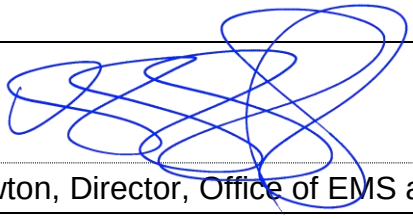
GEORGIA DEPARTMENT OF PUBLIC HEALTH

SCOPE OF PRACTICE FOR EMS PERSONNEL
GEORGIA OFFICE OF EMS AND TRAUMA
POLICY: SOP-2020-1 (effective 4/23/2020)

Approval:		04/23/2020
	David Newton, Director, Office of EMS and Trauma	Date

As noted in the 2019 National EMS Scope of Practice Model (available at www.ems.gov), an individual may only perform a skill or role for which that person is:

- **EDUCATED** (has been **trained** to perform the skill or role), **AND**
- **CERTIFIED** (has demonstrated competence in the skill or role), **AND**
- **LICENSED** (has legal authority issued by the State to perform the skill or role), **AND**
- **CREDENTIALED** (has been authorized by the medical director to perform the skill or role).

In Georgia, EMS personnel are permitted to perform only those skills listed under their licensure level, and only once they have been ***trained*** on those skills, ***certified*** as competent, ***credentialed*** to perform those skills by their local EMS Medical Director, and only while operating under standing, verbal or written ***orders*** from their local EMS Medical Director, transferring physician or a Medical Control physician. EMS personnel are permitted to administer only medications listed under their licensure level, and only once they are ***trained*** in the pharmacology of that medication, ***certified*** as competent to administer the medication, ***credentialed*** to administer that medication by their local EMS Medical Director, and ***ordered*** to give that medication by standing, verbal or written orders from the local EMS Medical Director, transferring physician or a Medical Control Physician.

While EMS personnel are permitted to do the skills or administer medications in this document, given the conditions above, the decision to perform a skill or administer medications in a given situation for a particular patient should be based on the patient's clinical presentation and current evidence-based practice. Being *able* to perform a skill or administer a medication does not mean a provider *should* perform that skill or administer that medication.

Key to Provider Levels		
EMT	**E**	Emergency Medical Technician
EMT-I	**I**	Emergency Medical Technician-Intermediate
AEMT	**A**	Advanced Emergency Medical Technician
CT	**C**	Cardiac Technician
PMDC	**P**	Paramedic

NOTE: If a provider code (the single letter code from the table above) is listed for a particular skill, then that level of EMS provider is permitted to perform that skill. If a skill does not have the letter code shown for a provider level, then personnel licensed at that level are NOT permitted to perform that skill. EMS providers performing skills outside their scope of practice may be subject to disciplinary action under DPH Rules and Regulations 511-9-2. Interpretive guidelines serve to clarify or modify the skill listed. If an asterisk (*) appears with the letter code for a specific provider level, then the interpretive guidelines may modify the skill for that provider level.

Implementation Timeline for 2020 Scope of Practice

This version of the Georgia Scope of Practice for EMS Personnel becomes effective on April 23, 2020. Given the nature of the changes from the 2015 scope of practice to the 2020 scope of practice, as they relate to the use of advanced transport ventilators and other skills that are listed under the Post-Licensure Skills for Paramedics document, there will be a twelve (12) month grace period for the full implementation of the 2020 Georgia Scope of Practice. EMS agencies that are already (as of 12/31/2019) allowing paramedics to use advanced transport ventilators or perform other skills that are listed under the Post-Licensure Skills for Paramedics document, may continue to allow those skills up until December 31, 2020. ***Beginning January 1, 2021, any agency that desires to allow paramedics to use advanced transport ventilators or use any of the skills now listed under the Post-Licensure Skills for Paramedics document, must meet all the requirements under that section.***

