



TEXARKANA COLLEGE
EMERGENCY MEDICAL TECHNOLOGY
EMT – Paramedic Preceptor Guide

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TEXARKANA COLLEGE

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EMT – PARAMEDIC PRECEPTOR GUIDE

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INTRODUCTION

Thank you for your interest in the Texarkana College Emergency Medical Service (EMS) Paramedic and EMT programs. The following packet aims to provide you with information regarding the preceptorship of our EMS students. It includes policies on clinical instruction, general expectations during clinical experiences, uniform dress code, and student clinical phases that demonstrate progression through our programs. If you have any inquiries, please do not hesitate to contact the clinical coordinator or course instructors at any time.

The utilization of clinical preceptors can enhance the learning experiences of Texarkana College EMS students. As per the regulations and administrative rules of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP), the State of Texas, the State of Arkansas, and National Registry. A clinical experience with a preceptor will only occur according to the student clinical phases which are found at the conclusion of this preceptor guide. Clinical preceptors have the authority to supervise students during clinical experiences without the presence of faculty members in the affiliating agency or designated clinical setting. However, Texarkana College faculty will remain readily available to students and clinical preceptors during these clinical learning experiences. To be eligible for supervising students, clinical preceptors must possess a current license to practice, competence in the designated areas of EMS practice, and align their philosophy of healthcare with that of the EMS program.

TEXARKANA COLLEGE EMS PHILOSOPHY STATEMENT

The Emergency Medical Technology program at our institution prepares individuals to provide emergency medical care at various levels. Certificates of Completion are awarded for successfully completing the Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), or Paramedic course, allowing students to challenge national exams and apply for state certifications. The program emphasizes the importance of broad-based education and personal qualities such as compassion, adaptability, and interpersonal skills. It also highlights the need for leadership abilities, good judgment, and ethical behavior. The faculty is dedicated to helping students achieve their goal of assisting others in challenging circumstances, while adhering to professional standards and regulations.

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PURPOSE OF PRECEPTOR PROGRAM

The overall purpose of the preceptor program in Emergency Medical Service (EMS) education is to strengthen the connection between practice and education.

Benefits to students:

1. Individualized learning opportunities
2. More active role within the EMS team
3. Exposure to different clinical settings

Benefits to Preceptors:

1. Opportunity to grow professionally
2. Opportunity to benefit the Profession of EMS
3. Recognition for teaching

Benefits for Employers:

1. Greater input into the education of future EMS professionals
2. More skilled, experienced graduates
3. Opportunity to view students in a collaborative role

Benefits for the EMS Program:

1. Allows students to have individual learning experiences
2. Broader settings for learning experience and community readiness
3. Increased collaboration with the EMS community and global health.

ROLE OF THE PRECEPTOR

The EMS Preceptor plays an indispensable part in the educational development of the EMT/Paramedic student, and their committed participation in supporting the student's education is greatly treasured. The Preceptor is responsible for endorsing patient care in accordance with program training guidelines and for affirming student skills. As a Preceptor, your role spans both hospital and field settings, overseeing the student's activities. Meanwhile, it's anticipated that the student complies with all program criteria and conforms to rules set forth by the clinical agencies.

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PROGRAM OBJECTIVES

- 1) Apply comprehensive knowledge of anatomy, physiology, and pathophysiology to assess and manage patients across the lifespan during emergency situations.
- 2) Demonstrate proficient skills in conducting thorough patient assessments, interpreting diagnostic findings, and formulating appropriate treatment plans.
- 3) Effectively communicate and collaborate with healthcare professionals, patients, and their families to provide optimal care and respond to diverse cultural and socioeconomic backgrounds.
- 4) Apply evidence-based practices and critical thinking to make rapid and sound clinical decisions in high-stress situations.
- 5) Demonstrate proficiency in safely and effectively operating advanced medical equipment, administering medications, and performing advanced techniques such as intubation and defibrillation.
- 6) Utilize leadership and teamwork skills to coordinate and manage complex pre-hospital care situations, while ensuring the safety and well-being of patients and colleagues.
- 7) Exhibit professionalism, integrity, and ethical conduct by adhering to legal and regulatory requirements, maintaining patient confidentiality, and demonstrating empathy and respect in all interactions.
- 8) Continuously engage in self-assessment, professional development, and lifelong learning to stay updated with advancements in the field and enhance personal and professional growth in paramedicine.

