

SCOPE OF PRACTICE



EMERGENCY MEDICAL TECHNICIAN

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INTRODUCTION

This scope of practice defines the working role of the Emergency Medical Technician (EMT) in East of England Ambulance Service NHS Trust (EEAST). It outlines the general work role and defines the specific responsibilities associated with the job. The scope of practice also defines the boundaries of practice within which the EMT must always operate.

The EMT will work in different environments and must recognise the need to seek assistance where needed. The EMT will attend cases of sudden illness or injury and respond to urgent, special and planned patient transfer requests.

The aim is to allow the EMT to provide high quality and effective clinical assessment and personal care, selecting and applying appropriate equipment and skills in line with the scope of practice and associated development programme(s).

This document should be read in its entirety, with the skills matrix and specific section on EMT medicine management in this document. The learning outcomes (separate document) are also referenced and must also be viewed for completeness.

This scope is intended to be an addition to the ECA scope of practice, which gives greater detail about specific patient care and equipment and monitoring competencies.

INTRODUCTION

The EMT development programme comprises either:

1. Trust ECA course (EEAST generic induction course, five weeks clinical course, three weeks emergency driving training and one week local induction/supernumerary 'third person' shifts). Twelve months full-time practice, post successful completion of ECA course. Successful completion of EMT pre-entry assessment and development criteria. Six week ECA to EMT ('EMT course') course. Portfolio of practice post EMT course.
2. Trust EMT course (up to ten weeks clinical course and three/four weeks emergency driving course) with associated portfolio of practice and end-of-year assessment.
3. Accreditation of Prior (Experiential) Learning on a Trust pathway deemed to meet the criteria of EMT scope of practice.
4. Any other EMT pathway the Trust deems appropriate.

Ownership of this document rests with EEAST. The review period for this document is twentyfourmonths and is the responsibility of the education team to review.

KEY ACCOUNTABILITIES

Where there is a more senior, registered practitioner present, they remain accountable for patient care and treatment at all times.

EMTs deliver care to patients, clients and service users in a variety of settings with a range of needs, both in an emergency situation and in a transporting environment. Emergency Medical Technicians may not practice skills or techniques beyond their defined scope of practice; that includes independent use and also when they are with a suitably qualified clinician.

IMPORTANT

There may be occasions where EMTs are crewed with Student Ambulance Paramedics (SAPs) or Emergency Care Assistants (ECAs). On this basis EMTs must always operate within their scope and boundaries of practice. The individual clinician is responsible for their own practice and must not ask an individual to undertake a skill that they are not authorised to do or undertake a skill outside of their scope of practice.

IN CERTAIN CIRCUMSTANCES, FOR EXAMPLE AT INCIDENTS WHERE THERE ARE MULTIPLE CASUALTIES, IT MAY BE NECESSARY FOR A REGISTERED CLINICIAN TO DELEGATE CARE OF A PATIENT WHILST NOT DIRECTLY WITH THE EMT. IN THESE CIRCUMSTANCES THE EMT *MUST* CONTINUE TO OPERATE WITHIN THEIR SCOPE OF PRACTICE.

KEY ACCOUNTABILITIES

Emergency Medical Technicians must:

Practice within the legal and ethical boundaries of their work role.

Practice in a non-discriminatory manner.

Maintain confidentiality, assess capacity and obtain informed consent.

Exercise a duty of care and manage own time and activities.

Know and understand the professional and personal scope of their practice and when to seek assistance/guidance from more clinically qualified practitioners.

Maintain their level of knowledge and ensure their fitness to practice and reflect on their performance and use reflection skills to improve their practice.

Undertake development in order to maintain skills and knowledge in line with developments and changes in the role.

Demonstrate understanding of local safeguarding adults, children and young people policies and procedures including referrals. This includes those who are considered vulnerable.

Follow the national and local requirements necessary to protect staff, patients and the public from the risks of healthcare associated infections.