Airway and Breathing Skills		Levels					Interpretive Guidelines
1.	Supplemental oxygen therapy						
	a. Oxygen delivery devices	E	I	A	C	P	*This would include any type of cannula or mask designed for the delivery of oxygen but does not include high flow nasal cannulas.*
	b. Humidified oxygen	E	I	A	C	P	
2.	Basic airway management						
	a. Manual maneuvers to open and control the airway	E	I	A	C	P	*This would include procedures such as: head-tilt, chin-lift; tongue-jaw lift; jaw thrust; Sellick's maneuver.*
	b. Manual maneuvers to remove obstructions from the airway	E	I	A	C	P	
	c. Insertion of airway adjuncts intended to go into the oropharynx	E	I	A	C	P	
	d. Insertion of airway adjuncts intended to go into the nasopharynx	E	I	A	C	P	
3.	Ventilation management						
	a. Mouth to barrier devices	E	I	A	C	P	
	b. Bag-valve mask	E	I	A	C	P	
	c. Manually triggered ventilators	E	I	A	C	P	
	d. Automatic transport ventilators capable of rate and tidal volume adjustments only	E*	I*	A*	C	P	*EMTs, EMT-Is and AEMTs are limited to the initiation of automatic transport ventilators during resuscitative efforts only.*
	e. Chronic-use home ventilators	E	I	A	C	P	
4.	Suctioning						
	a. Upper airway suctioning	E	I	A	C	P	
	b. Tracheobronchial suctioning			A*	C	P	*AEMTs are limited to tracheobronchial suctioning of patients with pre-established airways.*
5.	Advanced airway management						
	a. CPAP/BiPAP administration and management		I	A	C	P	
	b. Supraglottic airway device/BIAD (Blind Insertion Airway Device) insertion		I*	A*	C	P	*This would also permit the removal of a supraglottic airway under medically appropriate circumstances for the specific levels. EMT-Is and AEMTs are limited to the insertion of devices not intended to be placed into trachea.*

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Airway and Breathing Skills		Levels					Interpretive Guidelines
5.	Advanced airway management (continued)						
	c. Endotracheal intubation				C	P	*This includes nasal and oral endotracheal intubation; extubation for medically necessary reasons; initiation of PEEP; and the maintenance and transport of patients who are currently intubated.*
	d. Airway obstruction removal by direct laryngoscopy				C	P	
	e. Percutaneous cricothyrotomy					P*	*This would include retrograde intubation techniques and devices that puncture the skin and/or cricothyroid membrane. Paramedics are not permitted to make a surgical incision of the cricothyroid membrane. Paramedics may perform skin incisions with a surgical blade for percutaneous cricothyrotomy.*
	f. Gastric decompression					P	*Includes NG and OG tubes.*
	g. Pleural decompression via needle thoracostomy					P	
	h. Chest tube monitoring					P	

Assessment Skills		Levels					Interpretive Guidelines
1.	Basic assessment skills						
	a. Perform simple patient assessments	E	I	A	C	P	
	b. Perform comprehensive patient assessments	E	I	A	C	P	
	c. Obtaining vital signs manually	E	I	A	C	P	
2.	Advanced assessment skills/Monitoring Devices						
	a. Obtaining vital signs by electronic devices	E	I	A	C	P	*This would include the use of non-invasive blood pressure monitoring devices, as well as pulse oximetry/co-oximetry measurement and blood glucose monitoring.*
	b. End-tidal CO_2 monitoring and interpretation of waveform capnography				C	P	
	c. Blood chemistry analysis					P	*Includes the use of advanced point-of-care testing devices.*

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Assessment Skills	Levels	Interpretive Guidelines
3. Specimen Collection		
a. Perform specimen collection for infectious diseases.	**E*** **I** **A** **C** **P**	This includes the use of the following specimen collection types: oropharyngeal swab, nasal mid-turbinate swab, anterior nares swab, nasopharyngeal wash/aspirate, saliva collection, and nasal aspirate. This would also include any additional appropriate specimen collection types for diseases related to a declared public health emergency. Prior to performing specimen collections, EMS personnel must be trained on the correct specimen collection procedure and must have approval of a physician. EMTs are not permitted to perform venipuncture for specimen collection.
Pharmacological Interventions/Skills	**Levels**	**Interpretive Guidelines**
1. Fundamental pharmacological skills		
a. Use of unit dose commercial pre-filled containers or auto-injectors for the administration of life saving medications for chemical/hazardous material exposures.	**E** **I** **A** **C** **P**	
b. Assist patients in taking their own prescribed medications as approved by the local EMS Medical Director	**E** **I** **A** **C** **P**	
c. Administration of over-the-counter medications with appropriate medical direction.	**E** **I** **A** **C** **P**	*Includes oral glucose for hypoglycemia and aspirin for chest pain of suspected ischemic origin.*
2. Advanced pharmacological skills: Venipuncture/vascular access		
a. Obtaining peripheral venous blood specimens	**I** **A** **C** **P**	*This is either through direct venipuncture or through an existing IV catheter.*
b. Transport of a patient with a pre-established peripheral INT/saline lock	**E*** **I** **A** **C** **P**	*This would permit EMTs and above to transport patients with pre-established INTs/saline locks. EMTs are not permitted to access the INT/saline lock, nor are they permitted to remove it.*
c. Peripheral IV insertion and maintenance; incudes removal as needed	**I** **A** **C** **P**	*This includes an INT/saline lock. Peripheral lines include external jugular veins but does not include placement of umbilical catheters.*