CLINICAL GUIDELINES

Students in the paramedic program must diligently document patient contacts and care provided during their clinical rotations. Completion of the respective clinical forms before leaving each shift is mandatory, enabling Preceptors to review and evaluate the student's performance. Unsigned forms will not be accepted, and the shift will be considered absent. Additionally, students need Preceptor evaluations for each shift, with a minimum score of 75% required. At least one patient encounter is necessary per shift, and any missing documentation will result in grade deductions. Students must fulfill all documentation requirements and lock the shift upon completion.

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EMT AND PARAMEDIC STUDENT CLINICAL PHASES

Here at Texarkana College, we aim to streamline the clinical transition process for our students and preceptors by developing a phase-labeled approach to the program. This will effectively communicate what each student is capable of, skill-wise, at any given point in their training. This enhanced clarity should provide a smoother, more efficient integration into the clinical setting for all involved.

EMS SCOPE OF PRACTICE MODEL

First revision to the National EMS Scope of Practice Model in a decade reflects the latest evidence and best practices in EMS care and helps improve EMS personnel licensure level consistency. The National EMS Scope of Practice Model is part of an integrated, interdependent EMS education system that strives to increase consistency, efficiency and clinical competence. We have created a template that students will utilize to show preceptors what skills they have shown proficient and can perform during their clinical opportunity.

CLINICAL GRADING

If a student has failed to achieve these objects defined in the clinical phases, the preceptors are asked to contact the student's clinical instructor with verbal feedback. The Texarkana College EMS program is committed to excellence and to further this goal, we ask our preceptors to provide accurate and honest feedback about a student's abilities.

CLINICAL ASSIGNMENT

Significant emphasis is placed on the fact that students are only placed in clinical areas upon the endorsement of the Program Clinical Coordinator or Director. This ensures that each student's placement is suitable, relevant, and beneficial to their educational progression. Should there be any concerns or issues, immediate contact should be made with the Program Clinical Coordinator or Director.

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CONTACT INFORMATION

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CRITERIA FOR CLINICAL PRECEPTORS

All clinical preceptors for the EMS program will meet the following minimum qualifications:

- 1) Preceptors must hold the level of licensure or higher that the student is currently working to complete. For example, a paramedic student cannot have an EMT as a preceptor. A paramedic student may have another paramedic or an RN as a preceptor.
- 2) Preceptors must read the Texarkana College EMS Preceptor Guide and sign the Texarkana College EMS Preceptor Agreement.

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UNIFORM DRESS CODE

For hospital and EMS clinical, the following uniform is required. If a student reports for duty and the preceptor determines their attire is not appropriate, the student must immediately correct the problem, or they will not be allowed to continue the shift. The EMT Program Clinical Coordinator should be notified as soon as possible if this occurs.

- a) The uniform shirt must have a Texarkana College EMS Program patch. EMT students must wear a blue polo shirt and paramedic students must wear a red polo shirt.
- b) Texarkana College Student Clinical Picture ID name tag provided by the college must be always worn in clear view.
- c) Navy EMS uniform style pants.
- d) Black EMS style belt.
- e) Black EMS boots.
- f) Students need to wear a watch that has a modest band. It could be analog, digital, or smart.
- g) Students must have a stethoscope, pen light, and trauma shears.