KEY ACCOUNTABILITIES

Emergency Medical Technicians must:

- Adhere to all relevant EEAST policies and procedures.
- Support the delivery of quality patient care that is safe, effective and maximises patient experience.
- Undertake their role with regards to all relevant legislation (including but not exclusively The Health and Safety at Work Act, 1974; The Data Protection Act, 1998).
- Ensure, within their scope of practice, a safe environment, management of risk and security of EEAST equipment and data.
- Ensure incidents and near misses are reported in accordance with EEAST policies.
- Ensure that all patients, internal and external stakeholders and members of the public are treated with respect and dignity at all times.
- Ensure personal fitness for work, including health and appearance.

WORK RELATIONSHIPS

Emergency Medical Technicians must:

- Work safely and effectively as part of a multi-disciplinary team under the direction of other professionals.
- Work safely and effectively as an independent practitioner, including the supervision and mentoring of other staff where appropriate.
- Demonstrate the need for effective communication throughout the pathway of care for the patient. This may be with client or user support staff, with patients, clients and other service users, and with their relatives and carers.
- Use a variety of communication methods including written, verbal and non-verbal in the delivery of their role.
- Use appropriate set referral pathways and adhere to any specific criteria..

IDENTIFICATION OF HEALTH AND SOCIAL CARE NEEDS

Emergency Medical Technicians must:

- Gather appropriate information.
- Select and use appropriate assessment and re-assessment techniques.
- Undertake or arrange investigations as appropriate.
- Analyse and critically evaluate the information collected.
- Use research, reasoning and problem-solving skills to determine appropriate actions.
- Draw on appropriate knowledge and skills in order to make judgements.
- Formulate specific and appropriate management plans including the setting of timescales.
- Conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully.

ASSESSMENT

Emergency Medical Technicians must:

- Carry out global overview, including comprehensive scene assessment.
- Perform primary survey and establish time criticality and the need for additional or specialist resources (e.g. HART, air ambulance).
- Perform secondary survey, including relevant and comprehensive history taking.
- Prioritise individuals for further assessment, treatment and care and prioritise interventions.
- Carry out appropriate and relevant physical assessment.
- Carry out appropriate and relevant respiratory assessment.
- Carry out appropriate and relevant cardiovascular assessment.
- Carry out appropriate and relevant neurological assessment.
- Carry out appropriate and relevant musculoskeletal assessment.
- Formulate working and differential diagnoses.
- Evaluate the potential for traumatic injuries.
- Assess a wide range of patients, including paediatric, obstetric, older and vulnerable adults Utilise 12 lead ECG and cardiac monitoring (including use of defibrillators) to be able to identify the following:
 - Ventricular fibrillation, ventricular tachycardia (pulseless), asystole and pulseless electrical activity

- Interpretation of a 12 lead ECG using a structure plan to identify:

- Normal sinus rhythm
- ST elevation
- ST depression
- Tachycardia
- Bradycardia
- Atrial fibrillation
- R on T
- Premature Ventricular Contractions
- Supra ventricular Tachycardia

EQUIPMENT AND RESOURCES

Emergency Medical Technicians must:

EMT – Scope of Practice – version 7.3 (in the forward direction) 2015

Undertake daily serviceability checks on:

Vehicles (as per driver training instruction).

Clinical equipment.

Communication equipment.

Uniform and personal protective equipment.

Use communication / data equipment to input, store, retrieve and transmit information.

Ensure the safe and legal storage of all equipment and medical gases as directed.

Use equipment and resources in a way that minimises waste and impact upon the environment.

Be able to store and dispose of hazardous substances such as clinical waste and sharps in line with current legislation, policies and procedures.

EQUIPMENT AND RESOURCES

EMT – Scope of Practice – version 7.3 (in the forward direction) 2015

Identify equipment shortages and restock as required.

Drive a range of ambulance vehicles in accordance with road traffic law and Trust policies and procedures, in a manner that is sympathetic to the patient's condition that prevents excessive wear and tear and promotes safety (as per driver training instruction).

Use equipment in line with manufacturer's guidelines and EEAST policies and procedures to transfer and transport patients safely and in a manner that minimizes any negative impact on the patient's condition.

Where appropriate, ensure reporting of faulty equipment.

Ensure that incidents or near misses are raised through the appropriate reporting processes.

PATIENT CARE

Emergency Medical Technicians must:

Develop and agree treatment pathways.

Give healthcare and treatment advice and information in a range of settings to a range of people.
Manage patient falls.

Manage patient pain effectively using a wide range of techniques and pharmacological and non-pharmacological interventions.