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Pharmacological Interventions/Skills		Levels				Interpretive Guidelines
2.	Advanced pharmacological skills: Venipuncture/vascular access (continued)					
	d. Intraosseous device insertion; includes removal as needed	I	A	C	P	*This includes placement in both adult and pediatric patients. This also includes both manual and mechanically assisted devices as approved by the local EMS Medical Director.*
	e. Access indwelling catheters and implanted central IV ports for fluid and medication administration.			C	P	*After approval of the local EMS Medical Director AND only after successful completion of device-specific training and appropriate periodic (at least annually) skills verification, as specified, approved and validated by the local EMS Medical Director. CTs and Paramedics are NOT permitted to place or remove central venous catheters.*
	f. Central line monitoring			C	P	
3.	Advanced pharmacological skills: Medication/Fluids Administration					
	a. Administration of crystalloid IV solutions	I*	A*	C	P	*This includes hypotonic, isotonic and hypertonic solutions as approved by the local EMS Medical Director. This also includes combination solutions, such as D5NS. EMT-Is and AEMTs are limited to the initiation of crystalloid solutions that do not have added pharmacological agents.*
	b. Maintenance of non-medicated IV fluids	I	A	C	P	
	c. Maintenance of medicated IV fluids			C*	P	*CTs are authorized to maintain only the following: antiarrhythmics, vagolytic agents, chronotropic agents, alkalizing agents, analgesic agents and vasopressor agents.*
	d. Administration of hypertonic dextrose solutions for hypoglycemia	I	A	C	P	*Hypertonic dextrose solutions may be given IV/IO.*
	e. Administration of glucagon for hypoglycemia		A	C	P	*Glucagon may be administered via IM, SC, IV, IO or intranasal routes as approved by the local EMS Medical Director.*
	f. Administration of SL nitroglycerine to a patient experiencing chest pain of a suspected ischemic origin		A	C	P	

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Pharmacological Interventions/Skills	Levels					Interpretive Guidelines
3. Advanced pharmacological skills: Medication/Fluids Administration (continued)						
g. Parenteral administration of epinephrine for anaphylaxis	E*	I*	A*	C	P	*EMTs and EMT-Is may only administer epinephrine via an auto-injector. EMTs and EMT-Is may also administer epinephrine from a vial/syringe from a commercially or pharmacy pre-assembled and pre-measured kit, via the IM route after approval of the local EMS Medical Director AND successful completion of post-licensure training and appropriate periodic (at least annually) skills verification, as specified, approved and validated by the local EMS Medical Director. Agencies must maintain documentation and submit to OEMS upon request, of all training, skills verifications and medical director approval/validations. AEMTs may prepare and administer epinephrine via the IM route only.*
h. Administration of inhaled (nebulized) beta agonist/ bronchodilator and anticholinergic agents for dyspnea and wheezing	E*	I*	A	C	P	*Inhaled (nebulized) means atomization of the medication through an oxygen/air delivery device with a medication chamber or using a metered-dose inhaler. EMTs and EMT-Is may only administer pre-measured unit doses of nebulized medications.*
i. Administration of a narcotic antagonist to a patient with a suspected narcotic overdose	E*	I*	A	C	P	*EMTs and EMT-Is may only administer narcotic antagonists via the intranasal route or via an auto-injector.*
j. Administration of nitrous oxide (50% mixture) for pain relief			A	C	P	
k. Vaccine administration		I*	A*	C*	P	*EMT-Is, AEMTs, and CTs may only administer vaccinations during designated events such as mass vaccination clinics or in the event of a declared public health emergency and then only after approved training.*

