



## *EMS Special Memorandum - #18-001*

Date: May 8, 2018

To: Mendocino/ Sonoma County EMS Providers and System Stakeholders

From: Bryan Cleaver  
Regional EMS Administrator

Mark Luoto, MD  
Regional EMS Medical Director

### **Re: Expanded EMT Scope of Practice Progress Report**

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The intent of this memo is to update our provider agencies and system stakeholders on the progress towards implementation of the new BLS scope of practice skills within Mendocino and Sonoma Counties.

Over the last five months CVEMSA staff have worked with provider partners to deliver BLS Update training to about 400 EMTs in Mendocino and Sonoma County. In general we've received positive feedback from the participants in the training process on the intranasal administration of Naloxone, use of glucometers, CPAP therapy and epinephrine auto-injectors. Our instructors were well-received by the agencies hosting the training and reported the EMTs were receptive to the new concepts and engaged in the discussions that occurred around the expanded scope available to EMTs.

CVEMSA was one of the first LEMSAs to deliver the training beginning well ahead of the training requirements for new EMTs effective July 1, 2018 or recertification of existing EMTs beginning in July 2019. That choice was made with the intent to allow as much time as possible for our EMTs to receive training. We also wished to understand the training needs to ensure the training we developed was appropriate and ready for use. In addition, having the opportunity to work as the trainers ourselves before approving provider agency-delivered training was a needed step to ensure we had an understanding of what safe training looked like before authorizing any other entity to train on our behalf. That process of coming to grips with the material and delivering to an initial cadre of students has been very successful in our opinion; a success due in a large measure to the engagement and collaboration with of our provider agencies as partners in the effort.

We have reached another milestone in moving towards expanded EMT scope of practice delivery in the release of field treatment guidelines incorporating the new scope of practice. CVEMSA updated the treatment guidelines moving through our process while still delivering initial training. Final versions were released and are ready for use as soon as the final pieces of implementation are complete.

We are scheduling a workgroup meeting to review needed changes to the Vehicle Equipment List incorporating epinephrine, Naloxone, CPAP and glucometers for Tuesday, May 15, 2018 at the EMS Agency. We have a few volunteers but are happy to

expand the group if agencies not currently participating are interested in doing so. That group will develop the minimum standard for in-service paramedic and EMT responders.

We are also updating the ImageTrend Patient Care Reporting platform for BLS provider agencies interested in providing Expanded EMT scope of practice skills. There is no current mandate to provide the new scope of practice, but entities interested in doing so will need to provide electronic documentation of patient care via ImageTrend or another linked system for patient care reporting to allow for quality management of medication administration. As agencies express readiness to come on board, CVEMSA will provide train-the-trainer sessions to individual agencies. ImageTrend is available free of charge and will run on iPads provided via Homeland Security and/or EMSA tablet grants.

The final need prior to agency implementation of the newly expanded scope is the submission of a current Quality Improvement Plan to show the agency CQI process for monitoring the administration of medications and maintenance of laboratory equipment. CVEMSA ALS Providers utilizing EMTs may submit an addendum to a current plan if that plan was submitted less than five years prior to implementation. BLS providers have not been required to submit CQI plans previously; CVEMSA will provide a template and assist as needed as well as providing required physician authorization to purchase medications for all public BLS service providers implementing EMT expanded scope. Our hope and intent is to keep the CQI workload as automated as possible, a task aided by EPR usage. CQI should be aimed at education and identifying system issues as well as facilitating outcome information back to field responders. CVEMSA feels all caregivers have a role in outcomes and therefore a stake in staying aware of what happens to the patients they care for.

We look forward to working with our partners in the final phases of implementation of expanded EMT scope of practice!