Use a range of treatment techniques and adjuncts (see skills matrix).

Perform appropriate life support.

PATIENT CARE

Use a range of invasive procedures.
 Treat a range of medical and traumatic emergencies
 Use a range of pharmacological interventions.
 Manage complications that occur as a result of intervention.
 Assess the need for emotional, psychological and/or social support and/or rehabilitation.
 Use appropriate moving and handling positions, procedures and equipment.
 Recognise life extinct and support the bereaved.
 Brief and prepare others and handover to other healthcare personnel.
 Evaluate the delivery of care plans.
 Transport to a range of locations

PATIENT CARE

Assist the clinician practitioner:

To control haemorrhage.

MMF - Scope of Practice – version 2.1 (to be reviewed September 2017)

In dealing with death and bereavement.
 In the management of seizure.
 In the management of the unconscious patient (including fainting and collapse).
 In vehicle extrication and helmet removal.
 In the management of the diabetic patient.
 In the management of poisoning.
 In the management of hypothermia and hyperthermia.
 In the management of mental illnesses.
 In handling conflict and aggression.
 In the management of obstetric emergencies.
 In the management of drowning and electrocution.

SKILLS MATRIX

This skills mapping matrix should be used in conjunction with the scope of practice document and course

MMF - Scope of Practice – version 2.1 (to be reviewed September 2017)

learning outcomes (separate document). It is important that an EMT is able to demonstrate the elements contained within this document for safe and effective clinical practice.

There is a strong emphasis on delivery of care and the ability for the EMT to use specified skills only, independently. It is vital that the boundaries of independent use are recognised along with the need to escalate clinical concern in line with EECST policies and procedures (to include 'red flag' conditions).

Under NO circumstances must an element indicated as to be carried out with an appropriate clinician, be undertaken by an EMT independently or without the appropriate clinician being present.

Important information/use of this matrix:

- It is important that the individuals impacted by this scope of practice are aware of which elements are for independent use and which elements require an appropriate clinician being directly present.
- An 'appropriate clinician' refers to a paramedic (and skills appropriate to their grade).
- Where 'indication' is used, this includes contra-indications and/or cautions.
- Where there is a skill identified it should include the elements:
- Selection - Indication/measurement - Insertion or technique - Securing/connection - Safety, disposal and cleaning.

SKILLS MATRIX

Element	Taught	Assessed(A) or Familiarised (F)	Independent Use	Only by paramedic
Manual airway control head tilt - chin lift jaw thrust	✓	A	✓	

Handheld suction	✓	F	✓	
Mechanical suction hard tip catheter	✓	F	✓	
soft tip catheter	✓	F	✓	
Nasopharyngeal airway	✓	A	✓	
Oropharyngeal airway (adult)	✓	A	✓	
Oropharyngeal airway (child)	✓	A	✓	
LMA/Gel (adult)	✓	A	✓	
LMA/Gel (paediatric)	✓	A	✓	
Adult intubation bouffant/let - securing - confirmation - ventilation	✓	A	✓	
Paediatric intubation bouffant/let - securing - confirmation - ventilation	✓	A	✓	
Needle cricothyroidotomy and jet insufflations (>5yrs)	✓	F	✓	
Preparation - securing - ventilation	✓	F	✓	
Needle chest decompression (adult)	✓	F	✓	
Preparation - process - securing - safety and disposal	✓	F	✓	
Needle chest decompression (paed)	✓	F	✓	
Preparation - process - securing - safety and disposal	✓	F	✓	

Element	Taught	Assessed(A) or Familiarised (F)	Independent Use	Only by paramedic
External jugular vein cannulation site preparation - process - securing - safety and disposal	✓	F		✓
Intravenous cannulation site preparation - process - securing - safety and disposal	✓	F		✓
Intramuscular injection Equipment - site preparation - process - securing - safety and disposal	✓	A	✓	

Subcutaneous Injection	✓	F	✓
Intraosseous access	✓	F	✓
End tidal CO ₂			✓
Equipment – connection – maintenance – reading	✓	F	
Mechanical ventilator	✓	F	✓
Peak expiratory flow measurement	✓	F	✓
12 lead recording and interpretation	✓	F	✓
Use of ring magnet	✓	F	✓
BVM (adult)	✓	A	✓
BVM (paed)	✓	A	✓
Nebulising mask (adult)	✓	F	✓
Nebulising Mask (paed)	✓	F	✓
High concentration O ₂ mask (adult)	✓	F	✓
High concentration O ₂ mask (paed)	✓	F	✓