PERSONAL APPEARANCE

- a) Attire: Outfits should be clean, neat, and ironed. Always ensure that your shirts are buttoned up and tucked in.
- b) Footwear: Shoes or boots should be clean with polished surfaces. Keep laces untarnished. Never tuck your pants into your boots.
- c) Hair: It should be clean and styled in a way that stays away from your face, such as in a bun or a ponytail, during patient interactions. Any form of hair ornament or extreme hairstyles and colors are not permitted. Facial hair should be clean, well-maintained, and aligned with the clinical site's specific regulations.
- d) Body: Personal hygiene is crucial – students are to ensure their body is clean and free from any odors.
- e) Fingernails: They should be short, clean, and free of nail polish or embellishments.
- f) Make-up: Use cosmetics conservatively and refrain from using strong perfumes or aftershaves.
- g) Jewelry: Jewelry is generally not allowed, except for a watch that has a modest band, one simple band ring per finger, and one stud or button earring per ear. Religious or medic-alert medals should be worn on a sufficiently long chain to stay hidden under the uniform. Jewelry on the face or tongue is strictly not allowed.
- h) Tattoos: Make all efforts to cover tattoos while in a clinical environment.

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EMT STUDENT CLINICAL PHASES

Phase	Clinical #	Hospital/Field #	Phase Description	Lecture/Lab Schedule	Student Abilities
Green Phase	Clinical #1	Hospital #1	In the Green Phase, also known as the Introduction Phase, students will be introduced to the hospital and field environment. This phase focuses on familiarizing students with the basics of being an EMT and understanding the roles and responsibilities within the profession. Students will be closely monitored and observed during this phase as they learn the fundamental skills and protocols.	AHA BLS Lab: CPR w/ AED	In the Green Phase, students are new to the environment and their abilities to perform skills are limited. They are closely monitored and observed by preceptors. Students in this phase are mainly focused on learning and observing skills rather than actively performing them.
Green Phase	Clinical #2	Field #1		Unit 1: Introduction to EMS Lab: BP (Aus & Pal), BGL, AVPU, patient transfers	
Red Phase	Clinical #3	Field #2	In the Red Phase, also known as the Skill Development Phase, students will begin to gain more confidence and proficiency in their abilities as EMTs. They will apply the knowledge and skills learned in the previous phase to real-life scenarios, under the guidance and supervision of preceptors. This phase focuses on hands-on training, where students will practice various techniques and procedures, such as patient assessment, basic life support, and medical interventions.	Unit 2: Cardiopulmonary Emergencies with Airway and Shock Management Lab: O2 tank setup, BVM, NRB, NC, OPA, NPA, suction	In the Red Phase, students begin to develop their skills and gain confidence. They are able to perform basic skills with guidance and supervision from preceptors. While they may still require assistance or clarification at times, their abilities are noticeably improving.
Red Phase	Clinical #4	Field #3		Unit 3: Medical Emergencies Lab: Medical Assessment, Epi-Pen, Neb, MDI, and skills practice	

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White Phase	Clinical #5	Field #4	<p>In the White Phase, also known as the Competence Phase, students will continue to enhance their individual and team skills. They will be expected to demonstrate a higher level of competency and independence in managing patient care. In this phase, students will be given more responsibilities and opportunities to lead and make critical decisions, while still receiving guidance and feedback from preceptors.</p>	<p>Unit 4: Trauma Management</p> <p>Lab: Bleeding control, impaled object, bandaging, occlusive dressing, c-collar, seated and supine immobilization, joint and long bone immobilization, traction splint, and trauma assessment</p>	<p>In the White Phase, students have reached a level of competence where they can perform skills independently and with minimal supervision. They have acquired a strong foundation of knowledge and skills, allowing them to handle a variety of tasks and scenarios effectively. However, they may still seek guidance from preceptors for more complex or unfamiliar situations.</p>
White Phase	Clinical #6	Field #5	<p>In the White Phase, also known as the Competence Phase, students will continue to enhance their individual and team skills. They will be expected to demonstrate a higher level of competency and independence in managing patient care. In this phase, students will be given more responsibilities and opportunities to lead and make critical decisions, while still receiving guidance and feedback from preceptors.</p>	<p>Unit 5: Special Populations and EMS Operations</p> <p>Lab: Childbirth and skills practice</p>	<p>In the White Phase, students have reached a level of competence where they can perform skills independently and with minimal supervision. They have acquired a strong foundation of knowledge and skills, allowing them to handle a variety of tasks and scenarios effectively. However, they may still seek guidance from preceptors for more complex or unfamiliar situations.</p>
Blue Phase	Clinical #7	Field #6	<p>In the Blue Phase, also known as the Final Phase, students will reach the culmination of their EMT training. This phase is designed to refine and apply everything they have learned throughout the previous phases. Students will be expected to demonstrate a high level of competence and proficiency in all aspects of being an EMT, including patient assessment, treatment, and communication. They will be evaluated on their ability to handle complex and challenging situations independently.</p>	<p>Finals Week</p> <p>Skills Review and Practice</p>	<p>In the Blue Phase, students have mastered the necessary skills and can perform them confidently and autonomously. They are able to handle complex and challenging situations independently, demonstrating a high level of competence. Students in this phase are expected to be proficient in all aspects of being an EMT and exhibit professionalism and ethical behavior consistently.</p>

