



KANSAS

DENNIS ALLIN, M.D., CHAIR
ROBERT WALLER, EXECUTIVE DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

BOARD OF EMERGENCY MEDICAL SERVICES

The following document is the culmination of seven (7) months of meetings with Board members, service directors, attendants, Region EMS councils representatives, Kansas EMS Associations, and Kansas educational institutions to develop a new set of authorized activities for Kansas EMS. The Kansas Emergency Medical Services Systems Approach to the Future met and agreed on the document as presented.

In this document you will find a listing of those individuals. I would like to thank them personally for their service and dedication to this effort.

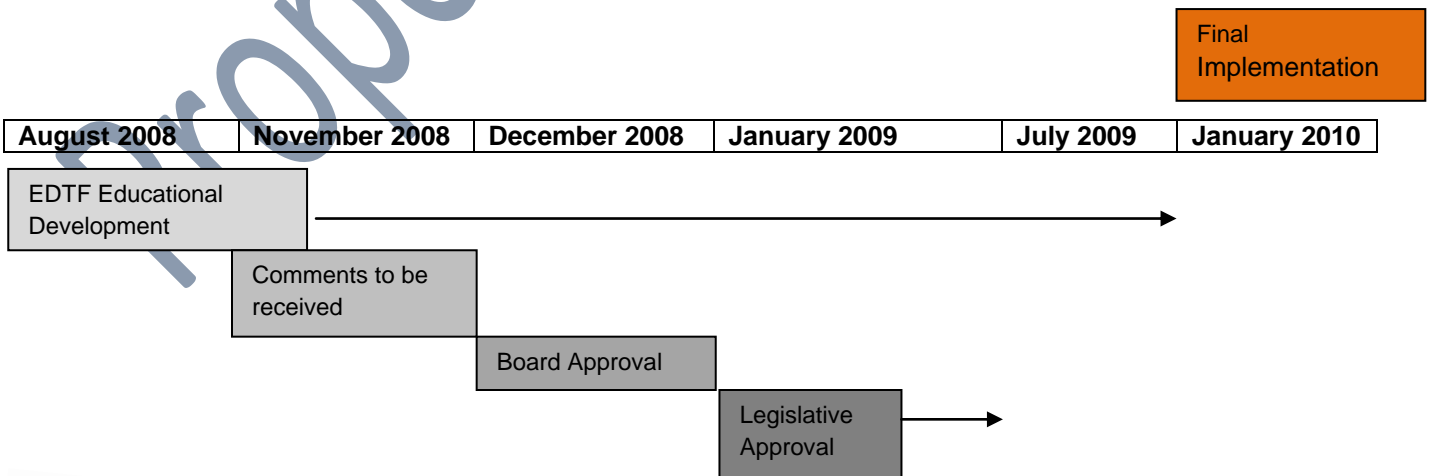
This document was approved by the Kansas Board of Emergency Medical Service (K.S.A. 65-6102, 65-6111) on August 1, 2008. After that approval, Board staff was directed to send this document to the following individuals:

- KEMSSAF Members
- Regional Councils
- Medical Directors
- General Public

The Regional Councils will be utilized as the "collectors" of comments to be presented to the Board (by Board Staff) during its regular December 2008 Meeting.

The deadline for comments is **NOVEMBER 1, 2008**. The deadline is in place to allow Board staff to collect all appropriate comments and present those to the Board for review and FINAL approval before the 2009 Legislative session.

The document as presented is **PROPOSED FOR REVIEW**. Meaning, the document is **PROPOSED FOR REVIEW** until the December Board meeting in which the Board will give final approval. Once and if final approval is given the time line for implementation would be the following:



Executive Director, KBEMS

EMS Attendant Skills Sets Recommendations

*Kansas EMS Systems
Approach to the Future
(KEMSSAF)
Workgroup*



The Kansas Board of EMS

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Proposed for Review

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Section I

INTRODUCTION

Proposed for Review

Proposed for Review

| Kansas Board of EMS | | |
|--|-----------|--|
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| Joe | Megredy | Chair, Planning & Operations Committee |
| Deb | Kaufman | Board Member |
| Dale | Wasson | Chair, Investigations Committee |
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| Brad | Sisk | Region II |
| Terry | David | Region III |
| Marvin VanBlaricon/Wendy Gronau | | Region IV |
| Rob | Jones | Region V/MARC |
| Chris Way/Kenny Yoakum | | Region VI |
| Professional Organizations | | |
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| John | Friesen | KEMSA |
| K.C. | Jones | KanAMS |
| Shane | Pearson | KS Firefighters Association |
| Community/Technical Colleges EMS Training | | |
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| Chy | Miller | Hutchinson Community College |
| Chris | Cannon | Cowley County Community College |
| Robert | Binder | Flint Hills Technical |
| Greta | Rexwinkle | Coffeyville Community College |
| Ray | Wright | Johnson County Community College |
| Bill | Young | Garden City Community College |
| Donna | Olafson | Kansas City Kansas Comm. College |
| Chad | Pore | Barton County Community College |
| John | Ralston | Seward County Community College |
| Christine | Ellison | Colby Community College |
| Mary | Herbel | |
| Members-at-Large | | |
| Jason | Jenkins | Member at Large |
| Gary | Winter | Member at Large |
| Brandon | Russell | Member at Large |
| Lillian | Slater | Member at Large |
| Kerry | McCue | Member at Large |
| Mark | Willis | Member at Large |
| Easter | Randy | Member at Large |
| Chris | Tilden | KDHE |

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PROJECT APPROACH

1. During the initial phases of the process the workgroup focus will be to address KS EMS Systems needs without regard to National Plans and/or documents.
2. Given the focus, participants will include in their deliberations, approaching each topic considering State-wide needs, rather than simply their geographical region needs.
3. If your educational institution or ambulance service does not teach or employ the level of attendant being discussed, and you have limited knowledge of the topic being discussed, please recognize this fact and limit your input.
4. As we progress through the process, we will consider the National plans and their impact, if any, on the Board's Implementation Strategy.

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MISSION STATEMENTS

1. To systematically analyze Kansas EMS attendant authorized activities, and KS EMS Systems needs to optimize the level of out-of-hospital care provided to the citizens of Kansas.
2. To identify modalities to provide the highest quality education available to EMS students and for individuals who provide emergency medical services, including first responders, emergency medical technicians, intermediates and paramedics.
3. To focus on those skills and knowledge that encourage disparate groups to communicate and join together forming the foundation for an integrated Statewide EMS delivery system and its continued sustainment.
4. To identify a recommended course of action to meet or exceed those needs, represent optimal standards of care irrespective of geographic and/or jurisdictional variables in protocols or operational procedures at the local, intrastate, regional and state levels.

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Section II

EMERGENCY MEDICAL RESPONDER (EMR)

Proposed for Review

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Emergency Medical Responder (EMR) Recommendations

GENERAL

1. Adoption of the title “Emergency Medical Responder” to replace “First Responder”.
2. Concurrence with National recommendation of EMR to operate under Medical Protocols.
3. Non-concurrence to National recommendation for elimination of EMR as an ambulance attendant.
4. KS adoption of enhanced National Scope attendant level skills set.
5. Validation of medical protocols for maintenance of EMR Certification.

TRANSITION PLAN (FR to EMR)

1. Transition will be accomplished over a three year period via two recertification cycles.
2. First Responders will be required to take specific classes identified as being incorporated in the new skills sets/curricula.
3. Once validation of new CE requirements is achieved, new title (Emergency Medical Responder) will awarded to currently certified First Responder attendants.
4. Those failing to achieve new recertification standards will lose their First Responder certification.

SPREADSHEET LEGEND: The letters below are used in the following pages to indicate the following;

In the “CURRENT” column;

X is used to indicate that the skill is currently an authorized activity for this attendant in level.

O is used in the “current” column to indicate that the skill is an optional skill, such as advanced initiatives for the EMT-B and/or intubation for the EMT-I.

In the “SCOPE” column;

C is used to indicate the skill is a component of the National skill set for this level of attendant.

- is used to indicate the assumption that the skills is included but the depth and breadth of the intervention is not specified in the Scope document.

In the “KEMSSAF” column,

E is used (enrichment) to identify a skill not included in the Scope document but is recommended for inclusion by KEMSSAF in the authorized skills set at the attendant level identified.



