Approved Skills and Procedures for Certified EMS Providers

EMS Scope of Practice Guidance - Authorized EMS certified provider (EMR, EMT, AEMT, Paramedic) scope of practice provisions in law include: Medical Direction (18.71.205 RCW, 246.976.920 WAC), environment of practice (246-976-182 WAC) and training (18.73.081 RCW). In general, EMS certified providers are only authorized to provide care under the authority of the Medical Program Director (MPD) and in compliance with Department of Health (department) approved MPD patient care protocols. MPD's are appointed by the Secretary of the Department of Health. EMS certified providers are only authorized to provide care in the pre-hospital emergent environment unless practicing under programs authorized by RCW 35.21.930. EMS certified providers are authorized to perform skills and procedures listed in this guidance document if a department approved MPD patient care protocol is in place. Other regulations may apply.

Legend

N- National indicates the skill is listed in the interpretive guidelines of the National EMS Scope of Practice Model which defines the practice of EMS certified providers as a floor or minimum national standard. (National scope of practice)

W- Washington Initial Training indicates the skill is not listed in the interpretive guidelines of the National EMS Scope of Practice Model. However, Washington State Department of Health approves the skill to be in Washington State scope of practice and training for the skill is mandatory for inclusion in approved initial training and continuing education. (Not in national scope, required in all initial and continuing education).

W* - Washington Specialized Training Required indicates the skill is approved for use by Department of Health certified EMS providers through specialized training as authorized by WAC 246-976-024. Certified EMS providers must have completed a department and MPD approved training course and demonstrated knowledge and skills competency to the level of satisfaction of the MPD. The MPD authorizes the skill through department approved MPD patient care protocols. (Not in national scope, MPD option to implement, and specialized training required).

W - Washington State Endorsement on a Certification is Required** indicates the skill is approved for use by Department of Health certified EMS providers through specialized training as authorized by WAC 246-976-024. Certified EMS providers must have completed a department and MPD approved training course and demonstrated knowledge and skills competency to the level of satisfaction of the MPD. The MPD authorizes the skill through department approved MPD patient care protocols. The department requires a course application and approval for these skills and issues an endorsement to the provider's certification. The only authorized endorsements are EMT-IV and EMT-SGA. (Not in national scope, MPD option to implement, specialized training required, course application must be submitted and approved by the department, an endorsement added to the credential by department).

Blank space - If the space is blank, the skill is not authorized.

Airway / Ventilation / Oxygenation	EMR	EMT	AEMT	PARA
Airway - Nasal		N	N	N
Airway Obstruction - dislodgement by direct laryngoscopy				N
Airway Obstruction - Manual dislodgement techniques	N	N	N	N
Airway -Oral	N	N	N	N
Airways not intended for insertion into the trachea (Esophageal / Tracheal Multi-Lumen Airways such as CombiTube, King LT, i-gel)		W / W**	N	N
Bag Valve Mask (BVM) Positive Pressure Ventilation	N	N	N	N
Bi-level Positive Airway Pressure (BiPAP)				N

