Washington State Department of Health

Approved Procedures and Skills for Certified EMS Providers

EMS Scope of Practice Guidance - Authorized EMS certified provider (EMR, EMT, AEMT, Paramedic) scope of practice is addressed in three specific areas. 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.

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 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 included in Washington State Amended Curriculum. (Not in national scope, but is in Washington Amended Curricula for initial training and is mandatory).

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. Personnel 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 specialized training required and is optional).

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. Personnel 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. Currently, endorsements are only required for EMT IV and SGA skills. (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	EMR	EMT	AEMT	PARA
Head Tilt/Chin Lift	N	N	N	N
Modified Chin Lift	N	N	N	N
Jaw Thrust	N	N	N	N
Cricoid Pressure	N	N	N	N
Oral Airway	N	N	N	N
Nasal Airway		N	N	N
Nasal Cannula	N	N	N	N
Non-rebreather Mask	N	N	N	N
Partial Re-breather Mask		N	N	N
Venturi Mask		N	N	N
Humidified O2		N	N	N
Pocket mask	N	N	N	N
Positive Pressure Ventilation - Bag Valve Mask	N	N	N	N
Positive Pressure Ventilation - Manually Triggered Demand Valve		N	N	N
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.		N	N	N
Positive Pressure Ventilation - Transport ventilator with adjustments beyond rate and tidal volume.				N

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Airway	EMR	EMT	AEMT	PARA
Continuous Positive Airway Pressure (CPAP)		W*	W*	N
Bi-level Positive Airway Pressure (BiPAP)				N
Airway Obstruction Removal-Manual	N	N	N	N
Airway Obstruction Removal-Direct Laryngoscopy				N
Airways not intended for insertion into the trachea (Esophageal / Tracheal Multi-Lumen Airways such as CombiTube, King LT, i-gel)		W**	N	N
Nasal Endotracheal Intubation				N
Oral Endotracheal Intubation				N
Pharmacological facilitation of Intubation				N
Capnometry (End Tidal CO2 colormetric device)		W*	W*	N
Capnography (End Tidal CO2 waveform and/or numerical continuous monitoring)		W*	W*	N
Cricothyrotomy - Percutaneous (needle)				N
Cricothyrotomy - Surgical				N
Pleural Chest Decompression (needle)				N
Chest Tube - Monitor				N
NG Tube Placement				N
OG Tube Placement				N
Suctioning - upper airway	N	N	N	N
Suctioning - tracheal bronchial suctioning of an already intubated patient				N
Suctioning of tracheostomy requiring modified technique		W*	W*	N
Cardiovascular Care	**EMR**	**EMT**	**AEMT**	**PARA**
Cardiopulmonary Resuscitation	N	N	N	N
Cardiopulmonary Resuscitation - Mechanical		N	N	N
Automated External Defibrillation (AED)	N	N	N	N
Semi-Automated External Defibrillation (SAED)	N	N	N	N
Defibrillation - Manual				N
Cardioversion				N
Transcutaneous Pacing				N
Carotid massage				N
Pericardiocentesis				N
Patient Assessment & Diagnostic Procedures	**EMR**	**EMT**	**AEMT**	**PARA**
Blood Pressure - Manual & Automated	N	N	N	N
Assess Pulse	N	N	N	N
Assess Respirations	N	N	N	N
Pulse Oximetry	W*	N	N	N
Blood chemistry analysis - Glucometry (capillary puncture)	W*	N	N	N
Blood chemistry analysis - Cardiac Enzymes (i.e. iStat devices)				N
12 Lead ECG-lead placement, ECG acquisition, computerized analysis, and transmission		N	N	N
12 Lead ECG-lead placement, ECG acquisition, computerized analysis or interpretation by EMS provider, and transmission				N
Trauma Care	**EMR**	**EMT**	**AEMT**	**PARA**
Manual Cervical Spine Stabilization	N	N	N	N
Cervical Collar Placement	W	N	N	N
Spinal Motion Restriction / Immobilization (from standing, seated, or supine position)	W	N	N	N
Extremity Injury Immobilization (manual)	N	N	N	N