Is used to indicate a new skills for this attendant level in comparison to current law

Proposed for Review

| SKILLS SET COMPARISON | | CURRENT | SCOPE | KEMSSAF |
|---|--|---------|-------|---------|
| AIRWAY & BREATHING | | | | |
| 1 | Airway – Oral (Oropharyngeal) | | | |
| 2 | Airway – Nasal (Nasopharyngeal) | | | |
| 3 | Bag-valve-mask (BVM) ventilation | X | C | |
| 4 | Bag-valve-ETT/CombiTube® ventilation | | | |
| 5 | Cricoid pressure (Sellick maneuver) | X | C | |
| 6 | Head-tilt/chin-lift | X | C | |
| 7 | Jaw thrust | X | C | |
| 8 | Jaw-thrust - Modified (trauma) | X | C | |
| 9 | Modified chin lift | X | C | |
| 10 | Mouth-to-Barrier | X | | E |
| 11 | Mouth-to-Mask | X | C | |
| 12 | Mouth-to-Mouth | | | |
| 13 | Mouth-to-Nose | X | C | |
| 14 | Mouth-to-Stoma | X | C | |
| 15 | Manual Airway Maneuvers | X | C | |
| 16 | Obstruction--manual (Heimlich, finger sweep, chest thrusts) upper airway | X | C | |
| 17 | Oxygen Therapy – Humidifiers | | | |
| 18 | Oxygen Therapy – Nasal Cannula | | C | |
| 19 | Oxygen Therapy – Non-rebreather Mask | X | C | |
| 20 | Oxygen Therapy – Partial Rebreather Mask | | | |
| 21 | Oxygen Therapy – Regulators | X | | E |
| 22 | Oxygen Therapy – Simple Face Mask | | | |
| 23 | Oxygen Therapy - Blow-by delivery | | | |
| AIRWAY & BREATHING (continued) | | | | |
| 24 | Suctioning--upper airway (nasal) | | | |
| 25 | Suctioning--upper airway (oral) | X | C | |
| 26 | Suctioning – Upper Airway (Soft & Rigid) | | | |
| 27 | Suctioning-meconium aspiration (BULB SYRINGE) | | | |
| ASSESSMENT | | | | |
| 28 | Auscultate breath sounds (presence/absence) | X | | E |
| 29 | Blood Glucose Monitoring | | | |
| 30 | Blood Pressure – Automated | X | | E |
| 31 | Blood Pressure – Manual | X | C | |
| 32 | Blood pressure-auscultation | X | | E |
| 33 | Blood pressure-electronic noninvasive | X | | E |
| 34 | Blood pressure-palpation | X | | E |
| 35 | Level of consciousness (LOC) | X | C | |

| | | | | |
|-------------------------------|--|---|---|---|
| 36 | Pulse Oximetry | | | |
| ASSESSMENT (continued) | | | | |
| 37 | Using Glasgow Coma Scale (GCS) | | | |
| 38 | Vital sign-body temperature | X | | E |
| 39 | Vital sign-pulse | X | | E |
| 40 | Vital sign-pupils | X | | E |
| 41 | Vital sign-respirations | X | | E |
| 42 | Vital sign-skin color/temperature and condition (CTC) | X | | E |
| 43 | Auscultate breath sounds (presence/absence) | X | | E |
| PATIENT MANAGEMENT | | | | |
| 44 | Provide care to a patient with a chest injury | X | — | E |
| 45 | Provide care to a patient with a painful, swollen, deformed extremity | X | — | E |
| 46 | Provide care to a patient with a soft tissue injury | X | — | E |
| 47 | Provide care to a patient with a suspected head injury | X | — | E |
| 48 | Provide care to a patient with a suspected spinal injury | X | — | E |
| 49 | Provide care to a patient with an acute amputation | X | — | E |
| 50 | Provide care to a patient with an impaled object | X | — | E |
| 51 | Provide care to a patient with an open abdominal injury | X | — | E |
| 52 | Provide care to a patient with shock (Hypoperfusion). | X | — | E |
| 53 | Provide care to an infant or child with a fever | X | — | E |
| 54 | Provide care to an infant or child with a suspected blood disorder | X | — | E |
| 55 | Provide care to an infant or child with a suspected communicable disease | X | — | E |
| 56 | Provide care to an infant or child with abdominal pain | X | — | E |
| 57 | Provide care to an infant or child with cardiac arrest | X | — | E |
| 58 | Provide care to an infant or child with respiratory distress | X | — | E |
| 59 | Provide care to an infant or child with seizure | X | — | E |
| 60 | Provide care to an infant or child with shock (hypoperfusion) | X | — | E |
| 61 | Provide care to an infant or child with suspected abuse or neglect | X | — | E |
| 62 | Provide care to an infant or child with trauma | X | — | E |
| 63 | Provide care to suspected overdose patient | X | — | E |
| 64 | Provide care to the mother immediately following delivery of a newborn | X | — | E |
| 65 | Provide care to the newborn | X | — | E |
| 66 | Provide care to the patient experiencing a seizure | X | — | E |
| 67 | Provide care to the patient experiencing an allergic reaction | X | — | E |
| 68 | Provide care to the patient with a gynecological emergency | X | — | E |
| 69 | Perform a rapid extrication of a trauma patient | X | — | E |
| 70 | Provide care for a patient with a history of diabetes. | X | — | E |
| 71 | Provide care for a patient with a suspected blood disorder | X | — | E |
| 72 | Provide care for a patient with a suspected communicable disease | X | — | E |
| 73 | Provide care for a patient with abdominal pain | X | — | E |
| 74 | Provide care for a patient with an endocrine disorder other than diabetes. | X | — | E |

PATIENT MANAGEMENT (continued)

| | | | | |
|----|---|---|---|---|
| 75 | Provide care for a patient with head pain | X | — | E |
| 76 | Provide care for a possible poisoning patient | X | — | E |
| 77 | Provide care for external bleeding. | X | — | E |
| 78 | Provide care for the obstetric patient | X | — | E |
| 79 | Provide care to a near-drowning patient | X | — | E |
| 80 | Provide care to a patient experiencing a behavioral problem | X | — | E |
| 81 | Provide care to a patient experiencing cardiovascular compromise | X | — | E |
| 82 | Provide care to a patient experiencing non-traumatic chest pain/discomfort. | X | — | E |
| 83 | Provide care to a patient exposed to cold | X | — | E |
| 84 | Provide care to a patient exposed to heat | X | — | E |
| 85 | Provide care to a patient who has been bitten or stung by an animal or insect | X | — | E |
| 86 | Provide care to a patient with a burn injury | X | — | E |
| 87 | Assist with the delivery of an infant | X | — | E |
| 88 | Assisting a patient in administering his/her own prescribed medications, including auto-injection (self, buddy and pt assisted) | X | — | E |
| 89 | Resuscitate a patient in cardiac arrest. | X | — | E |
| 90 | Behavioral--Restrain violent patient | X | — | E |
| 91 | Burns--chemical, electrical, inhalation, radiation, thermal | X | — | E |
| 92 | Childbirth (abnormal/complications) - patient positioning | X | — | E |
| 93 | Childbirth (normal)--cephalic delivery | X | — | E |
| 94 | Childbirth--umbilical cord cutting | X | — | E |
| 95 | Eye care | X | — | E |
| 96 | EMT-Basic Assessment | X | — | E |

PHARMACOLOGICAL INTERVENTION

Techniques of Medication Administration

| | | | | |
|----|--|--|---|---|
| 97 | Unit dose auto-injector for self or peer care (MARK I) | | C | |
| 98 | Auto-Injector (Self, buddy and patient assisted) | | | E |
| 99 | Oral | | | E |

Administered Medication

| | | | | |
|-----|--|---|---|---|
| 100 | Oxygen | X | C | |
| 101 | Aspirin (ASA) for chest pain (ONLY W/ MEDICAL DIRECTION) | | | E |

