Louisiana Emergency Medical Services (EMS) Scope of Practice

Overview

This revision to the Louisiana Scope of Practice (SOP) has been reformatted to clarify questions about what the SOP prohibits, allows with special training, or is considered within the general scope of EMS professionals.

The Louisiana SOP follows the National Scope of Practice Model and then adds specific interventions at each level of training that the Louisiana EMS Commission (EMSCC) has determined to be reasonable and prudent.

These expansions to the scope are designated as follows:

- Approved – The EMS Commission has approved the skill at the specific training level without additional training required.
- Agency Expansion of Scope (AES) – The EMSCC recognizes that this is a reasonable and prudent expansion of a specific skill, procedure or medication that can be performed with *agency level training and approval*

TABLE 1- LEGEND

Not Approved	Approved	AES
	✓	✓*

Applicability

Eligibility

The presence of a skill or procedure in the Louisiana Scope of Practice does not automatically grant permission for a Louisiana licensed EMS professional to perform the skill or procedure. An agency medical director approved protocol must also be in place.

This Scope of Practice applies to individuals licensed by the Louisiana Bureau of Emergency Medical Services who are working for a Bureau of EMS Approved EMS Agency, or a Private Industrial Employer or hospital located in the State of Louisiana.

Refer to the following matrix for applicability. All must be answered "Yes" to utilize the Louisiana Approved Scope of Practice:

TABLE 2 SOP APPLICABILITY

Louisiana Licensed EMS Professional at defined training level	Yes ☐ No ☐
Approved EMS Agency/ Hospital/Clinic	Yes ☐ No ☐
Medical Director Oversight	Yes ☐ No ☐
Agency Approved Protocols	Yes ☐ No ☐

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Requesting Expansion or Modifications to the Scope of Practice for Skills or Procedures

Each specific skill/ procedure/ medication currently approved is listed in the appropriate section of the matrix. Agency-Specific protocols may limit, but not expand the scope of practice as defined in this document.

New Procedure or Skill

If a specific skill/procedure is not clearly identified in the SOP matrix, the Medical Director or another agency approved individual may submit a formal request to the Louisiana EMSCC for clarification or expansion to the Scope of Practice to include the skill or procedure at a regularly scheduled hearing.

Training Level Based Expansion to a Skill or Procedure

Upon submission of a formal request for expansion of the LA SOP, the EMSCC will deliberate during its regularly scheduled open meeting and decide to designate the skill as Denied, Approved or if agency or state approved special training is required.

Requesting Expansion or Modifications to the Medical Director Approved Medication Section

Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT)

Medication administration by Louisiana licensed Emergency Medical Responders or Emergency Medical Technicians requires a specific Skill or Procedure row defining the medication and its use in the Louisiana SOP. No expansion will be permitted without the involvement and approval of the EMSCC.

Advanced Emergency Medical Technician (AEMT)

Administration of IV medications by AEMT level provider is often a point of concern for EMS agencies and medical directors. It is not the intent of the EMSCC to artificially limit the ability of medical directors to make therapeutic or clinical care decisions, it is to define those medications that would require Special Training prior to their use in patient care.

The EMSCC follows the National Scope of Practice model for AEMTs and designates "analgesia, anti-nausea/ anti-emetics, dextrose, epinephrine, glucagon, naloxone" as approved "✓" medications. Any other medications that the individual agency or medical director wishes to use would be considered as AES (✓*) in the Louisiana Matrix and all AES requirements must be maintained.

TABLE 3 EXAMPLE OF APPROVED MEDICATION SECTION CHANGE TO SOP

Skill/ Procedure	EMR	EMT	AEMT	Paramedic
IV Medications other than analgesia, anti-nausea/ anti-emetics, dextrose, epinephrine, glucagon, naloxone			✓*	✓

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Paramedic

The EMSCC follows the National Scope of Practice model and recognizes that medication administration by a licensed Paramedics does not require AES and that education needs for expansions to Paramedic medication administration can be safely managed by medical directors without the oversight of the EMSCC.