Element	Taught	Assessed(A) or Familiarised (F)	Independent Use	Only by paramedic
Medium concentration flow O ₂ mask (adult)	✓	F	✓	
28% concentration O ₂ mask (adult)	✓	F	✓	
Medium concentration flow O ₂ mask (paed)	✓	F	✓	
O ₂ via nasat cannulae	✓	F	✓	
T-piece nebulising	✓	F	✓	
Nebuliser via BVM	✓	F	✓	
Dressings/bandages	✓	F	✓	

Triangular bandages	✓	F	✓
Burns dressings	✓	F	✓
Chest seal	✓	F	✓
Maternity cord clamps	✓	F	✓
Cervical Collar	✓	F	✓
Kendrick Extrication Device (KED)	✓	F	✓
Traction splint (adult)	✓	F	✓
Traction splint (paed)	✓	F	✓
Pelvic binder	✓	F	✓
Orthopaedic stretcher (adult)	✓	F	✓
Orthopaedic stretcher (paed)	✓	F	✓
Long board (adult)	✓	F	✓
Long Board (paed)	✓	F	✓
Manual log roll	✓	F	✓
Box splint (adult)	✓	F	✓
Box splint (paed)	✓	F	✓
Fracture Straps	✓	F	✓

Element	Taught	Assessed(A) or Familiarised (F)	Independent Use	Only by paramedic
Maternity pack	✓	F	✓	
Mangar Elk	✓	A	✓	
Small handling aids	✓	A	✓	
Carry chair	✓	A	✓	
Male urinal	✓	F	✓	
Female urinal	✓	F	✓	

Vomit bowl	✓	F	✓	✓
Liquid sandler	✓	F	✓	✓
Escape hood	✓	F	✓	✓
FFP3 reusable mask (not on course)	✓	n/a	✓	✓
Disposable face mask	✓	F	✓	✓
Body bag	✓	F	✓	✓
Apron	✓	F	✓	✓
Gown	✓	F	✓	✓
Stretcher	✓	F	✓	✓
Tail lift (not on course)	✓	A	✓	✓
Mobile Data Terminal (MDT) (not on course)	✓	A	✓	✓
Digital radio (not on course)	✓	F	✓	✓
	✓	F	✓	✓

Element	Taught	Assessed/A or Familiarised (F)	Independent Use	Only by paramedic
Adult choking (manual)	✓	A	✓	✓
Adult choking (laryngoscopy)	✓	F	✓	✓
Paed choking (manual)	✓	A	✓	✓
Paed choking (laryngoscopy)	✓	F	✓	✓
Neonate BLS	✓	A	✓	✓
Neonate ALS	✓	A	✓	✓

1001 - Support of Paramedics - version 2.0 (for the enhanced curriculum 2017)

	equipment – process	✓	A	✓
Paed BLS		✓	A	✓
Paed ALS	equipment – process	✓	F	✓
Adult BLS		✓	A	✓
Adult ALS	equipment – process	✓	F	✓
Manual defibrillation (adult)	machine function – energy adjustment – delivering shock – safety	✓	A	✓
Manual defibrillation (paed)	machine function – energy adjustment – delivering shock – safety	✓	A	✓
AED (adult)		✓	A	✓
AED (paed)		✓	A	✓
Failed airway cascade		✓	F	✓
Cricoid pressure		✓	F	✓
Crash helmet removal		✓	F	✓
Extraction trauma (rapid/ time critical)		✓	F	✓

Element	Taught	Assessed/A or Familiarised (F)	Independent Use	Only by paramedic
Respiratory rate	✓	F	✓	✓
Pulse (carotid)	✓	F	✓	✓
Pulse (radial)	✓	F	✓	✓
Pulse (brachial)	✓	F	✓	✓
Levels of response using AVPU (adult)	✓	F	✓	✓
Levels of response using AVPU (paed)	✓	F	✓	✓