Administered Medication (continued)

| | | | | |
|-----|--|--|---|---|
| 102 | Mark I Auto Injector (For Self & Crew) | | C | |
| 103 | Oral Glucose | | | E |
| 104 | Auto-Injected Epinephrine | | | E |
| 105 | Medicated Inhaler – Prescribed | | | E |

| EMERGENCY TRAUMA CARE | | | | |
|------------------------------|--|---|---|---|
| 106 | Cervical collar | X | | E |
| 107 | Manual head/Neck Stabilization | X | C | |
| 108 | Manual Extremity Splinting | X | C | |
| 109 | Application of Commercial Extremity Splints | X | | E |
| 110 | Anatomical Extremity splinting | X | | E |
| 111 | Eye Irrigation | | | |
| 112 | Spinal Immobilization – Based on mechanics of injury | X | | E |
| 113 | Spinal Immobilization – Cervical Collar | X | | E |
| 114 | Spinal Immobilization – Long Board | | | |
| 115 | Spinal Immobilization – Manual Stabilization | X | | E |
| 116 | Spinal Immobilization – Seated Patient | X | | E |
| 117 | Spinal Immobilization – Seated Patient (KED, etc.) (Assist only) | | | |
| 118 | Spinal immobilization--helmet stabilization or removal | | | |
| 119 | Spinal immobilization--long board w/pt supine and standing | | | |
| 120 | Spinal immobilization--manual stabilization and cervical collar | X | | E |
| 121 | Spinal immobilization--rapid extrication | X | | E |
| 122 | Splinting extremity – Soft | X | | E |
| 123 | Splinting extremity – Anatomical (No return to position of function) | X | | E |
| 124 | Splinting extremity – Manual stabilization | X | C | |
| 125 | Splinting extremity – Vacuum | | | |
| 126 | Hemorrhage Control – Direct Pressure | X | C | |
| 127 | Hemorrhage Control – Pressure Point | X | – | |
| 128 | Hemorrhage Control – Tourniquet | X | – | |
| 129 | Trendelenberg Positioning | X | | E |
| 130 | Hemorrhage Control - Pressure Bandaging | | – | |
| MEDICAL/CARDIAC CARE | | | | |
| | Cardiac Care | | | |
| 131 | Cardiac monitoring--apply electrodes | | | |
| 132 | Cardiopulmonary Resuscitation (CPR) | X | C | |
| 133 | Cardiopulmonary resuscitation (CPR) adult, infant, child, one and two person | X | | E |
| 134 | CPR - Mechanical Device | | | |
| 135 | Provide post-resuscitation care to a cardiac arrest patient | X | | E |
| 135 | Defibrillation - Automated/Semi Automated (AED/SAED) | | | |
| 136 | Defibrillation - automated external defibrillator (AED) | X | C | |
| | Medical | | | |
| 137 | Assisted normal delivery | | | |
| 138 | Assist with the delivery of an infant | | | |

AMBULANCE OPERATIONS

| | | | | |
|----------------------------|--|---|---|---|
| 139 | Assess the need for additional resources at the scene. | X | | E |
| 140 | Drive the emergency vehicle in a non-emergency situation | X | | E |
| 141 | Drive the emergency vehicle in an emergency situation (theory) | X | | E |
| 142 | Obtain consent for providing care | X | | E |
| 143 | Give consideration for potential organ retrieval | | | E |
| 144 | Incident Command System (ICS) | | - | |
| 145 | Make decisions based on Do Not Resuscitate (DNR) orders | | | E |
| 146 | Make decisions regarding abandonment, negligence, etc. | | | E |
| 147 | Multiple Casualty Incident (MCI) | X | | E |
| 148 | Participate in the quality improvement process | X | | E |
| 149 | Prepare the emergency vehicle and equipment before responding to a call. | X | | E |
| 150 | Preserve the crime scene | X | | E |
| 151 | Triage (prioritizing patients) - use of tags | X | | E |
| 152 | Provide education on emergency medical services to the public | X | | E |
| 153 | Provide for safety of self, patient and fellow workers | X | | E |
| 154 | Provide injury prevention education to the public, such as seat belt usage, helmet usage, pool safety, etc. | X | | E |
| 155 | Use methods to reduce stress in a patient, bystanders and co-workers | X | | E |
| 156 | Use physician medical direction for authorization to provide care (Off-line) | | | E |
| Communications | | | | |
| 157 | Communicate with bystanders, other health care providers and patient family members while providing patient care | X | | E |
| 158 | Communicate with patient while providing care | X | | E |
| 159 | Communications with PSAPs, medical command facilities (Off line control) | | | E |
| 160 | Provide a report to RECEIVING PERSONNEL of assessment findings and emergency care given | | | E |
| 161 | Verbal patient report to receiving personnel | | | E |
| Documentation | | | | |
| 162 | Complete a prehospital care report | | | E |
| 163 | Out-of-Hospital Do Not Resuscitate (DNR) orders | | | E |
| 164 | Patient Care Report completion | | | E |
| Hazardous Materials | | | | |
| 165 | Contaminated equipment disposal (sharps and PPE) | X | | E |
| 166 | Decontamination | X | | E |
| 167 | Disinfection | X | | E |
| 168 | Dispose of materials contaminated with body fluids. | X | | E |
| 169 | Dispose of sharps (needles, auto-injectors, etc) | X | | E |
| 170 | Perform unit dose auto-injectors for self or peer care (MARK I) | | | E |
| 171 | PPE (personal protection equipment) use | X | | E |

AMBULANCE OPERATIONS (continued)**Hazardous Materials**

| | | | | |
|-----|---|---|--|---|
| 172 | PRN Self or peer care (Bio/chem) | X | | E |
| 173 | Take infection control precautions (body substance isolation) | X | | E |

Lifting & Moving Patients

| | | | | |
|-----|---|---|--|---|
| 174 | Move patients using a carrying device | X | | E |
| 175 | Move patients without a carrying device | X | | E |

AMBULANCE OPERATIONS (Continued)**Lifting & Moving Patients**

| | | | | |
|-----|---|---|---|---|
| 176 | Patient lifting, moving and transfers | X | | E |
| 177 | Patient restraints on transport devices | X | | E |
| 178 | Use body mechanics when lifting and moving a patient. | X | | E |
| 179 | Emergency moves for endangered patients | X | C | |

Rescue

| | | | | |
|-----|--------------------------------|---|---|--|
| 180 | Patient access and extrication | X | — | |
| 181 | Rapid extrication | X | — | |

NOTE: Scope requires EMR to function under medical control

**EMERGENCY MEDICAL
TECHNICIAN (EMT)**

Proposed for Review

Proposed for Review

Emergency Medical Technician (EMT) Recommendations

GENERAL

1. Adoption of the title “Emergency Medical Technician” to replace “Emergency Medical Technician - Basic”.
2. Concurrence with National recommendation of EMT to operate under Medical Protocols.
3. KS adoption of enhanced National Scope attendant level skills set.
4. Incorporate language of addressing categories/classes of devices rather than specific devices.
5. Any medications authorized will be addressed by class/category instead of name.

TRANSITION PLAN (EMT to EMT-B)

1. Transition will be accomplished over a three year period via two recertification cycles.
2. EMT-Basics will be required to take specific classes identified as being incorporated in the new skills sets/curricula.
3. Once validation of new CE requirements is achieved, new title (Emergency Medical Technician) will awarded to currently certified Emergency Medical Technician – Basic attendants.
4. Those failing to achieve new recertification standards will lose their Emergency Medical Technician – Basic certification.

SPREADSHEET LEGEND: The letters below are used in the following pages;

In the “CURRENT” column;

X is used to indicate that the skill is currently an authorized activity for this attendant in level.

O is used in the “current” column to indicate that the skill is an optional skill, such as advanced initiatives for the EMT-B and/or intubation for the EMT-I.

In the “SCOPE” column;

C is used to indicate the skill is a component of the National skill set for this level of attendant.

- is used to indicate the assumption that the skills is included but the depth and breadth of the intervention is not specified in the Scope document.

In the “KEMSSAF” column,

E is used (enrichment) to identify a skill not included in the Scope document but is recommended for inclusion by KEMSSAF in the authorized skills set at the attendant level identified.



Is used to indicate a new skills for this attendant level in comparison to current law

Proposed for Review

| SKILLS SET COMPARISON | | Current | Scope | KEMSSAF |
|-------------------------------|---|---------|-------|---------|
| AIRWAY & BREATHING | | | | |
| 1 | Airway – Oral (Oropharyngeal) | X | C | |
| 2 | Airway - Esophageal obturator airway (EOA) | X | | E |
| 3 | Airway - Esophageal Gastric Tube Airway (EGTA) | X | | E |
| 4 | Airway - Advanced - Multi Lumen | X | | E |
| 5 | Airway - Advanced - Single Lumen (*NOT LMA or ET) | X | | E |
| 6 | Airway - Esophageal/Tracheal - Multi Lumen | X | | E |
| 7 | Airway – Lumen (Non-Visualized)(* NOT LMA or ET) | X | | E |
| 8 | Airway – Nasal (Nasopharyngeal) | X | C | |
| 9 | Airway--esophageal tracheal--dual lumen CombiTube® | X | | E |
| 10 | Airway--pharyngeal tracheal lumen (PTL) | X | | E |
| 11 | Resuscitation - Bag-valve-mask (BVM) ventilation | X | C | |
| 12 | Resuscitation - Bag-valve-mask ETT/CombiTube® ventilation | X | | E |
| 13 | Resuscitation - Bag-valve-mask with in-line small-volume nebulizer | | | |
| 14 | Resuscitation - Automatic Transport Ventilator (ATV) | | | |
| 15 | Resuscitation - Manually Triggered Ventilator (MTV) | | | |
| 16 | Resuscitation - Oxygen Demand valve | X | | E |
| 17 | Resuscitation - Flow restricted oxygen powered ventilation device | | | |
| 18 | Procedure- Head-tilt chin lift | X | C | |
| 19 | Procedure- Cricoid pressure (Sellick maneuver) | X | C | |
| 20 | Procedure- Jaw thrust | X | C | |
| 21 | Procedure- Jaw-thrust - Modified (trauma) | X | C | |
| 22 | Procedure- Mouth to barrier | X | C | |
| 23 | Procedure- Mouth to Mask | X | C | |
| 24 | Procedure- Mouth to nose | X | C | |
| 25 | Procedure- Mouth to stoma | X | C | |
| 26 | Procedure- Obstruction-Manual (Heimlich, finger sweep, chest thrusts) | X | C | |
| 27 | Procedure- Obstruction – Forceps (Direct Visual) | | | |
| 28 | Oxygen Therapy – Humidifiers | X | C | |
| 29 | Oxygen Therapy – Nasal Cannula | X | C | |
| 30 | Oxygen Therapy - Nebulizer | | | |
| 31 | Oxygen Therapy – Non-rebreather Mask | X | C | |
| 32 | Oxygen Therapy – Partial Rebreather Mask | X | C | |
| 33 | Oxygen Therapy – Regulators | X | C | |
| 34 | Oxygen Therapy – Simple Face Mask | X | C | |
| 35 | Oxygen Therapy – Venturi Mask | X | C | |
| 36 | Oxygen therapy--blow-by delivery | X | | E |
| 37 | Suctioning - Upper airway (oral) | X | C | |
| 38 | Suctioning – Oropharyngeal | X | | E |