Capnography (End Tidal CO2 waveform and/or numerical continuous monitoring)		W*	N	N
Capnometry (End Tidal CO2 colorimetric device)		W*	N	N
Chest Tube - Monitor and management				N
Chest Tube placement - Assist Only				N
Continuous Positive Airway Pressure (CPAP) Per Protocol		N	N	N
Cricothyrotomy - Percutaneous (needle) / Surgical				N
Endotracheal Intubation (Nasal and Oral)				N
Head Tilt/Chin Lift	N	N	N	N
Jaw Thrust	N	N	N	N
Mouth-to-barrier	N	N	N	N
Mouth-to-mask	N	N	N	N
Mouth-to-mouth	N	N	N	N
Mouth-to-nose	N	N	N	N
Mouth-to-stoma	N	N	N	N
NG Tube Placement				N
OG Tube Placement				N
Oxygen therapy - High Flow Nasal Cannula Per Protocol				N
Oxygen therapy - Humidifiers		N	N	N
Oxygen therapy - Nasal Cannula	N	N	N	N
Oxygen therapy - Non-rebreather Mask	N	N	N	N
Oxygen therapy - Partial Re-breather Mask		N	N	N
Oxygen therapy - Simple face mask		N	N	N
Oxygen therapy - Venturi Mask		N	N	N
Pharmacological facilitation of Intubation				N
Pleural Chest Decompression (needle)				N
Pulse Oximetry Per Protocol	W	N	N	N
Suctioning - tracheal bronchial suctioning of an already intubated patient		W*	N	N
Suctioning - upper airway	N	N	N	N
Suctioning of tracheostomy requiring modified technique		W*	W*	N
Ventilation - Positive Pressure Ventilation - Automatic Transport Ventilator (i.e. Auto Vent, CAREvent, Uni-Vent, Pneupac VR1). EMT & AEMT are limited to the initiation during resuscitative efforts of ventilators that only adjust rate and tidal volume.		W*	N	N
Ventilation - Positive Pressure Ventilation - Transport ventilator with adjustments beyond rate and tidal volume.				N
Cardiovascular Care	**EMR**	**EMT**	**AEMT**	**PARA**
Automated and Semi-Automated External Defibrillation (AED / SAED)	N	N	N	N
Cardiopulmonary Resuscitation - Mechanical CPR device		N	N	N
Cardiopulmonary Resuscitation (CPR)	N	N	N	N
Cardioversion electrical				N
Defibrillation - Manual				N
Semi-Automated External Defibrillation (SAED)	N	N	N	N
Transcutaneous Pacing				W*
Transvenous Cardiac Pacing, monitor and maintenance				N

Patient Assessment & Diagnostic Procedures	EMR	EMT	AEMT	PARA
Assess Pulse	N	N	N	N
Assess Respirations	N	N	N	N
Blood Pressure - Manual & Automated	W	N	N	N
Blood chemistry analysis - Glucometry (capillary puncture)	W*	N	N	N
Blood chemistry analysis - Cardiac Enzymes (i.e. iStat devices)				N
Cardiac Monitoring - 12 Lead ECG-lead placement, ECG acquisition, computerized analysis, and transmission		N	N	N
Cardiac monitoring - 12 Lead ECG-lead placement, ECG acquisition, computerized analysis or interpretation by EMS provider, and transmission				N
Telemetric monitoring - Per Protocol		N	N	N
Splinting, Spinal Motion Restriction (SMR), Patient Restraint, Trauma Care	**EMR**	**EMT**	**AEMT**	**PARA**
Cervical Collar	N	N	N	N
Emergency moves for endangered patients	N	N	N	N
Extremity splinting	N	N	N	N
Extremity stabilization - manual	N	N	N	N
Eye Irrigation	N	N	N	N
Eye Irrigation with Morgan Lens				N
Hemorrhage Control - Direct Pressure	N	N	N	N
Hemorrhage Control - Use of Hemostatic Gauze / Agent / wound packing	N	N	N	N
Hemorrhage Control - Use of Tourniquet	N	N	N	N
Manual Cervical Spine Protection / Restricted Spinal Motion	N	N	N	N
Mechanical patient restraint		N	N	N
Spinal Motion Restriction / Immobilization (from standing, seated, or supine position) including Long Spine board and KED	W	N	N	N
Splint traction	W*	N	N	N
Medical Care	**EMR**	**EMT**	**AEMT**	**PARA**
OB - Assisted Complicated Delivery		N	N	N
OB - Assisted Normal Delivery	N	N	N	N
Ventricular Assist Devices (VAD) - May transport patients with VAD in place		W*	W*	N
Vascular Access, Infusion, and Monitoring of Lines	**EMR**	**EMT**	**AEMT**	**PARA**
Central Venous Line - Access Existing Line / Port for Infusion				N
External Jugular Insertion and Infusion - Adult - per protocol				W*
Intraosseous Insertion and Infusion - Adult and Pediatric		W**	N	N
Operation and Management of a Controlled Delivery Device for IV Infusion (IV Pump)				N
Peripheral IV Insertion and Infusion - Adult and Pediatric		W**	N	N
Venipuncture to obtain venous blood sample		W**	N	N