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PARAMEDIC STUDENT CLINICAL PHASES

Phase	Course	Hospital/Field	# of Shifts	Hours	Phase Description	Co-Current Courses	Semester
Green Phase	EMSP 1161 – Clinical	Hospital	6 ER 1 TEC 7 Total	72 ER 8 TEC 84 Total	The Green Phase marks the initiation of clinical education for paramedic students, forming the start of a hands-on experience. The main priority during this stage is for the students to complete as many core competency skills as they can, laying a solid foundation for their further studies. As newcomers to paramedical practices, students will potentially find this phase quite challenging and intense. Therefore, thorough guidance, supervision, and support are integral components of the Green Phase to ensure that students grasp and assimilate the concepts correctly.	EMSP 1438 Introduction to Advanced Practices; EMSP 1356 Patient Assessment & Airway Management ; EMSP 2206 Emergency Pharmacology; EMSP 2444 Cardiology	Fall 2023
White Phase	EMSP 2362 - Clinical	Hospital & Field	5 ER 7 Field 12 Total	60 ER 84 Field 144 Total	The White Phase is the second phase in the paramedic program, beginning in the student's second semester after they have completed 84 hours of hospital training where practical skills are honed. This phase shifts the learning environment from hospital to ambulance, deepening their	EMSP 2434 Medical Emergencies ; EMSP 2305 Operations; EMSP 1355 Trauma Management ; EMSP 2330 Special Populations; EMSP 2143 Assessment Based Management	Spring 2024

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					understanding of the paramedic's role. During this phase, students work under the direct supervision of a preceptor, performing skills but not yet expected to function as a team leader.		
Gold Phase	EMSP 2266 - Practicum	Field	20	240	The gold phase, known as the Capstone, marks the culmination of the paramedic program. In this final stage, paramedic students are entrusted to act as a team leader on a paramedic unit, all the while being supervised by a preceptor. The Capstone Field Internship is designed to evaluate students' readiness for entry-level work pre-graduation. Moreover, it serves to pinpoint any areas requiring additional attention and remediation before the program concludes.	N/A	Summer 2024

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EMS SCOPE OF PRACTICE MODEL				
AIRWAY/VENTILATION/OXYGENATION	EMR	EMT	AEMT	PARAMEDIC
AIRWAY – NASAL		X	X	X
AIRWAY – ORAL	X	X	X	X
AIRWAY – SUPRAGLOTTIC			X	X
BAG-VALVE-MASK (BVM)	X	X	X	X
CPAP		X	X	X
CHEST DECOMPRESSION - NEEDLE				X
CHEST TUBE PLACEMENT – ASSIST ONLY				X
CHEST TUBE – MONITORING AND MANAGEMENT				X
CRICOTHYROTOMY				X
END-TIDAL CO2 MONITORING AND INTERPRETATION OF WAVEFORM CAPNOGRAPHY			X	X
GASTRIC DECOMPRESSION – NG TUBE				X
GASTRIC DECOMPRESSION – OG TUBE				X
HEAD TILT - CHIN LIFT	X	X	X	X
ENDOTRACHEAL INTUBATION				X
JAW-THRUST	X	X	X	X
MOUTH-TO-BARRIER	X	X	X	X
MOUTH-TO-MASK	X	X	X	X
MOUTH-TO-MOUTH	X	X	X	X
MOUTH-TO-NOSE	X	X	X	X
MOUTH-TO-STOMA	X	X	X	X
AIRWAY OBSTRUCTION – DISLODGE MENT BY DIRECT LARYNGOSCOPY				X
AIRWAY OBSTRUCTION – MANUAL DISLODGE MENT TECHNIQUES	X	X	X	X
OXYGEN THERAPY – HIGH FLOW NASAL CANNULA				X
OXYGEN THERAPY – HUMIDIFIERS		X	X	X