| | | | | |
|---|---|---|---|---|
| 39 | Suctioning –Upper Airway (Soft & Rigid) | X | | E |
| AIRWAY & BREATHING (continued) | | | | |
| 42 | Suctioning--upper airway (nasal) | X | | E |
| 40 | Suctioning--meconium aspiration (BULB SYRINGE) | X | | E |
| 41 | Suctioning--stoma | X | | E |
| 42 | End Tidal CO2 Monitoring/Capnometry | | | E |
| 43 | End Tidal CO2 Monitoring | | | E |
| 44 | Extubation (WITH ANY AUTHORIZED DEVICE) | X | | E |
| 45 | Gastric Decompression – NG Tube W/ ANY AUTHORIZED DEVICE | | | E |
| 46 | Gastric Decompression – OG Tube W/ ANY AUTHORIZED DEVICE | | | E |
| ASSESSMENT | | | | |
| 47 | Automatic BP | X | | |
| 48 | Level of consciousness (LOC) | X | | E |
| 49 | Using Glasgow Coma Scale (GCS) | X | | E |
| 50 | Vital sign--body temperature | X | | E |
| 51 | Vital sign--pulse | X | | E |
| 52 | Vital sign--pupils | X | | E |
| 53 | Vital sign--respirations | X | | E |
| 54 | Vital sign--skin color/temperature and condition (CTC) | X | | E |
| 55 | Blood pressure--auscultation | X | | E |
| 56 | Blood pressure--electronic noninvasive | X | | E |
| 57 | Blood pressure--palpation | X | | E |
| 58 | Auscultate breath sounds identify breath sounds (quality) | X | | E |
| 59 | Auscultate breath sounds (presence/absence) | X | | E |
| 60 | Blood Glucose Monitoring | O | | E |
| 61 | Assist with the delivery of an infant | X | | E |
| 62 | Blood Pressure – Automated | X | C | |
| 63 | Blood Pressure – Manual | X | C | |
| 64 | Blood pressure--auscultation | X | | E |
| 65 | Level of consciousness (LOC) | X | C | |
| 66 | Pulse Oximetry | O | | E |
| 67 | Using Glasgow Coma Scale (GCS) | X | | E |
| 68 | Vital sign--body temperature | X | C | |
| 69 | Vital sign--pulse | X | C | |
| 70 | Vital sign--pupils | X | C | |
| 71 | Vital sign--respirations | X | C | |
| 72 | Vital sign--skin color/temperature and condition (CTC) | X | C | |
| 73 | EMT-Basic Assessment | X | C | |
| Administered Medication | | | | |
| 74 | PRN (Bio/chem) | | | |
| 75 | ASA for chest pain (of suspected ischemic origin) | O | C | |

| ASSESSMENT (continued) | | | | |
|---|---|---|---|---|
| Administered Medication - Mode of Delivery (continued) | | | | |
| 76 | Oral analgesics | | | |
| 77 | Administer MD-approved OTC medications (activated charcoal, oral glucose, oral analgesics, ASA for chest pain of suspected ischemic origin) | | | |
| Administered Medication - Mode of Delivery | | | | |
| 78 | Intramuscular (IM) | | | |
| 79 | Nebulized | O | | E |
| 80 | Oral | X | C | |
| 81 | Sub-Lingual (SL) | X | | E |
| 82 | Buccal | X | C | |
| 83 | Auto-injected epinephrine--primary use--not patient's own prescription | O | | |
| 84 | Unit dose auto-injector for self or peer care | X | C | |
| Administered Medication - Pt Assisted | | | | |
| 85 | Activated Charcoal | X | | E |
| 86 | Beta-agonist | | | |
| 87 | Atrovent | O | | E |
| 88 | Auto-Injected Epinephrine | X | | E |
| 89 | Medicated Inhaler – Prescribed | X | | E |
| 90 | Nitroglycerin | X | | E |
| 91 | Oral Glucose | X | | E |
| Administered Medication - By Protocol | | | | |
| 92 | Activated Charcoal | X | | E |
| 93 | Administer Inhaled beta agonist for dyspnea & wheezing | | | |
| 94 | Administer SL Nitro for chest pn of suspected ischemic origin | X | | E |
| 95 | Aspirin (ASA) for chest pain (ONLY W/ MEDICAL DIRECTION) | O | | E |
| 96 | Aspirin (ASA) for chest pain | O | C | E |
| 97 | Epi-Pen – Carrying & Administration (By Protocol) | O | | E |
| 98 | Glucagon auto-injector | | | |
| 99 | Mark I Auto Injector (For Self & Crew) | | | |
| 100 | Nitroglycerin (SL only) | X | | E |
| 101 | Nitroglycerine preparation – sublingual or oral spray. | X | | E |
| 102 | Oral Glucose | X | | E |
| PATIENT MANAGEMENT | | | | |
| 103 | Provide care to a patient with a chest injury | X | — | E |
| 104 | Provide care to a patient with a painful, swollen, deformed extremity | X | — | E |
| 105 | Provide care to a patient with a soft tissue injury | X | — | E |
| 106 | Provide care to a patient with a suspected head injury | X | — | E |
| 107 | Provide care to a patient with a suspected spinal injury | X | — | E |
| 108 | Provide care to a patient with an acute amputation | X | — | E |
| 109 | Provide care to a patient with an impaled object | X | — | E |

| | | | | |
|---------------------------------------|---|---|---|---|
| 110 | Provide care to a patient with an open abdominal injury | X | — | E |
| PATIENT MANAGEMENT (continued) | | | | |
| 111 | Provide care to a patient with shock (Hypoperfusion). | X | — | E |
| 112 | Provide care to an infant or child with a fever | X | — | E |
| 113 | Provide care to an infant or child with a suspected blood disorder | X | — | E |
| 114 | Provide care to an infant or child with a suspected communicable disease | X | — | E |
| 115 | Provide care to an infant or child with abdominal pain | X | — | E |
| 116 | Provide care to an infant or child with cardiac arrest | X | — | E |
| 117 | Provide care to an infant or child with respiratory distress | X | — | E |
| 118 | Provide care to an infant or child with seizure | X | — | E |
| 119 | Provide care to an infant or child with shock (hypoperfusion) | X | — | E |
| 120 | Provide care to an infant or child with suspected abuse or neglect | X | — | E |
| 121 | Provide care to an infant or child with trauma | X | — | E |
| 122 | Provide care to suspected overdose patient | X | — | E |
| 123 | Provide care to the mother immediately following delivery of a newborn | X | — | E |
| 124 | Provide care to the newborn | X | — | E |
| 125 | Provide care to the patient experiencing a seizure | X | — | E |
| 126 | Provide care to the patient experiencing an allergic reaction | X | — | E |
| 127 | Provide care to the patient with a gynecological emergency | X | — | E |
| 128 | Provide post-resuscitation care to a cardiac arrest patient | X | — | E |
| 129 | Triage (prioritizing patients)-use of tags | X | — | E |
| 130 | Obtain consent for providing care | X | — | E |
| 131 | Perform a rapid extrication of a trauma patient | X | — | E |
| 132 | Provide care for a patient with a history of diabetes. | X | — | E |
| 133 | Provide care for a patient with a suspected blood disorder | X | — | E |
| 134 | Provide care for a patient with a suspected communicable disease | X | — | E |
| 135 | Provide care for a patient with abdominal pain | X | — | E |
| 136 | Provide care for a patient with an altered mental state | X | — | E |
| 137 | Provide care for a patient with an endocrine disorder other than diabetes. | X | — | E |
| 138 | Provide care for a patient with head pain | X | — | E |
| 139 | Provide care for a possible poisoning patient | X | — | E |
| 140 | Provide care for external bleeding. | X | — | E |
| 141 | Provide care for the obstetric patient | X | — | E |
| 142 | Provide care to a near-drowning patient | X | — | E |
| 143 | Provide care to a patient experiencing a behavioral problem | X | — | E |
| 144 | Provide care to a patient experiencing cardiovascular compromise | X | — | E |
| 145 | Provide care to a patient experiencing non-traumatic chest pain/discomfort. | X | — | E |
| 146 | Provide care to a patient exposed to cold | X | — | E |
| 147 | Provide care to a patient exposed to heat | X | — | E |
| 148 | Provide care to a patient who has been bitten or stung by an animal or insect | X | — | E |
| 149 | Provide care to a patient with a burn injury | X | — | E |