1001 - Support of Paramedics - version 2.0 (for the enhanced curriculum 2017)

Levels of response using GCS (adult)	✓	F	✓
Levels of response using GCS (paed)	✓	F	✓
Oxygen saturation (paed)	✓	F	✓
Oxygen saturation (adult)	✓	F	✓
Pupil reaction	✓	F	✓
Blood glucose monitoring	✓	F	✓
Temperature measurement (using tympanotals and tympanic thermometer)	✓	F	✓
Blood pressure (manual)	✓	F	✓
Blood pressure (automatic)	✓	F	✓

Element	Taught	Assessed(A) or Familiarised (F)	Independent Use	Only by paramedic
Oxygen Administration Safety – presentation – emergency use – other concentrations	✓	A	✓	
Eittonox Administration Safety – presentation – use	✓	A	✓	

IV Fluids (no additives)	✓	A	✓
Hypostop/Glucogel	✓	A	✓
Identify Vials checking – equipment	✓	F	✓
Identify Ampoules checking – equipment – drawing up	✓	F	✓
Identify Pre-filled syringes identification – preparation	✓	F	✓
Identify Mini-Jet Systems identification – preparation	✓	F	✓
Preparation of Nebuliser	✓	F	✓
Use of 3 way tap	✓	F	✓
IO – paediatric – other	✓	F	✓

MEDICINES

It is important that this guidance is read in conjunction with EEAST Medicine Management Policy.
The Emergency Medical Technician is able to:

Independently administer, following assessment, the medication listed:

1. Oxygen.
2. Entonox.
3. Hypostop / Glucogel (oral glucose gel).
4. Adrenaline injection 1:1,000.
5. Glucagon injection.
6. Hydrocortisone Injection for endocrine emergency
7. Aspirin tablet.
8. Ipratropium Bromide nebule.
9. Naloxone injection.
10. Nitrolingual sublingual spray.
11. Paracetamol single dose sachet.
12. Salbutamol nebule.

MEDICINES

The Emergency Medical Technician is able to:

EKT - Scope of Practice - version 2.1 for the renewed registration (2017)

Support the clinician with administration of medication but, importantly, should not be preparing medication such as mixing (with the exception of glucagon) or combining but can gather equipment and prepare items such as mini-jets. Gather the equipment and medication and check medication (but is not to mix or combine medication - with the exception of glucagon).

Prepare intravenous fluids (providing no additives) but not connect to cannula.

Draw up water for injection for the immediate use of an intravenous flush (but should not administer medication via the intravenous route).

Through direct supervision, can support the paramedic in the drawing up of single drug ampoules for immediate administration. The following drugs are classed as single ampoules:

13. Chlorphenamine.
14. Furosemide.
15. Heparin.
16. Hydrocortisone.
17. Metoclopramide.
18. Naloxone Hydrochloride.

MEDICINES

The Emergency Medical Technician is able to:

EKT - Scope of Practice - version 2.1 for the renewed registration (2017)

Support the patient to take their own prescribed medication in relation, where clinically appropriate, to the presenting condition e.g. reliever inhaler or GTN spray/tablet for typical chest pain.

Prepare medication for use through a nebulizer; this relates to water for injection, Salbutamol and Ipratropium Bromide.

EMTs cannot administer medication without an appropriate clinician EXCEPT for patients on a specific pathway (e.g. end of life care or Midazolam for seizures).

THE EMT WILL NOT BE PERMITTED TO ADMINISTER MEDICATION THROUGH AN INJECTABLE ROUTE. EMTs ARE NOT ALLOWED TO HANDLE OR POSSESS CONTROLLED DRUGS; BEYOND THAT NEEDED TO PHYSICALLY PASS THESE WITHOUT DELAY FROM A LOCKED RECEPTACLE TO AN APPROPRIATE CLINICIAN.

CHANGES TO DOCUMENT

Please use this page to send errors, omissions, alterations and/or updates.
Which document are you reporting on?

EMT - Scope of Practice - version 2.1 (to be reviewed September 2017)

ECA scope	EMT scope	Paramedic scope	Specialist roles scope
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What is the error, omission, alteration and/or update?

Please remove this page from the scope document and send in an envelope via internal mail to either Newmarket or Chelmsford education centres.

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