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Pharmacological Interventions/Skills				Levels			Interpretive Guidelines
3.	Advanced pharmacological skills: Medication/Fluids Administration (continued)						
l. Paralytic administration						P*	***Administration of paralytics for DAI/RSI is NOT permitted*** *unless an agency has obtained* ***written*** *approval from the Office of EMS and Trauma. Paramedics are only authorized to use non-depolarizing paralytics to maintain the paralysis of already intubated patients during interfacility transports if approved by the local EMS Medical Director.*
m. Sedative/Hypnotic agents						P*	*Administration of sedative/hypnotic agents for the purpose of intubating a patient is generally not recommended and should be utilized only by EMS systems that, in the judgment of the local EMS medical director(s), have a specific need for the procedure and possess adequate resources to develop and maintain a prehospital drug-assisted intubation (DAI) protocol. EMS providers performing DAI should possess training, knowledge, and experience in the techniques and in the use of pharmacologic agents used to perform DAI. (adapted from the NAEMSP position statement on DAI)*
n. Administration of other physician-approved medications					C*	P*	*CTs are authorized to give only the following: antiarrhythmics, vagolytic agents, chronotropic agents, alkalizing agents, analgesic agents and vasopressor agents. In addition to the medications with respective interpretive guidelines on previous pages, Paramedics are authorized to give any additional medication via enteral or parenteral routes, if approved by the local EMS Medical Director.*
o. Maintain an infusion of blood or blood products						P	*Paramedics may maintain a blood/blood product infusion started at the sending facility. This does NOT include the initiation of an additional unit of blood or blood product.*

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Cardiac/Medical Skills		Levels					Interpretive Guidelines
1.	Fundamental cardiac skills						
	a. Manual external CPR	E	I	A	C	P	
	b. Use of an automated or semi-automated external defibrillator	E	I	A	C	P	
2.	Advanced cardiac skills						
	a. Use mechanical CPR assist devices	E	I	A	C	P	
	b. ECG acquisition and transmission	E*	I*	A*	C	P	*Includes 12-lead ECGs. EMTs, EMT-Is, and AEMTs may only obtain and transmit a 12-lead ECG for suspected STEMI patients if approved and trained by the local EMS Medical Director.*
	c. ECG monitoring and interpretation				C	P	*Includes 12-lead ECGs.*
	d. Manual cardiac defibrillation				C*	P	*CTs may only defibrillate a pulseless and apneic or hemodynamically unstable patient. See O.C.G.A. § 31-11-55 (a)(2)(A).*
	e. Emergency cardioversion; includes vagal maneuvers				C	P	
	f. Transcutaneous cardiac pacing				C	P	
3.	Emergency childbirth management						
	a. Assist in the normal delivery of a newborn	E	I	A	C	P	
	b. Assist in the complicated delivery of a newborn	E	I	A	C	P	*This includes external fundal massage for post-partum bleeding but does not include internal fundal massage.*
4.	Behavioral emergency skills						
	a. Manual and mechanical patient restraints for behavioral emergencies	E	I	A	C	P	*Includes soft disposable and leather restraints, as approved by the local EMS Medical Director.*
	b. Chemical restraints of combative patients					P	

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Trauma Care Skills		Levels					Interpretive Guidelines
1.	Managing injuries, including but not limited to:						
	a. Manual cervical stabilization and cervical collar use	E	I	A	C	P	
	b. Manual stabilization of orthopedic trauma	E	I	A	C	P	
	c. Spinal Motion Restriction (SMR)	E	I	A	C	P	*Includes the use of long spine boards and seated SMR devices such as the KED®.*
	d. Splinting	E	I	A	C	P	*Includes traction splint.*
	e. MAST/PASG						*Not approved for use in Georgia.*
2.	Managing other trauma injuries, including but not limited to:						
	a. Fundamental bleeding control	E	I	A	C	P	
	b. Progressive bleeding control	E	I	A	C	P	*Includes the use of tourniquets, wound packing and hemostatic agents as approved by the local EMS Medical Director.*
	c. Fundamental eye irrigation	E	I	A	C	P	
	d. Complex eye irrigation					P	*Hands-free irrigation using a sterile eye irrigation device.*
	e. Fundamental management of soft tissue injuries	E	I	A	C	P	
	f. Complex management of soft tissue injuries	E	I	A	C	P	
3.	Movement/extrication of patients, including but not limited to:						
	a. Emergency moves for endangered patients	E	I	A	C	P	
	b. Rapid extrication of patients	E	I	A	C	P	

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Changelog:

Date of Change	Summary of Change
4/23/2020	Extended the mandatory date of compliance with the Post-Licensure Skills for Paramedics to January 1, 2021. Also separated the Post-Licensure Skills for Paramedics from the main Scope of Practice.
4/23/2020	Added “Perform specimen collection for infectious diseases.” to Assessment Skills. This was added to help the COVID-19 specimen collection and testing efforts in Georgia.