| PATIENT MANAGEMENT (continued) | | | | |
|---------------------------------------|---|---|---|---|
| 150 | Assist with the delivery of an infant | X | C | |
| 151 | Assisting a patient in administering his/her own prescribed medications, including auto-injection (self, buddy and pt assisted) | X | C | |
| 152 | Resuscitate a patient in cardiac arrest. | X | C | |
| 153 | Burns--chemical, electrical, inhalation, radiation, thermal | X | | E |
| 154 | Childbirth (abnormal/complications) | X | C | |
| 155 | Childbirth (normal)--cephalic delivery | X | C | |
| 156 | Childbirth--umbilical cord cutting | X | | E |
| 157 | Eye care | X | | E |
| 158 | Eye Irrigation | X | | E |
| 159 | Splinting- Pelvic Wrap | | | E |
| 160 | Splinting extremity – Rigid | X | | E |
| EMERGENCY TRAUMA CARE | | | | |
| 161 | Cervical collar | X | C | |
| 162 | Manual head/Neck Stabilization | X | C | |
| 163 | Manual Extremity Spinting | X | C | |
| 164 | Application of Commercial Extremity Splints | X | C | E |
| 165 | Anatomical Extremity splinting | X | C | |
| 166 | Eye Irrigation | X | C | |
| 167 | Rapid extrication | X | C | |
| 168 | Spinal Immobilization – Based on mechanics of Injury | X | | E |
| 169 | Spinal Immobilization – Cervical Collar | X | C | |
| 170 | Spinal Immobilization – Long Board | X | C | |
| 171 | Spinal Immobilization – Manual Stabilization | X | C | |
| 172 | Spinal Immobilization – Seated Patient | X | C | |
| 173 | Spinal Immobilization – Seated Patient (KED, etc.) (Assist only) | X | C | |
| 174 | Spinal immobilization--helmet stabilization or removal | X | | E |
| 175 | Spinal immobilization--long board w/pt supine and standing | X | | E |
| 176 | Spinal immobilization--manual stabilization and cervical collar | X | C | |
| 177 | Spinal immobilization--rapid extrication | X | C | |
| 178 | Splinting extremity – Soft | X | C | |
| 179 | Splinting extremity – Anatomical | X | C | |
| 180 | Splinting extremity – Manual stabilization | X | C | |
| 181 | Splinting extremity – Vacuum | X | C | |
| 182 | Hemorrhage Control – Direct Pressure | X | C | |
| 183 | Hemorrhage Control – Pressure Point | X | C | |
| 184 | Hemorrhage Control – Tourniquet | X | C | |
| 185 | Trendelenberg Positioning | X | C | |
| 186 | Hemorrhage Control - Pressure Bandaging | X | C | |
| EMERGENCY CARDIAC CARE | | | | |

| | | | | |
|-------------------------------|---|---|---|---|
| 187 | Cardiac monitoring--apply electrodes | | | E |
| 188 | Cardiac monitoring--multi lead (acquire but non -interpretive) | | | E |
| 189 | Cardiopulmonary Resuscitation (CPR) | X | C | |
| 190 | Cardiopulmonary resuscitation (CPR) adult, infant, child, one and two person | X | C | |
| 191 | CPR - Mechanical Device | X | C | |
| 192 | Defibrillation - Automated/SemiAutomated (AED/SAED) | X | | E |
| 193 | Defibrillation--automated external defibrillator (AED) | X | C | |
| EMERGENCY MEDICAL CARE | | | | |
| 194 | Monitor IV line | X | | E |
| 195 | Capillary Blood Sampling – Obtaining (blood glucose monitoring) | O | | E |
| 196 | Capillary Blood Sampling – Obtaining (other than blood glucose monitoring) | | | E |
| 197 | Maintenance – Non-Medicated IV Fluids (#2 CRYSTALLOIDS, #3 PERIPHERAL) | X | | E |
| 198 | Urinary catheterization (ASSESSING & MONITORING ONLY) | | | E |
| 199 | Assisted normal delivery | X | C | |
| 200 | Assisted complicated delivery | X | C | |
| 201 | Childbirth (abnormal/complications) - patient positioning | X | | E |
| 202 | Childbirth (abnormal/complications) | X | | E |
| 203 | Childbirth (normal)--cephalic delivery | X | C | |
| 204 | Childbirth--umbilical cord cutting | X | C | |
| 205 | Maintenance – Non-Medicated IV Fluids | X | | E |
| AMBULANCE OPERATIONS | | | | |
| 206 | Assess the need for additional resources at the scene. | X | – | E |
| 207 | Drive the emergency vehicle in a non-emergency situation | X | – | E |
| 208 | Drive the emergency vehicle in an emergency situation (theory) | X | – | E |
| 209 | Give consideration for potential organ retrieval | X | – | E |
| 210 | Incident Command System (ICS) | X | – | E |
| 211 | Make decisions based on Do Not Resuscitate (DNR) orders | X | – | E |
| 212 | Make decisions regarding abandonment, negligence, etc. | X | – | E |
| 213 | Multiple Casualty Incident (MCI) | X | – | E |
| 214 | Participate in the quality improvement process | X | – | E |
| 215 | Prepare the emergency vehicle and equipment before responding to a call. | X | – | E |
| 216 | Preserve the crime scene | X | – | E |
| 217 | Provide education on emergency medical services to the public | X | – | E |
| 218 | Provide for safety of self, patient and fellow workers | X | – | E |
| 219 | Provide injury prevention education to the public, such as seat belt usage, helmet usage, pool safety, etc. | X | – | E |
| 220 | Use methods to reduce stress in a patient, bystanders and co-workers | X | – | E |
| 221 | Use physician medical direction for authorization to provide care (Off-line) | X | – | E |
| 222 | Use the incident command system | X | C | |

| Documentation | | | | |
|---|--|---|---|---|
| AMBULANCE OPERATIONS (continued) | | | | |
| 223 | Out-of-Hospital Do Not Resuscitate (DNR) orders | X | C | E |
| 224 | Patient Care Report completion | X | C | E |
| Communications | | | | |
| 225 | Communicate with bystanders, other health care providers and patient family members while providing patient care | X | | E |
| 226 | Communicate with patient while providing care | X | | E |
| 227 | Communications with PSAPs, hospitals, medical command facilities | X | | E |
| 228 | Provide a report to RECEIVING PERSONNEL of assessment findings and emergency care given | X | | E |
| 229 | Provide a report to medical direction of assessment findings and emergency care given | X | | E |
| 230 | Verbal patient report to receiving personnel | X | | E |
| Lifting & Moving | | | | |
| 231 | Lifting & Moving - Move patients using a carrying device | X | C | |
| 232 | Lifting & Moving - Move patients without a carrying device | X | C | |
| 233 | Lifting & Moving - Patient lifting, moving and transfers | X | C | |
| 234 | Lifting & Moving - Patient Physical Restraint Application | X | — | E |
| 235 | Lifting & Moving - Patient restraints on transport devices | X | C | |
| 236 | Lifting & Moving - Use body mechanics when lifting and moving a patient. | X | C | |
| 237 | Behavioral--Restrain violent patient | X | — | E |
| Hazardous materials | | | | |
| 238 | Decontamination | X | — | E |
| 239 | Disinfection | X | — | E |
| 240 | Dispose of materials contaminated with body fluids. | X | C | |
| 241 | Dispose of sharps (needles, auto-injectors, etc) | X | — | E |
| 242 | Perform unit dose auto-injectors for self or peer care (MARK I) | X | C | |
| 243 | PPE (personal protection equipment) use | X | C | |
| 244 | PRN Self or peer care (Bio/chem) | X | C | |
| 245 | Take infection control precautions (body substance isolation) | X | C | |

Proposed for Review

Section IV

ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT)

Proposed for Review

Proposed for Review

Advanced Emer Med Tech (AEMT) Recommendations

GENERAL

1. Adoption of the title “Advanced Emergency Medical Technician” to replace “Emergency Medical Technician - Intermediate”.
2. KS adoption of enhanced National Scope attendant level skills set.
3. Elimination of LMA as a prehospital airway device at this level.
4. Elimination of endotracheal intubation at this level.
5. Adoption of manual defibrillation at this level (at former EMT-D level).
6. Incorporate language of addressing categories/classes of devices rather than specific devices.
7. Any medications authorized will be addressed by class/category instead of name.