Agency Expanded Scope Special Training – (AES)

Agency submits the request for change to the SOP that are justifiable, are supported by research, required by practice changes, or are in common use by equivalent providers working under another states SOP. If the EMSCC approves and determines that this expansion of a skill, procedure or medication can be safely administered and monitored at the agency level, any Louisiana EMS agency electing to add the skill must:

1. Create and maintain a Medical Director and agency approved protocol defining the activity
2. Maintain documentation demonstrating that all individuals authorized by the agencies medical director to perform these skills/procedures have received initial training.
3. The documentation must specify
    1. Dates of attendance for all individuals trained
    2. Method of instruction
    3. Specific knowledge objectives that address any knowledge/ skill gaps between the skill/ procedure and those taught in the standard curricula at the level of training.
    4. Evaluation measures and Test Scores
4. If the material needed to bridge the knowledge gap is taught by an individual who is not currently licensed as a Louisiana EMS Instructor or the Medical Director approving the optional module, a brief Curriculum Vitae (C.V.) must be included which clearly indicates the instructing individual's qualifications as a Subject Matter Expert.
5. Continuing Education/ competency evaluations on the optional module must be conducted and documented at least every 24 months for every individual who has successfully completed the initial training requirements.

Examples

Example 1- Expansion of a Skill/ Procedure to a Specific Level of Training – Agency Approved

An agency working in a rural area has a requirement to transport otherwise stable patients who have a medicated IV drip containing electrolytes between facilities. Due to limited availability of personnel, they request to create a training program for specific EMT level providers to transport these patients and allow their system to better utilize their limited EMS provider resources.

A review of the SOP shows that medicated IV-line monitoring is already addressed in the matrix. After deliberation, the EMSCC decides that the request is justifiable and that there is no increase in risk to the patient or provider if they have completed the suggested Agency Approved Special Training Module (AES).

The EMSCC would then vote to amend the SOP and add the ✓* designation to the EMT level for those who meet AAST.

If the expansion is judged to require State Approved Certification (SES) they would designate it as ✓**

	EMR	EMT	AEMT	Paramedic
Intravenous: Maintenance of Medicated IV Fluids (Electrolytes)		✓*	✓*	✓

Example 2 - Skill/ Procedure Not Currently Included in the Matrix

A medical director identifies the need for his program to operate a Balloon Pump transport unit for a specific hospital program. A review of the SOP shows that this is not currently within the Scope of Practice for Louisiana EMS professionals at any level. The Medical Director would submit a written request to the EMSCC to add this skill/ procedure to the matrix. At this point, the EMSCC would investigate and deliberate on the request at its regularly scheduled meeting. If approved, it would be added to the matrix in the appropriate section and designated as prohibited (no ✓), Special Training Required (✓*) or Approved (✓).

Skill/ Procedure	EMR	EMT	AEMT	Paramedic
Balloon Pump Transport				✓*

Example 3 – Non-Justifiable Expansion

An agency request that the SOP be amended to include Intravenous Access to the EMT Scope of Practice. In deliberation, the EMSCC determines that this is outside the SOP for this level of training and that expansion, even with additional training would not justify the change using a risk/ benefit analysis and considering alternatives.

No change would be made to the SOP document and the EMSCC would deny the request in a written response to the inquiry with the results of their deliberations.

Example 4 – Emergency or Temporary Expansion

During a declared emergency, it is determined that due a defined, time-limited problem, there is a need to allow EMT level providers to perform point of care testing and administration of IM vaccines. The SOP would not be modified. The EMSCC would publish a Letter of Clarification on the Louisiana BEMS webpage which clearly defines the requirements for these providers to perform the skill/procedure and the time-frame and limitations of this expansion.

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Airway Management/Ventilation/Oxygenation

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC
Airway: Nasal	√	√	√	√
Airway: Oral	√	√	√	√
Airway: Supraglottic		√	√	√
Airway Obstruction: Dislodgement by Direct Laryngoscopy with McGill Forceps			√*	√
Airway Obstruction: Manual Dislodgement Techniques	√	√	√	√
Airway Obstruction: Percutaneous Cricothyrotomy				√
Airway Obstruction: Surgical Cricothyrotomy				√*
Bag-Valve-Mask (BVM)	√	√	√	√
BiPAP Administration and Management				√
CPAP		√	√	√
Carbon Monoxide Monitoring	√*	√	√	√
Chest Decompression: Needle				√
Chest Tube Placement: Assist Only				√
Chest Tube: Monitoring and Management				√
Chest Tube/ Thoracostomy: Finger or Tube				√*
End Tidal CO_2: Monitoring and Interpretation of Wave Form Capnography	√*	√	√	√
Gastric Decompression: NG Tube				√
Gastric Decompression: OG Tube				√
Head Tilt-Chin Lift	√	√	√	√
Endotracheal Intubation				√
Jaw Thrust	√	√	√	√
Medication Assisted Intubation				√*
Mouth-to-Barrier Devices	√	√	√	√
Mouth-to-Mask	√	√	√	√
Mouth-to-Mouth	√	√	√	√