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OXYGEN THERAPY – NASAL CANNULA	X	X	X	X
OXYGEN THERAPY – NON-REBREATHER MASK	X	X	X	X
OXYGEN THERAPY – PARTIAL REBREATHER MASK		X	X	X
OXYGEN THERAPY – SIMPLE FACE MASK		X	X	X
OXYGEN THERAPY – VENTURI MASK		X	X	X
PULSE OXIMETRY		X	X	X
SUCTIONING – UPPER AIRWAY	X	X	X	X
SUCTIONING – TRACHEOBRONCHIAL OF AN INTUBATED PATIENT			X	X
CARDIOVASCULAR/ CIRCULATION	EMR	EMT	AEMT	PARAMEDIC
CARDIOPULMONARY RESUSCITATION (CPR)	X	X	X	X
CARDIAC MONITORING – 12-LEAD ECG ACQUISITION AND TRANSMISSION		X	X	X
CARDIAC MONITORING – 12-LEAD ELECTROCARDIOGRAM (INTERPRETIVE)				X
CARDIOVERSION – ELECTRICAL				X
DEFIBRILLATION – AUTOMATED / SEMI-AUTOMATED	X	X	X	X
DEFIBRILLATION – MANUAL				X
HEMORRHAGE CONTROL – DIRECT PRESSURE	X	X	X	X
HEMORRHAGE CONTROL – TOURNIQUET	X	X	X	X
HEMORRHAGE CONTROL – WOUND PACKING	X	X	X	X
TRANSVENOUS CARDIAC PACING – MONITORING AND MAINTENANCE				X
MECHANICAL CPR DEVICE		X	X	X
TELEMETRIC MONITORING DEVICES AND TRANSMISSION OF CLINICAL DATA		X	X	X
TRANSCUTANEOUS PACING				X
SPLINTING, SPINAL MOTION RESTRICTION (SMR), AND PATIENT RESTRAINT	EMR	EMT	AEMT	PARAMEDIC

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CERVICAL COLLAR	X	X	X	X
LONG SPINE BOARD		X	X	X
MANUAL CERVICAL STABILIZATION	X	X	X	X
SEATED SMR (KED, ETC.)		X	X	X
EXTREMITY STABILIZATION - MANUAL	X	X	X	X
EXTREMITY SPLINTING	X	X	X	X
SPLINT – TRACTION		X	X	X
MECHANICAL PATIENT RESTRAINT		X	X	X
EMERGENCY MOVES FOR ENDANGERED PATIENTS	X	X	X	X
MEDICATION ADMINISTRATION – ROUTES ¹	EMR	EMT	AEMT	PARAMEDIC
AEROSOLIZED/NEBULIZED		X	X	X
ENDOTRACHEAL TUBE				X
INHALED		X	X	X
INTRADERMAL				X
INTRAMUSCULAR		X ²	X	X
INTRAMUSCULAR – AUTO-INJECTOR	X	X	X	X
INTRANASAL			X	X
INTRANASAL - UNIT-DOSED, PREMEASURED	X	X	X	X
INTRAOSSEOUS – INITIATION, PEDS OR ADULT			X	X
INTRAVENOUS			X	X
MUCOSAL/SUBLINGUAL		X	X	X
NASOGASTRIC				X
ORAL		X	X	X
RECTAL				X
SUBCUTANEOUS			X	X
TOPICAL				X
TRANSDERMAL				X
MEDICAL DIRECTOR APPROVED MEDICATIONS	EMR	EMT	AEMT	PARAMEDIC