TRANSITION PLAN (EMT-I to AEMT)

1. Transition will be accomplished over a three year period via two recertification cycles.
2. EMT-Basics will be required to take specific classes identified as being incorporated in the new skills sets/curricula.
3. Once validation of new CE requirements is achieved, new title (Advanced - Emergency Medical Technician) will be awarded to currently certified Emergency Medical Technician – Intermediate attendants.
4. Those failing to achieve new recertification standards will lose their Emergency Medical Technician – Intermediate certification.

SPREADSHEET LEGEND: The letters below are used in the following pages;

In the “CURRENT” column;

X is used to indicate that the skill is currently an authorized activity for this attendant in level.

O is used in the “current” column to indicate that the skill is an optional skill, such as advanced initiatives for the EMT-B and/or intubation for the EMT-I.

In the “SCOPE” column;

C is used to indicate the skill is a component of the National skill set for this level of attendant.

- is used to indicate the assumption that the skills is included but the depth and breadth of the intervention is not specified in the Scope document.

In the “KEMSSAF” column,

E is used (enrichment) to identify a skill not included in the Scope document but is recommended for inclusion by KEMSSAF in the authorized skills set at the attendant level identified.



Is used to indicate a new skills for this attendant level in comparison to current law.

Proposed for Review

| SKILLS SET COMPARISON | | Current KS | Scope (MIN) | KS-R(D) (MAX) |
|-------------------------------|---|-------------------|--------------------|----------------------|
| AIRWAY & BREATHING | | | | |
| 1 | Oral (Oropharyngeal) | X | C | |
| 2 | Esophageal obturator airway (EOA) | X | | E |
| 3 | Esophageal Gastric Tube Airway (EGTA) | X | | E |
| 4 | Advanced - Multi Lumen | X | C | |
| 5 | Advanced - Single Lumen (*NOT LMA or ET) | X | | E |
| 6 | Esophageal/Tracheal - Multi Lumen | X | | E |
| 7 | Lumen (Non-Visualized)(*NOT LMA or ET) | X | | E |
| 8 | Nasal (Nasopharyngeal) | X | C | |
| 9 | Esophageal tracheal--dual lumen CombiTube® | X | C | E |
| 10 | Pharyngeal tracheal lumen (PTL) | X | C | |
| 11 | Bag-valve-mask (BVM) ventilation | X | C | |
| 12 | Bag-valve-mask esophageal/tracheal or multi -lumen airway ventilation | X | C | |
| 13 | Bag-valve-mask endotracheal tube ventilation | X | C | |
| 14 | Bag-valve-mask with in-line small-volume nebulizer | | | |
| 15 | Automatic Transport Ventilator (ATV) | | | |
| 16 | Manually Triggered Ventilator (MTV) | | | |
| 17 | Oxygen Demand valve | X | | E |
| 18 | Flow restricted oxygen powered ventilation device | | | |
| 19 | Head-tilt chin lift | X | C | |
| 20 | Cricoid pressure (Sellick maneuver) | X | C | |
| 21 | Jaw thrust | X | C | |
| 22 | Jaw-thrust - Modified (trauma) | X | C | |
| 23 | Mouth to barrier | X | C | |
| 24 | Mouth to Mask | X | C | |
| 25 | Mouth to nose | X | C | |
| 26 | Mouth to stoma | X | C | |
| 27 | Obstruction-Manual (Heimlich, finger sweep, chest thrusts) upper airway | X | C | |
| 28 | Obstruction – Forceps (Direct Visual) | X | | E |
| 29 | Oxygen Therapy – Humidifiers | X | C | E |
| 30 | Oxygen Therapy – Nasal Cannula | X | C | E |
| 31 | Oxygen Therapy - Nebulizer | X | | E |
| 32 | Oxygen Therapy – Non-rebreather Mask | X | C | |
| 33 | Oxygen Therapy – Partial Rebreather Mask | X | C | |
| 34 | Oxygen Therapy – Regulators | X | C | |
| 35 | Oxygen Therapy – Simple Face Mask | X | C | |
| 36 | Oxygen Therapy – Venturi Mask | X | C | |
| 37 | Oxygen therapy--blow-by delivery | X | C | |

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|---|---|---|---|--|
| 38 | Suctioning - Upper airway | X | C | |
| 39 | Suctioning - Oropharyngeal | X | C | |
| AIRWAY & BREATHING (continued) | | | | |
| 40 | Suctioning –Upper Airway (Soft & Rigid) | X | C | |
| 41 | Suctioning--meconium aspiration (BULB SYRINGE) | X | C | |
| 42 | Suctioning--stoma | X | C | |
| 43 | Suctioning--upper airway (nasal) | X | C | |
| 44 | Suctioning--upper airway (oral) | X | C | |
| 45 | End Tidal CO2 Monitoring/Capnometry | | | |
| 46 | End Tidal CO2 Monitoring | | | |
| 47 | Endotracheal Intubation | X | | |
| 48 | Extubation (WITH AUTHORIZED DEVICE) | X | | |
| 49 | Gastric Decompression – OG Tube W/ ANY AUTHORIZED DEVICE | | | |
| ASSESSMENT | | | | |
| 50 | Automatic BP | X | C | |
| 51 | Level of consciousness (LOC) | X | C | |
| 52 | Using Glasgow Coma Scale (GCS) | X | C | |
| 53 | Vital sign--body temperature | X | C | |
| 54 | Vital sign--pulse | X | C | |
| 55 | Vital sign--pupils | X | C | |
| 56 | Vital sign--respirations | X | C | |
| 57 | Vital sign--skin color/temperature and condition (CTC) | X | C | |
| 58 | Blood pressure--auscultation | X | C | |
| 59 | Blood pressure--electronic noninvasive | X | C | |
| 60 | Blood pressure--palpation | X | C | |
| 61 | Auscultate breath sounds (identify specifics) | X | C | |
| 62 | Auscultate breath sounds (presence/absence) | X | C | |
| 63 | Blood Glucose Monitoring | X | C | |
| 64 | Pulse Oximetry | X | C | |
| 65 | Refer patients to non-emergent medical care based upon an examination | X | C | |
| 66 | EMT-Basic Assessment | X | C | |
| PHARMACOLOGICAL INTERVENTIONS | | | | |
| Administered Medication | | | | |
| 67 | PRN (Bio/chem) | | | |
| 68 | ASA for chest pain (of suspected ischemic origin) | X | C | |
| 69 | Oral analgesics | | | |
| 70 | Administer MD-approved OTC medications (activated charcoal, oral glucose, oral analgesics, ASA for chest pain of suspected ischemic origin) | X | C | |
| Administered Medication - Mode of Delivery | | | | |
| 71 | Aerosolized | | | |
| 72 | Buccal | | | |

