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POLICY MEMORANDUM 3303

Effective Date: July 1, 2017

Review Date: July 1, 2019

REVIEWED/APPROVED BY:

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**SUBJECT: EMERGENCY MEDICAL TECHNICIAN (EMT) LOCAL OPTIONAL SCOPE OF PRACTICE PROVIDER AUTHORIZATION**

**AUTHORITY:**

California Code of Regulations (CCR), Title 22, Division 9, Chapter 2, Article 4, Section 100079, Article 5, Sections 100080 and 100081, and Article 6, Section 100083

**PURPOSE:**

To establish requirements and standards for medical control so an Emergency Medical Services (EMS) provider within Solano County may utilize the EMT Local Optional Scope of Practice.

**I. EMT Local Optional Scope of Practice**

- A. The following BLS Local Optional Scope of Practice skills are authorized for use within Solano County for an EMT that is employed with a Solano County EMS provider:
  - 1. Utilization of a perilaryngeal airway.
    - a. The preferred perilaryngeal airway for Solano County is the King Airway.
- B. In order for an EMT to be eligible to be accredited to use a perilaryngeal airway, the training requirements stated in Solano County EMS Policy 6300, EMT Scope of Practice, must be met and documentation submitted to Solano County EMS upon initial training and EMT recertification.

## **II. EMT Local Optional Scope of Practice Service Provider Requirements**

- A. If an EMS Provider within Solano County wishes to utilize the Local Optional EMT Scope of Practice skill(s), the EMS provider must submit the following documentation prior to utilization of the skills(s):
1. A letter of intent to provide EMT Local Optional Scope of Practice skills signed by a chief officer, expressing willingness to abide by all Solano County EMS Agency policies, protocols, and program requirements.
  2. Identification of the Local Optional skill(s) being requested for utilization.
  3. A description of the geographical area in which the Local Optional skill(s) will be utilized.
  4. Designation of an EMT Local Optional Scope of Practice Medical Director and a Program Coordinator/Lead Instructor.
    - a. The Program Coordinator/Lead Instructor shall be a physician, Registered Nurse (RN), physician assistant, or Paramedic licensed in California.
  5. A description of the plans for initial accreditation and reaccreditation training for the Local Optional skill(s) to be utilized including, but not limited to, written exams, skills demonstration, equipment, and recurring skills competency.
    - a. The training requirements for the utilization of a perilyngeal airway are included in Policy 6300, EMT Scope of Practice, Section III.
    - b. Refer to Policy 6608, Advanced Airway Management, Section II for the procedure for utilization of the King Airway.

## **III. Responsibilities of the EMT Local Optional Scope of Practice Program Coordinator**

- A. The responsibilities of the EMT Local Optional Scope of Practice Program Coordinator are as follows:
1. Provide the Solano County EMS Agency with a description of the data collection methodology, which shall also include the effectiveness of the use of the Local Optional skill(s).
  2. Submit to the Solano EMS Agency the Patient Care Report (PCR) when a Local Optional skill is used within 72 hours after the incident.
  3. Perform a monthly review of any Local Optional skill(s) that was used in the prior month.
  4. Provide an annual update by the end of January to Solano County EMS that includes:
    - a. A list of all EMTs that are currently accredited to use Local Optional skills;
    - b. Any changes to program personnel;

- c. Any changes to training curriculum.
- 5. Report any unusual events or detrimental outcomes when utilizing a Local Optional skill by submitting a Field Advisory Report (FAR) in compliance with Solano County EMS Policy 6100.

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