Mouth-to-Nose	√	√	√	√
Mouth-to-Stoma	√	√	√	√
Oxygen Therapy: High Flow Nasal Cannula				√
Oxygen: Therapy: Humidifiers		√	√	√
Oxygen Therapy: Nasal Cannula	√	√	√	√
Oxygen Therapy: Non-Rebreather Mask	√	√	√	√
Oxygen Therapy: Partial-Rebreather mask		√	√	√
Oxygen Therapy: Simple Face Mask		√	√	√
Oxygen therapy: Venturi Mask		√	√	√
Pulse Oximetry	√	√	√	√
Suctioning: upper airway	√	√	√	√
Positive Pressure Ventilation Devices (Manually Triggered or Automatic Ventilators)			√	√
Suctioning: Tracheobronchial of an Intubated Patient		√	√	√
Tracheostomy Maintenance		√	√	√
Tracheostomy Tube Replacement			√	√
Transport Ventilator (Manual Adjustments)				√

Cardiovascular/Circulation

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC
Cardiopulmonary Resuscitation (CPR)	√	√	√	√
Cardiac Monitoring: 12 lead ECG Acquisition and Transmission		√	√	√
Cardiac Monitoring: 12 lead Electrocardiogram (interpretive)				√
Cardioversion: Electrical				√
Defibrillation: Automated/Semi-Automated	√	√	√	√
Defibrillation: Manual			√*	√
EKG Rhythm Monitoring and Interpretation of EKG Strips			√*	√
Hemorrhage Control: Direct Pressure	√	√	√	√
Hemorrhage Control: Tourniquet	√	√	√	√

Hemorrhage Control: Wound Packing	√	√	√	√
Transvenous Cardiac Pacing: Monitoring and Maintenance				√
Mechanical CPR Device	√*	√	√	√
Telemetric Monitoring Devices and Transmission of Clinical Data, Including Video Data		√	√	√
Transcutaneous Pacing				√

Splinting, Spinal Motion Restriction (SMR), and Patient Restraint

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC
Cervical Collar	√	√	√	√
Long Spine Board	√*	√	√	√
Manual Cervical Stabilization	√	√	√	√
Seated SMR (KED, etc.)		√	√	√
Extremity Stabilization-manual	√	√	√	√
Extremity Splinting	√	√	√	√
Splint: Traction		√	√	√
Mechanical Patient Restraint		√	√	√
Emergency Moves for Endangered Patients	√	√	√	√

Medication Administration Routes (for Medications in the Approved Scope of Practice)

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC
Aerosolized/nebulized	√	√	√	√
Endotracheal Tube				√
Inhaled		√	√	√
Intradermal				√
Intramuscular		√*	√	√
Intramuscular: Auto-Injector	√	√	√	√

Intranasal			√	√
Intranasal: Unit-Dosed, Premeasured	√	√	√	√
Intraosseous			√	√
Intravenous			√	√
Intravenous Pump Medication Administration			√	√
Mucosal/Sublingual	√	√	√	√
Nasogastric				√
Oral	√*	√	√	√
Rectal				√
Subcutaneous			√	√
Topical				√
Transdermal			√	√
Tetracaine topical ophthalmic drops and Morgan Lens Insertion for eye irrigation as an intervention at specific industrial Sites as part of a treatment plan for exposure to acids and caustics		√*	√*	√
Topical Anesthetic-Ophthalmic		√*	√*	√

Medical Director Approved Medications

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC
Use of pre-packaged epinephrine kit for IM injection for Anaphylaxis (Supplied and Carried by the EMS Agency)		√*	√	√
Use of Epinephrine (Auto-Injector) for Anaphylaxis (Supplied and Carried by the EMS Agency)	√	√	√	√
Use of Auto-Injector Antidotes for Chemical/Hazardous Material Exposures	√	√	√	√
Use of Opioid Antagonist Auto Injector for Suspected Opioid Overdose	√	√	√	√
Use of Nebulized Sodium Bicarbonate as an antidote for specific toxic inhalation at industrial sites		√*	√	√