| | | | | |
|---|---|---|---|---|
| 73 | Intramuscular (IM) | X | C | |
| PHARMACOLOGICAL INTERVENTIONS | | | | |
| Administered Medication - Mode of Delivery | | | | |
| 74 | Peripheral IV Push (D50 and narcotic antagonist only) | | | |
| 75 | Nebulized | X | C | |
| 76 | Oral (PO) | X | C | |
| 77 | Sub-Lingual (SL) | X | C | |
| 78 | Auto-injected epinephrine--primary use--not patient's own prescription | X | C | |
| 79 | Unit dose auto-injector for self or peer care | | | |
| 80 | Intranasal | | | |
| 81 | Rectal | | | |
| 82 | Subcutaneous (SC) | | | |
| Administered Medication - Pt Assisted | | | | |
| 83 | Activated Charcoal | X | | E |
| 84 | Beta-agonist | | | E |
| 85 | Atrovent | X | | E |
| 86 | Auto-Injected Epinephrine | X | | E |
| 87 | Medicated Inhaler – Prescribed | X | | E |
| 88 | Nitroglycerin | X | | E |
| Administered Medication - By Protocol | | | | |
| 89 | Oral Glucose | X | | E |
| 90 | Activated Charcoal | X | | E |
| 91 | Administer Inhaled beta agonist for dyspnea & wheezing | | | |
| 92 | Administer SL Nitro for chest pn of suspected ischemic origin | X | C | |
| 93 | Aspirin (ASA) for chest pain (ONLY W/ MEDICAL DIRECTION) | X | C | |
| 94 | Aspirin (ASA) for chest pain | X | C | |
| 95 | Epi-Pen – Carrying & Administration (By Protocol) | X | C | |
| 96 | Glucagon auto-injector | | | |
| 97 | Mark I Auto Injector (For Self & Crew) | | | |
| 98 | 25% and 50% dextrose. | | | |
| 99 | Adenosine | | | |
| 100 | Administer a narcotic antagonist | | C | |
| 101 | Administer MD approved medications | | | |
| 102 | Administer MD-approved OTC medications (activated charcoal, oral glucose, oral analgesics, ASA for chest pain of suspected ischemic origin) | X | C | |
| 103 | Administer nitrous oxide for pain relief (medical protocol) | | | |
| 104 | Administer SQ or IM Epinephrine for anaphylaxis (IM only) | X | C | |
| 105 | Aerosolized or nebulized beta-2 specific bronchodilators. | | | |
| 106 | Albuterol & Atrovent - Premix Combined | | | |
| 107 | Albuterol (Nebulized) | X | | E |
| 108 | Amiodarone (Bolus only) | | | |

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|--|---|---|---|---|
| 109 | Ativan (Lorazepam) for Seizures only | | | |
| PHARMACOLOGICAL INTERVENTIONS (continued) | | | | |
| Administered Medication - By Protocol (continued) | | | | |
| 110 | Atropine sulfate | | | |
| 111 | Atrovent (Nebulized) | | | |
| 112 | Bretylium tosylate | | | |
| 113 | Calcium chloride | | | |
| 114 | Dextrose 50% | | | E |
| 115 | Diazepam | | | |
| 116 | Diphenhydramine hydrochloride | | | |
| 117 | Dopamine hydrochloride | | | |
| 118 | Epinephrine 1:10,000 (Cardiac Arrest Only) | | | E |
| 119 | Epinephrine Auto-Injector or Manually drawn 1:1000 | X | | E |
| 120 | Furosemide | | | |
| 121 | Glucagon | | C | |
| 122 | Lasix | | | |
| 123 | Lidocaine (Bolus Only) | | | |
| 124 | Midazolam | | | |
| 125 | Mark I Auto Injector (For Self & Crew) | | C | |
| 126 | Monitor and adjust heparin infusion during interfacility transport. | | | |
| 127 | Monitor and adjust nitroglycerine infusion during interfacility transport | | | |
| 128 | Morphine | | | |
| 129 | Narcan (Narcotic antagonist) | | C | |
| 130 | Oral Glucose | X | C | |
| 131 | Valium (Diazepam) for seizures only ???? Benzodiazepam) | | | |
| 132 | Vasopressin | | | |
| 133 | Nitroglycerin (SL only) | X | C | |
| 134 | Nitroglycerine preparation – sublingual or oral spray | X | C | |
| 135 | Oral Glucose | X | C | |
| EMERGENCY TRAUMA CARE | | | | |
| 136 | Cervical collar | X | C | |
| 137 | Manual head/Neck Stabilization | X | C | |
| 138 | Manual Extremity Splinting | X | C | |
| 139 | Application of Commercial Extremity Splints | X | C | |
| 140 | Anatomical Extremity splinting | X | C | |
| 141 | Eye Irrigation | X | C | |
| 142 | Rapid extrication | X | C | |
| 143 | Spinal Immobilization – Based on mechanics of injury | X | C | |
| 144 | Spinal Immobilization – Cervical Collar | X | C | |
| 145 | Spinal Immobilization – Long Board | X | C | |
| EMERGENCY TRAUMA CARE (continued) | | | | |

| | | | | |
|-------------------------------|---|-----|---|---|
| 146 | Spinal Immobilization – Manual Stabilization | X | C | |
| 147 | Spinal Immobilization – Seated Patient | X | C | |
| 148 | Spinal Immobilization – Seated Patient (KED, etc.) (Assist only) | X | C | |
| 149 | Spinal immobilization--helmet stabilization or removal | X | C | |
| 150 | Spinal immobilization--long board w/pt supine and standing | X | C | |
| 151 | Spinal immobilization--manual stabilization and cervical collar | X | C | |
| 152 | Spinal immobilization--rapid extrication | X | C | |
| 153 | Splinting extremity – Soft | X | C | |
| 154 | Splinting extremity – Anatomical | X | C | |
| 155 | Splinting extremity – Manual stabilization | X | C | |
| 156 | Splinting extremity – Vacuum | X | C | |
| 157 | Hemorrhage Control – Direct Pressure | X | C | |
| 158 | MAST/PASG | X | C | |
| 159 | Hemorrhage Control – Pressure Point | X | C | |
| 160 | Hemorrhage Control – Tourniquet | X | C | |
| 161 | Hemorrhage Control - Pressure Bandaging | X | C | |
| 162 | Trendelenberg Positioning | X | C | |
| 163 | Eye care | X | C | |
| 164 | Eye Irrigation | X | C | |
| 165 | Splinting- Pelvic Wrap | X | C | |
| 166 | Splinting extremity – Rigid | X | C | |
| 167 | Provide care to a patient with a burn injury | X | C | |
| 168 | Provide care to a patient with a chest injury | X | C | |
| 169 | Provide care to a patient with a painful, swollen, deformed extremity | X | C | |
| 170 | Provide care to a patient with a soft tissue injury | X | C | |
| 171 | Provide care to a patient with a suspected head injury | X | C | |
| 172 | Provide care to a patient with a suspected spinal injury | X | C | |
| 173 | Provide care to a patient with an acute amputation | X | C | |
| 174 | Provide care to a patient with an impaled object | X | C | |
| 175 | Provide care to a patient with an open abdominal injury | X | C | |
| 176 | Provide care to a patient with shock (Hypoperfusion). | X | C | |
| 177 | Provide care to an infant or child with trauma | X | C | |
| 178 | Provide care to a patient with a burn injury | X | C | |
| 179 | Provide care for external bleeding. | X | C | |
| 180 | Burns--chemical, electrical, inhalation, radiation, thermal | X | C | |
| EMERGENCY CARDIAC CARE | | | | |
| 181 | Provide care to an infant or child with cardiac arrest | X | C | |
| 182 | Cardiac monitoring--apply electrodes | (D) | | X |
| 183 | Cardiac monitoring--multi lead (acquire but non-interpretive) | (D) | | X |

| EMERGENCY CARDIAC CARE (continued) | | | | |
|---|---|------------|----------|----------|
| 184 | Cardiopulmonary resuscitation (CPR) adult, infant, child, one and two person | X | C | |
| 185 | CPR - Mechanical Device | X | C | |
| 186 | Cardiac Monitoring - Multi Lead (non-interpretive) | (D) | | X |
| 187 | Cardiac Monitoring – Single Lead (interpretive) [EMT-D focus] | (D) | | X |
| 188 | Cardiac Monitoring – Single Lead (non-interpretive) | (D) | | X |
| 189 | Defibrillation - Automated/Semi Automated (AED/SAED) | X | | X |
| 190 | Defibrillation – Manual | (D) | | X |
| 191 | Defibrillation--automated external defibrillator (AED) | X | | X |
| 192 | Defibrillation--Counter shock--manual | (D) | | X |
| 193 | Defibrillation - Automated/Semi Automated (AED/SAED) | X | C | |
| 194 | Defibrillation--automated external defibrillator (AED) | X | C | |
| EMERGENCY MEDICAL CARE | | | | |
| 195 | Resuscitate a patient in cardiac arrest. | X | C | |
| 196 | Provide post-resuscitation care to a cardiac arrest patient | X | C | |
| 197 | Provide care for a patient with a history of diabetes. | X | C | |
| 198 | Provide care for a patient with abdominal pain | X | C | |
| 199 | Provide care for a patient with an altered mental state | X | C | |
| 200 | Provide care for a patient with an endocrine disorder other than diabetes. | X | C | |
| 201 | Provide care for a patient with head pain | X | C | |
| 202 | Provide care for a possible poisoning patient | X | C | |
| 203 | Provide care for external bleeding. | X | C | |
| 204 | Provide care for the obstetric patient | X | C | |
| 205 | Provide care to a near-drowning patient | X | C | |
| 206 | Provide care to a patient experiencing a behavioral problem | X | C | |
| 207 | Provide care to a patient experiencing cardiovascular compromise | X | C | |
| 208 | Provide care to a patient experiencing non-traumatic chest pain/discomfort. | X | C | |
| 209 | Provide care to a patient exposed to cold | X | C | |
| 210 | Provide care to a patient exposed to heat | X | C | |
| 211 | Provide care to a patient who has been bitten or stung by an animal or insect | X | C | |
| 212 | Provide care to an infant or child with a fever | X | C | |
| 213 | Provide care to an infant or child with a suspected blood disorder | X | C | |
| 214 | Provide care to an infant or child with a suspected communicable disease | X | C | |
| 215 | Provide care to an infant or child with abdominal pain | X | C | |
| 216 | Provide care to an infant or child with respiratory distress | X | C | |
| 217 | Provide care to an infant or child with seizure | X | C | |
| 218 | Provide care to an infant or child with shock (hypoperfusion) | X | C | |
| 219 | Provide care to an infant or child with suspected abuse or neglect | X | C | |
| 220 | Provide care to suspected overdose patient | X | C | |
| 221 | Provide care to the mother immediately following delivery of a newborn | X | C | |
| EMERGENCY MEDICAL CARE (continued) | | | | |