Technique of Medication Administration	EMR	EMT	AEMT	PARA
Access indwelling catheters and implanted central IV ports				N
Buccal / Mucosal / Sublingual	W*	N	N	N
Endotracheal				N
Inhalation - Aerosolized/nebulized - EMT, limited to anticholinergics and beta agonist/bronchodilator.		N	N	N
Inhalation - Nitrous Oxide		W*	N	N
Inhalation - Unit-dosed, premeasured - EMR, limited to assisting patients with own prescribed medications such as bronchodilator for chronic respiratory condition. - per protocol	W*	N	N	N
Intradermal				N
Intramuscular - Auto Injector	N	N	N	N
Intramuscular - Syringe and needle - Draw medication using a needle from a vial into a syringe per protocol		W*	N	N
Intranasal			N	N
Intranasal - Mucosal atomization device	N	N	N	N
Intranasal - Unit-dosed, premeasured	N	N	N	N
Intraosseous Per Protocol		W**	N	N
Intravenous Per Protocol		W**	N	N
Nasogastric				N
Oral - per os (PO) - EMT (limited to aspirin, glucose, assist with patients nitroglycerine, ondansetron and OTC analgesics (ibuprofen and acetaminophen) for pain or fever.	W*	N	N	N
Oral - per os (PO) - EMR (limited to aspirin and glucose)	W*	N	N	N
Oral AEMT (limited to aspirin, glucose, nitroglycerine, ondansetron, and OTC analgesics ibuprofen and acetaminophen for pain or fever)	W*	N	N	N
Rectal				N
Topical				N
Transdermal				N
Medications - General Guidance	**EMR**	**EMT**	**AEMT**	**PARA**
Administration of Controlled Substances (FDA Scheduled)				N
Analgesic OTC for pain or fever per protocol		N	N	N
Antidotes for chemical / hazardous material / nerve agent exposures (auto-injector)	N	N	N	N
Aspirin - Oral	W*	N	N	N
Assisting a patient with his/her own prescribed medications (aerosolized/nebulized)	W*	N	N	N
Benzodiazepines for Sedation				N
Benzodiazepines for Seizures				N
Blood or Blood Products - Initiation / administration				W*
Blood or Blood Products - Maintenance of pre-existing infusion				N
Bronchodilator / Beta Agonist - Metered Dose Inhaler	W*	N	N	N
Bronchodilator / Beta Agonist - Nebulizer (EMT limited to anticholinergics and beta agonist/bronchodilator)		N	N	N
Depolarizing Agents for Pharmacological Facilitation of Intubation				N

Diphenahydrine (AEMT limited to IV, PO, IM with specialized training)		W*	W*	N
Diphenahydrine EMT (limited to PO with specialized training)		W*	W*	N
Emergency Cardiac Medications (AEMT limited to Epinephrine for cardiac arrest)			W*	N
Epinephrine (auto-injector) for anaphylaxis (supplied and carried by EMS agency or patients).	W	N	N	N
Epinephrine for Anaphylaxis Intramuscular - Syringe and Needle		W*	N	N
Expanded use of OTC medications - oral / topical per protocol				N
Glucose for hypoglycemia - Oral	W*	N	N	N
Hypoglycemic Medications (i.e. Glucagon, D50)			N	N
Naloxone for Suspected Opiate / Narcotic Overdose - Intranasal - Mucosal Atomization Device or autoinjector	N	N	N	N
Naloxone for Suspected Opiate / Narcotic Overdose Intramuscular - Syringe and Needle		W*	N	N
Naloxone for Suspected Opiate / Narcotic Overdose Intravenous			N	N
Nitroglycerine - Intravenous				N
Nitroglycerine - Sublingual (EMT limited to assist with patients prescribed nitroglycerine)		N	N	N
Nitroglycerine - Transdermal			N	N
Nitrous Oxide		W*	N	N
Non-depolarizing Agents for Pharmacological Facilitation of Intubation				N
Ondansetron (AEMT IV, IM, PO)			N	N
Ondansetron (EMT limited to PO)		W*	N	N
Opioid antagonist for suspected opioid overdose (auto-injector)	N	N	N	N
Other medications to facilitate sedation (I.E. Ketamine, Etomidate)				N
Oxygen Therapy	N	N	N	N
Thrombolytic (Initiation and Maintenance)				N