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USE OF EMS AGENCY EPINEPHRINE (AUTO-INJECTOR) FOR ANAPHYLAXIS		X	X	X
USE OF AUTO-INJECTOR ANTIDOTES FOR CHEMICAL/HAZARDOUS MATERIAL EXPOSURES	X	X	X	X
USE OF OPIOID ANTAGONIST AUTO-INJECTOR FOR SUSPECTED OPIOID OVERDOSE	X	X	X	X
IMMUNIZATIONS				X
IMMUNIZATIONS DURING A PUBLIC HEALTH EMERGENCY		X	X	X
INHALED – BETA AGONIST/BRONCHODILATOR & ANTICHOLINERGIC FOR DYSPNEA & WHEEZING		X	X	X
INHALED – MONITOR PATIENT ADMINISTERED (I.E., NITROUS OXIDE)			X	X
INTRANASAL - OPIOID ANTAGONIST FOR SUSPECTED OPIOID OVERDOSE	X	X	X	X
INTRAVENOUS			X ³	X
MAINTAIN INFUSION OF BLOOD OR BLOOD PRODUCTS				X
ORAL ASPIRIN FOR CHEST PAIN OF SUSPECTED ISCHEMIC ORIGIN			X	X
ORAL GLUCOSE FOR SUSPECTED HYPOGLYCEMIA			X	X
ORAL OVER-THE-COUNTER (OTC) ANALGESICS FOR PAIN OR FEVER		X	X	X
OTC MEDICATIONS, ORAL AND TOPICAL				X
PARENTERAL ANALGESIA FOR PAIN			X	X
SUBLINGUAL NITROGLYCERIN FOR CHEST PAIN (PATIENT'S OWN PRESCRIBED MEDICATION)		X		
SUBLINGUAL NITROGLYCERIN FOR CHEST PAIN OF SUSPECTED ISCHEMIC ORIGIN			X	X
THROMBOLYTICS				X
IV INITIATION/MAINTENANCE FLUIDS	EMR	EMT	AEMT	PARAMEDIC

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ACCESS INDWELLING CATHETERS AND IMPLANTED CENTRAL IV PORTS				X
CENTRAL LINE – MONITORING				X
INTRAOSSSEOUS – INITIATION, PEDS OR ADULT			X	X
INTRAVENOUS ACCESS			X	X
INTRAVENOUS INITIATION - PERIPHERAL			X	X
INTRAVENOUS – MAINTENANCE OF NON-MEDICATED IV FLUIDS			X	X
INTRAVENOUS – MAINTENANCE OF MEDICATED IV FLUIDS				X
MISCELLANEOUS	EMR	EMT	AEMT	PARAMEDIC
BLOOD CHEMISTRY ANALYSIS				X
BLOOD PRESSURE AUTOMATED		X	X	X
BLOOD PRESSURE – MANUAL	X	X	X	X
BLOOD GLUCOSE MONITORING		X	X	X
EYE IRRIGATION	X	X	X	X
EYE IRRIGATION –HANDS FREE IRRIGATION USING STERILE EYE IRRIGATION DEVICE				X
PATIENT TRANSPORT		X	X	X
SPECIMEN COLLECTION VIA NASAL SWAB ⁴		X	X	X
VENOUS BLOOD SAMPLING			X	X

¹ Limited to Medical Director Approved Medications.

² Medical direction should ensure appropriate clinical experience and education, including the separate skills of medication preparation, medication dilution, filling a syringe from a multi-dose vial, and changing the needle on a syringe.

³ Limited to analgesia, antinausea/antiemetic, dextrose, epinephrine, glucagon, naloxone, and others defined by State/local protocol.

⁴ Medical direction should ensure appropriate clinical experience to obtain an acceptable specimen in order to minimize inaccurate results.