| | | | | |
|--|---|---|---|---|
| 222 | Provide care to the newborn | X | C | |
| 223 | Provide care to the patient experiencing a seizure | X | C | |
| 224 | Provide care to the patient experiencing an allergic reaction | X | C | |
| 225 | Provide care to the patient with a gynecological emergency | X | C | |
| 226 | Urinary catheterization (ASSESSING & MONITORING ONLY) | | | |
| 227 | Assisted normal delivery | X | C | |
| 228 | Assisted complicated delivery | X | C | |
| 229 | Assist with the delivery of an infant | X | C | |
| 230 | Childbirth (abnormal/complications) - patient positioning | X | | E |
| 231 | Childbirth (abnormal/complications) | X | | E |
| 232 | Childbirth (normal)--cephalic delivery | X | C | |
| 233 | Provide care to an infant or child with a fever | X | C | |
| 234 | Perform a rapid extrication of a trauma patient | X | C | |
| 235 | Provide care for a patient with a history of diabetes. | X | C | |
| 236 | Provide care for a patient with an altered mental state | X | C | |
| 237 | Provide care for a patient with an endocrine disorder other than diabetes. | X | C | |
| 238 | Provide care for a patient with head pain | X | C | |
| 239 | Provide care for a possible poisoning patient | X | C | |
| 240 | Provide care for the obstetric patient | X | C | |
| 241 | Provide care to a near-drowning patient | X | C | |
| 242 | Provide care to a patient experiencing a behavioral problem | X | C | |
| 243 | Provide care to a patient experiencing cardiovascular compromise | X | C | |
| 244 | Provide care to a patient experiencing non-traumatic chest pain/discomfort. | X | C | |
| 245 | Provide care to a patient exposed to cold | X | C | |
| 246 | Provide care to a patient exposed to heat | X | C | |
| 247 | Provide care to a patient who has been bitten or stung by an animal or insect | X | C | |
| 248 | Assist with the delivery of an infant | X | C | |
| 249 | Assisting a patient in administering his/her own prescribed medications, including auto-injection (self, buddy and pt assisted) | X | C | |
| 250 | Childbirth (abnormal/complications) - patient positioning | X | C | |
| 251 | Childbirth (normal)--cephalic delivery | X | C | |
| 252 | Childbirth--umbilical cord cutting | X | C | |
| 253 | Urinary catheterization (monitoring only) | | | |
| INTRAVENOUS INITIATION/MANAGEMENT | | | | |
| 254 | Arterial line--capped--transport | | | |
| 255 | IV Push D50 | | C | |
| 256 | IV Solutions- D5W, Normal Saline, | X | C | |
| 257 | Lactated Ringers | | | |
| 258 | Capillary Blood Sampling – Obtaining (other than blood glucose monitoring) | | | |
| INTRAVENOUS INITIATION/MANAGEMENT (continued) | | | | |
| 259 | Crystalloids | | | |

| | | | | |
|-----|--|---|---|---|
| 260 | Saline lock insertions as no-flow IV | | | |
| 261 | Indwelling intravenous catheters (peripheral) | | | |
| 262 | Intraosseous – initiation (adult & pediatric) | | | |
| 263 | IV (push and infusion) | | | |
| 264 | IV Push D50 | | | |
| 265 | Lactated Ringers | X | | E |
| 266 | Peripheral venous--initiation (cannulation) | X | C | |
| 267 | Venous Blood Sampling – Obtaining | X | | E |
| 268 | Monitor IV line | X | C | |
| 269 | Maintenance – peripheral non-medicated crystalloid IV Fluids | X | C | |

AMBULANCE OPERATIONS

| | | | | |
|-----|---|---|---|--|
| 270 | Assess the need for additional resources at the scene. | X | C | |
| 271 | Drive the emergency vehicle in a non-emergency situation | X | C | |
| 272 | Drive the emergency vehicle in an emergency situation (theory) | X | C | |
| 273 | Give consideration for potential organ retrieval | X | C | |
| 274 | Incident Command System (ICS) | X | C | |
| 275 | Make decisions based on Do Not Resuscitate (DNR) orders | X | C | |
| 276 | Make decisions regarding abandonment, negligence, etc. | X | C | |
| 277 | Multiple Casualty Incident (MCI) | X | C | |
| 278 | Participate in the quality improvement process | X | C | |
| 279 | Prepare the emergency vehicle and equipment before responding to a call. | X | C | |
| 280 | Preserve the crime scene | X | C | |
| 281 | Provide education on emergency medical services to the public | X | C | |
| 282 | Provide for safety of self, patient and fellow workers | X | C | |
| 283 | Obtain consent for providing care | X | C | |
| 284 | Provide injury prevention education to the public, such as seat belt usage, helmet usage, pool safety, etc. | X | C | |
| 285 | Use methods to reduce stress in a patient, bystanders and co-workers | X | C | |
| 286 | Use physician medical direction for authorization to provide care (Off-line) | X | C | |
| 287 | Deliver or assist in delivery of home health care (To level of authorized activities) | X | C | |
| 288 | Triage (prioritizing patients)-use of tags | X | C | |

Documentation

| | | | | |
|-----|---|---|---|--|
| 289 | Out-of-Hospital Do Not Resuscitate (DNR) orders | X | C | |
| 290 | Complete a prehospital care report | X | C | |
| 291 | Patient Care Report completion | X | C | |

AMBULANCE OPERATIONS (continued)

Communications

| | | | | |
|-----------------------------|--|---|---|--|
| 292 | Communicate with bystanders, other health care providers and patient family members while providing patient care | X | C | |
| 293 | Communicate with patient while providing care | X | C | |
| 294 | Communications with PSAPs, hospitals, medical command facilities | X | C | |
| 295 | Provide a report to RECEIVING PERSONNEL of assessment findings and emergency care given | X | C | |
| 296 | Provide a report to medical direction of assessment findings and emergency care given | X | C | |
| 297 | Verbal patient report to receiving personnel | X | C | |
| Lifting & Moving | | | | |
| 298 | Lifting & Moving - Move patients using a carrying device | X | C | |
| 299 | Lifting & Moving - Move patients without a carrying device | X | C | |
| 300 | Lifting & Moving - Patient lifting, moving and transfers | X | C | |
| 301 | Lifting & Moving - Patient Physical Restraint Application | X | C | |
| 302 | Lifting & Moving - Patient restraints on transport devices | X | C | |
| 303 | Lifting & Moving - Use body mechanics when lifting and moving a patient. | X | C | |
| 304 | Behavioral--Restrain violent patient | X | C | |
| Hazardous materials | | | | |
| 305 | Decontamination | X | C | |
| 306 | Disinfection | X | C | |
| 307 | Dispose of materials contaminated with body fluids. | X | C | |
| 308 | Dispose of sharps (needles, auto-injectors, etc) | X | C | |
| 309 | Perform unit dose auto-injectors for self or peer care (MARK I) | X | C | |
| 310 | PPE (personal protection equipment) use | X | C | |
| 311 | PRN Self or peer care (Bio/chem) | X | C | |
| 312 | Take infection control precautions (body substance isolation) | X | C | |
| Rescue | | | | |
| 313 | Patient access and extrication | X | C | |
| 314 | Rapid extrication | X | C | |

Proposed for Review

PARAMEDIC

Proposed for Review

Proposed for Review

Paramedic Recommendations

GENERAL

1. Adoption of the title “Paramedic” to replace “Mobile Intensive Care Technician”.
2. No change in current authorized level of activities. Potential changes in terminology, language, title, other than clean up as necessary.

TRANSITION PLAN (MICT to Paramedic)

NONE REQUIRED

SPREADSHEET LEGEND: Does NOT apply.

Proposed for Review