
SCOPE OF PRACTICE - LOCAL OPTIONAL

1. Local Optional Scope of Practice – requires authorization from State EMS Authority
 - 1.1 ALS PERSONNEL:
 - 1.1.1 Amiodarone
 - 1.1.2 Intraosseous infusion
 - 1.1.3 Pediatric intubation
 - 1.1.4 Transcutaneous pacing
 - 1.1.5 Nerve agent exposure drugs:
 - ➔ Autoinjectors - for self-administration
 - ➔ Pralidoxime chloride (2-PAM) – (patient administration, HazMat trained paramedics only)
 - ➔ Atropine – (patient administration, HazMat trained paramedics only)
 - 1.1.6 Sodium Thiosulfate
 - 1.1.7 Zofran
 2. Approved for use in Alameda County – requires additional training
 - 2.1 ALS PERSONNEL:
 - 2.1.1 Pulse oximetry
 - 2.1.2 Length-based resuscitation tape
 - 2.1.3 Meconium aspirator
 - 2.1.4 End-tidal CO₂ detection (colorimetric or capnographic technologies)
 - 2.1.5 12-lead EKG – optional for first responder agencies
 - 2.1.6 King-LTD supraglottic airway device
 - 2.1.7 Continuous Positive Airway Pressure (CPAP)
 - 2.1.8 Intranasal naloxone and midazolam
 - 2.1.9 Intraosseous Infusion – Adult and Pediatric
 - 2.2 BLS PERSONNEL: (see “Advanced Airway Management” **page 116**)
 - 2.2.1 King-LTD supraglottic airway device - optional
 - 2.2.2 If using King-LTD:
 - ➔ End-tidal CO₂ detection (colorimetric or capnographic technologies)
3. Field personnel will not perform any skill that is not a part of his/her scope of practice or has not been authorized by the Alameda County Health Officer and/or EMS Medical Director
4. During an interfacility transfer or during a mutual aid response into another jurisdiction, a paramedic may utilize the scope of practice for which he/she is trained and accredited
5. Paramedics will not draw blood unless approved in advance by the EMS Medical Director
6. Field personnel are prohibited from carrying any medical equipment or medications that have not been authorized for prehospital use by the Alameda County EMS Medical Director