General Guidance

Authorized medications and routes for EMR, EMT, and AEMT are identified in this document. All medication administration requires a protocol to be established by the MPD and approved by the department for the level of certification indicated.

Authorized medications and routes for paramedic personnel are identified in this document. Additional medications may be approved for paramedic personnel if a department-approved MPD protocol is in place and providers have completed department-approved MPD supplementary training on the medication and protocol.

Administration of purified protein derivative (PPD) - People who have taken a PPD administration course administered by a local health agency may administer PPD if: the person is doing so in accordance with a formal TB program through the local health agency; is under the medical oversight of the local health officer, and is not doing so while performing as an EMS provider.

Administration of vaccine - AEMTs and paramedics may administer immunizations in a declared emergency only when all of the following exist: there is a local or state declaration of an emergency under the provisions of RCW 38.52; a local declaration must be declared by the local executive; an emergency incident mission number has been issued; the EMS providers are registered as emergency workers under state law (RCW 38.52); the EMS providers are acting under the direction of a county medical program director or the local health officer and the director of local or state emergency management or the appointed incident commander. Please contact the department for further guidance on how to use EMS personnel to provide emergency vaccines.

EMT personnel may use manual cardiac defibrillators in place of an AED for cardiopulmonary resuscitation provided the equipment is in AED mode.

Inter-Facility Specific Devices and Procedures

Inter-facility transport of patients must occur with a level of care recommended by the sending physician. Clarification on common devices and procedures not routinely seen by certified EMS personnel in the pre-hospital setting is provided below.

EMT and higher level providers may transport medical devices and equipment that can be managed by the patient or patient's caregiver while in transport, and require no medical intervention or monitoring from the EMS provider if authorized by the MPD. Examples include but are not limited to: Peg tubes, J tubes, CSF shunts, ileostomy bags, insulin pumps, and feeding tubes that are not running during transport.

EMT personnel may transport patients with a pre-established saline lock or peripheral IV gravity fed infusion of normal saline, dextrose or lactated ringers or a combination of these solutions when: it has been determined by the sending physician to be a BLS level transport and a department approved MPD protocol is in place. EMTs are not authorized to establish an IV unless the EMT holds an endorsement for IV therapy. Transport of this equipment is limited to monitoring only and is optional for the MPD to implement.

EMT personnel may transport patients with a pre-established long term vascular access device such as a central line, PICC line, subcutaneous infusion, epidural with a patient controlled analgesia device when: it has been determined by the sending physician to be BLS-level transport and the EMT has successfully completed a department approved MPD specialized training course, and a department approved MPD protocol is in place. Transport of this equipment is limited to monitoring only and is optional for the MPD to implement.

Paramedic personnel may transport patients with medications infusing if a department-approved MPD protocol is in place and providers have completed department-approved MPD supplementary training on the medication and protocol. MPDs may establish a generic protocol to address uncommon medications presented in urgent cases where a specific protocol does not exist. The generic protocol must include just-in-time training requirements, information the paramedic must have about the medication prior to transport, any additional transport considerations, any required contact with medical control, and any CQI requirements for uncommon medications.

Paramedic personnel may transport patients determined by the sending physician as requiring care of a specially trained paramedic and/or nurse as long as the provider has successfully completed a department-approved MPD specialized training course, and department-approved MPD inter-facility protocols within scope addressing the skills, procedures, and medications are in place.