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Use of patient supplied prescribed medications for special conditions (Danny's Dose)			√*	√
Immunizations		√*	√	√
Inhaled: Beta/Agonist Bronchodilator and Anticholinergic for Dyspnea and Wheezing		√	√	√
Inhaled: Monitor Patient Administered (i.e. Nitrous Oxide)			√	√
Inhaled: Meter Dose Nebulizer for beta agonist bronchodilator and anticholinergic for Dyspnea/ wheezing: Limited to *Patients Own Prescribed Medication*	√	√		
Inhaled: Opioid Antagonist for Suspected Opioid Overdose	√	√	√	√
IV Medications other than analgesia, anti-nausea/ anti-emetics, dextrose, epinephrine, glucagon, naloxone			√*	√
Maintain an Infusion of Blood or Blood Products				√
Initiation of Blood or Blood Products				√*
Oral Aspirin for Chest Pain of Suspected Ischemic Origin	√	√	√	√
Oral Glucose for Suspected Hypoglycemia	√	√	√	√
Oral Over the Counter (OTC) Analgesics for Pain or Fever	√	√	√	√
OTC Medications, Oral and Topical				√
Parenteral Analgesic for Pain			√	√
Sublingual Nitroglycerin for Chest Pain of Suspected Ischemic Origin: Limited to *Patients Own Prescribed Medication*	√	√		
Sublingual Nitroglycerin for Chest Pain of Suspected Ischemic Origin			√	√
Sublingual/ Oral Medication: Buprenorphrine				√*
Thrombolytics				√
Topical Anesthetic-Ophthalmic		√*	√	√

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IV Initiation/Maintenance Fluids

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC
Access Indwelling Catheters and Implanted Central IV Ports				√
Central Line: Monitoring				√*
Hemodynamic Monitoring: Arterial Line and Pulmonary Artery Catheter				√*
Intraosseous: Initiation, Peds or Adult			√	√
Intravenous Access			√	√
Intravenous Initiation: Peripheral			√	√
Intravenous Initiation: External Jugular				√
Intravenous: Maintenance of Non-Medicated IV Fluids		√*	√	√
Intravenous: Maintenance of Medicated IV Fluids			√*	√
Umbilical Venous Access				√*

Miscellaneous

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC
Assisted Delivery (Childbirth)	√	√	√	√
Assisted Complicated Delivery (Childbirth)	√*	√	√	√
Blood Chemistry Analysis				√
Blood Pressure: Automated	√	√	√	√
Blood Pressure: Manual	√	√	√	√
Blood Glucose Monitoring	√*	√	√	√
Eye Irrigation	√	√	√	√
Eye Irrigation: Hands Free Irrigation Using Sterile Eye Irrigation Device				√
Morgan Lens Insertion and eye irrigation at specific industrial Sites as part of a treatment protocol for exposure to acids and caustics		√*	√*	√

Patient Transport		√	√	√
Venous Blood Sampling			√	√

Louisiana Other Skills and Procedures

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC
Taser Barb Removal	√	√	√	√
Urinary Catheter Maintenance and Troubleshooting		√	√	√
Digital Nerve Block				√*
ICP Monitoring				√*
Pericardiocentesis				√*
Extremity Wound Closure (Suturing/Stapling)				√*
Urinary Catheter Insertion				√*
Point of Care Ultrasound use and interpretation			√*	√*

Mobile Integrated Healthcare, Community Wellness, Health Promotion, Prevention, and Emergency Room/Hospitals

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC
Determination of Alternate Transport Location		√*	√*	√*
Fall Prevention Assessment		√*	√*	√*
Injury Risk Assessment/Home Safety Assessment		√*	√*	√*
Treat and Release Protocol Implementation		√*	√*	√*
Care Plan Follow-Up				√*
Comprehensive Physical Exam				√*
Ear, Nose, and Throat (ENT) Assessment (Advanced)				√*
Hospital Discharge Follow-Up				√*
Medication Compliance Monitoring				√*

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Mental Health Assessment (Advanced)				√*
Oral Health Assessment (Advanced)				√*
Social Evaluation (Advanced)				√*
Physician Extension Under Direct Tele-Medicine Supervision in Accordance with LRS 37:1271				√*
Point of Care Testing				√*
Point of Care Non-Invasive, CLIA Waived Tests or Assessments That Do Not Require Independent Provider Judgment		√*	√*	√*