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Extremity Injury Immobilization (mechanical)	W*	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	N	N	N	N
Hemorrhage Control - Use of Tourniquet	N	N	N	N
MAST / Pneumatic Anti-Shock Garments (PASG)		N	N	N
Patient Restraint Device (mechanical)		N	N	N
Medical Care	**EMR**	**EMT**	**AEMT**	**PARA**
OB - Assisted Normal Delivery	N	N	N	N
OB - Assisted Complicated Delivery		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**
Venipuncture to obtain venous blood sample		W**	N	N
Peripheral IV Insertion and Infusion - Adult and Pediatric		W**	N	N
Intraosseous Insertion and Infusion - Adult and Pediatric		W**	N	N
External Jugular Insertion and Infusion - Adult				N
Central Venous Line Insertion and Infusion - Subclavian				N*
Central Venous Line - Access Existing Line / Port for Infusion				N
Operation and Management of a Controlled Delivery Device for IV Infusion (IV Pump)				N
Technique of Medication Administration	**EMR**	**EMT**	**AEMT**	**PARA**
Buccal		N	N	N
Oral		N	N	N
Sublingual (EMT may assist with patient's prescribed medication)		N	N	N
Transdermal				N
Topical				N
Intranasal - Mucosal Atomization Device	N	N	N	N
Inhalation - Metered Dose Inhaler		N	N	N
Inhalation - Nebulizer			N	N
Inhalation - Aerosolized			N	N
Endotracheal				N
Subcutaneous Injection			N	N
Intramuscular - Auto Injector	N	N	N	N
Intramuscular - Auto Injector - Assist patient in administering his/her own prescribed medication	W*	N	N	N
Intramuscular - Syringe and needle		W*	N	N
Intravenous		W**	N	N
Intraosseous		W**	N	N
Central Venous Line				N
Rectal				N
Nasogastric				N
Pharmacology	**EMR**	**EMT**	**AEMT**	**PARA**
Administration of Controlled Substances (FDA Scheduled)				N
Aspirin - Oral		N	N	N
Bronchodilator / Beta Agonist - Metered Dose Inhaler		N	N	N
Bronchodilator / Beta Agonist - Nebulizer			N	N
Epinephrine for Anaphylaxis Intramuscular - Auto Injector	W*	N	N	N
Epinephrine for Anaphylaxis Intramuscular - Syringe and Needle		W*	N	N

Glucose for hypoglycemia - Oral		N	N	N
Hypoglycemic Medications (i.e. Glucagon, D50)			N	N
Naloxone for Suspected Opiate / Narcotic Overdose Intranasal - Mucosal Atomization Device	W*	W*	N	N
Naloxone for Suspected Opiate / Narcotic Overdose Intramuscular - Syringe and Needle		W*	N	N
Naloxone for Suspected Opiate / Narcotic Overdose Intravenous			N	N
Nerve Agent Antidote Kit - Intramuscular - Auto Injector (EMR limited to self/peer only)	N	N	N	N
Nitrous Oxide			N	N
Nitroglycerine - Sublingual		N	N	N
Nitroglycerine - Transdermal			N	N
Nitroglycerine - Intravenous				N
Oxygen Therapy	N	N	N	N
Thrombolytic (Initiation and Maintenance)				N
Emergency Cardiac Medications				N
Benzodiazepines for Seizures				N
Benzodiazepines for Sedation				N
Non-depolarizing Agents for Pharmacological Facilitation of Intubation				N
Depolarizing Agents for Pharmacological Facilitation of Intubation				N
Other medications to facilitate sedation (I.E. Ketamine, Etomidate)				N
Blood or Blood Products - Maintenance of Pre-existing Infusion				N

General Guidance

Authorized medications and routes for administration by EMR, EMT, and AEMT are identified in this document.

Authorized medications and routes used commonly by 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) - Persons who have taken a PPD administration course administered by a local health jurisdiction may administer PPD if: the person is doing so in accordance with a formal TB program through the local health jurisdiction; is under the medical oversight of the local jurisdiction health officer, and is not doing so while performing as an EMS provider.

Administration of vaccine - EMS providers may only do immunizations in a declared emergency 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 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.

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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 the EMT has successfully completed the State of Washington EMT IV Monitor Course, and a department approved MPD protocol is in place. Completion of the EMT IV Monitor Course does not authorize the EMT to establish an IV. 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 devices such as 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.