoline HCL 0.05% (**EPISTAXIS Protocol Only**)
- 5. An **EMT in paramedic training** may perform:
 - 5.1. The only acceptable time for an EMT to perform Paramedic skills is if he/she is a Paramedic student AND on their assigned hospital clinical or ambulance ride time. An EMT working their regular shift, even if a paramedic student is not allowed to operate outside of their usual EMT scope of practice. Both crew members will be held accountable if an EMT starts IV's or attempts intubation or other practices outside their scope of practice while on their regular work shift.
- 6. A **Paramedic** may perform any of the following functions:
 - 6.1. Services to the extent that he has been trained to perform such services as outlined in the National EMS Education Standards and National EMS Scope of Practice Model and has been adopted by the bureau. These interventions are specified within each protocol. Additionally, the procedure section includes the level of training required for each procedure.
 - 6.2. Administration of other drugs or procedures for which the Paramedic has received training, certification, and approval by the commission and which may be considered necessary by the ordering physician.
 - 6.3. Use of patient supplied prescribed medications for special conditions after medical director consultation.
 - 6.4. Provide inter-facility transports, including IV drips (piggy back medications to include but not limited to vasoactive agents, anti-arrhythmics, paralytics, tocolytics, fibrinolytics or thrombolytics) blood products, thoracostomy tubes, pericardial catheter
- 7. A **Conditionally Cleared Paramedic (CCP)**
 - 7.1. A new paramedic or paramedic new to our company that can function as a Paramedic only while working with a Field Training Officer.
- 8. A **Critical Care Paramedic** who has successfully completed the NEMSA or other critical care training program approved by the medical director may perform the following functions:
 - 8.1. Any services of a Paramedic
 - 8.2. Transport ventilator dependent patients using LaSalle 's EMV + ventilator.
 - 8.3. Resources available to Paramedic and critical care paramedic for assistance in the event that the patient's condition is clinically complicated or assistance is needed:
 - 8.3.1. Contact the Communication Center supervisor at ext. 1540. Possible solutions to be offered by the supervisor may include:
 - 8.3.1.1. Connecting the medic to the CCT Helpline
 - 8.3.1.2. Recommend Air Med as a means of transport
 - 8.3.1.3. Replacing/adding a second paramedic
 - 8.3.1.4. Request hospital staff member to ride along during transport

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- 8.3.1.5. The above resources are not a substitute for clarification from the sending facility personnel.
- 8.4. Transports involving a balloon pump must be accompanied by a Paramedic or critical care paramedic AND a nurse or technician from the sending facility (unless the paramedic or critical care paramedic has received adequate instruction and has been cleared to handle balloon transports without assistance). If the sending facility refuses to send a staff member familiar with the balloon pump, we will respectfully decline the transport.
- 8.5. In the event that a Paramedic or critical care paramedic defers a transport after employing this policy, he/she will contact their respective Quality Improvement Coordinator (QIC) to discuss the events surrounding the call and formulate an education plan.
9. **Registered nurses on Air Med** may perform all assessments and interventions that are in the protocols and procedures as paramedic scope of practice with the exception of administering Ketamine. Ketamine may only be administered by a registered nurse as outlined in the **ADVANCED AIRWAY CONFIRMATION/MANAGEMENT protocol**.
10. LaSalle **Ambulance employees (EMTs, AEMTs, and Paramedics), who are off duty/first responding (including with fire departments)**, will be considered on-duty LaSalle personnel upon arrival of LaSalle units and equipment, and may function under the scope of practice outlined above using LaSalle medical protocols.
11. Complications during transport: Consult with the sending facility while en route if there are any changes warranting medical direction. It is ultimately the sending hospital's responsibility to provide medical direction until the patient arrives on the receiving hospital's campus.