

Pre-Hospital EMS Medical Control and Skills Capabilities

- Certified EMS personnel are only authorized to provide patient care:
 - When performing in a prehospital emergency setting or during inter-facility ambulance transport; and
 - When performing for a licensed EMS agency or an organization recognized by the secretary; and
 - Within the scope of care that is:
 - Included in the approved instructional guidelines/curriculum for the individual's level of certification; or
 - Included in approved specialized training; and
 - Included in state approved county MPD protocols.
 - If protocols and regional patient care procedures do not provide off-line direction for the situation, the certified person in charge of the patient must consult with their on-line medical control as soon as possible. Medical control can only authorize a certified person to perform within their scope of practice.
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- Emergency Medical Responder
 - MPD protocols, patient assessment including the use of pulse oximetry, airway adjuncts intended to go into the oropharynx, CPR, AED, O2, BVM, bandaging, back board, C-spine immobilization, splinting, manual stabilization, emergency moves, trauma, triage, medical, pediatrics, oral glucose, Intranasal Naloxone, Epinephrine or Naloxone Auto injector.
 - EMRs who have had MPD approved specialized training may also: use traction splints, utilize glucometry, and administer oral glucose and aspirin. These skills are noted by an asterisk in individual protocols
 - Unless otherwise noted Emergency Medical Responders will be utilized as drivers and tertiary responders. EMRs SHOULD NOT be primary care providers in a prehospital emergency setting unless there is no higher-level medical responder on scene. EMRs SHALL NOT be the primary care provider during transportation of a patient or during inter-facility ambulance transport.
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- Emergency Medical Technician
 - MPD protocols, patient assessment, CPR, AED, 12 lead placement and acquisition, splinting, immobilizing, O2, BVM, CPAP, airway adjuncts intended to go into the oropharynx or nasopharynx, bandaging, splinting, Trauma, triage, medical, pediatrics, OB/GYN, Oral Glucose, Intranasal Naloxone, Aspirin, Epinephrine for anaphylaxis by commercially preloaded measured-dose device, and assist with a patient's nitroglycerin.
 - EMTs who have had MPD approved specialized training may also administer the following medications in compliance with these protocols: Nitrous Oxide, Oral Diphenhydramine, Oral Ibuprofen, Intramuscular Naloxone, Oral Ondansetron, Epinephrine for anaphylaxis by draw up ampules, Glucagon intramuscular, Albuterol via nebulizer, and Ipratropium Bromide. These skills are noted by an asterisk in individual protocols

- Emergency Medical Technician – IV Endorsement
 - WAC 246-976-144(5) allows EMTs who have successfully completed IV / IO therapy training to use those skills only when following approved county MPD protocols that permit EMTs with such training to perform those skills.
 - EMT IVs who have had MPD approved specialized training may also administer D10 solution IV. These skills are noted by an asterisk in individual protocols
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- Emergency Medical Technician – Supraglottic Endorsement
 - WAC 246-976-144(5) allows EMTs who have successfully completed supraglottic airway training to use those skills only when following approved county MPD protocols that permit EMTs with such training to perform those skills.
 - EMT SGs who have had MPD approved specialized training may also use capnometry and capnography, and suction advanced airways. These skills are noted by an asterisk in individual protocols
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- Advanced EMT
 - MPD protocols, EMT skills and knowledge, supraglottic airways, Capnometry, Capnography, IV / IO therapy skills, Nitrous Oxide, Naloxone IV, Aspirin, Dextrose 50/25, Glucagon, Albuterol, Diphenhydramine PO, Ondansetron IV/IM/PO, Nitroglycerine, and Epinephrine for anaphylaxis by either commercially preloaded measured-dose device or draw-up ampules.
 - AEMTs who have had MPD approved specialized training may also administer the following medications in compliance with these protocols: Diphenhydramine IV / IM, and Epinephrine 1:10000 for cardiac arrest management. These skills are noted by an asterisk in individual protocols