

# Wisconsin EMS Scope of Practice Emergency Medical Technician

This level of EMS provider has successfully completed a program of training based upon the WI Emergency Medical Technician Curriculum, and has successfully completed the department's testing requirements. Individuals must hold a valid WI license with an approved EMS Service to practice at this level.

<b>AIRWAY / VENTILATION / OXYGENATION</b>
Airway – lumen (non-visualized)
Airway – nasal (nasopharyngeal)
Airway – oral (oropharyngeal)
Bag Valve Mask (BVM)
Carbon Monoxide monitoring**
CPAP**
Cricoid pressure (Sellick)
Capnography – (non-interpretive) **
Gastric Decompression – For Non-Visualized Airway with Gastric Access**
Manual airway maneuvers
Obstruction – forceps & laryngoscope (direct visual)
Obstruction – manual
Oxygen therapy – nebulizer
Oxygen therapy – nasal cannula
Oxygen therapy – non-rebreather mask
Oxygen therapy – regulators
Pulse oximetry *
Suctioning – upper airway (soft & rigid)
Ventilator – Automated Transport
Ventilator – <b>CPR ONLY**</b>

<b>ASSISTED MEDICATIONS – PATIENTS</b>
Epinephrine for anaphylaxis auto-injector only
Medicated inhaler – prescribed albuterol
Medicated inhaler – other prescribed short-acting beta agonists for asthma
Medicated inhaler – prescribed Atrovent
Nitroglycerin
Oral glucose

<b>CARDIOVASCULAR / CIRCULATION</b>
Cardiocerebral resuscitation (CCR)**
Cardiopulmonary resuscitation (CPR)
CPR – mechanical device **
Defibrillation – automated / semi-automated (AED)
Defibrillation – manual **
ECG monitor * (non-interpretive)
12-Lead ECG – (acquire but non -interpretive)**
Hemorrhage control–direct pressure
Hemorrhage control–pressure point
Hemorrhage control–tourniquet
Hemorrhage control–Hemostatic Agents
Trendelenberg positioning

<b>MEDICATION ADMINISTRATION- ROUTES</b>
Aerosolized/nebulizer
Auto-injector
Buccal**
Intramuscular (IM)
Oral (PO)
Subcutaneous (SQ)**
Sub-lingual (SL)
Intranasal (IN)**

*All skills are mandatory unless otherwise indicated and require an approved protocol.*

*\* Optional use by service*

**\*\* Optional use by service and Requires:**

- *Prior written approval of the Operational Plan by the State EMS office and*
- *Medical Director approval and*
- *Documentation of additional training as necessary*

**REMINDER: Personnel must be trained & competent in all equipment that is used by the service**

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IMMOBILIZATION
Spinal immobilization – cervical collar
Spinal immobilization – long board
Spinal immobilization – manual stabilization
Spinal immobilization – seated patient (KED, etc.)
Selective spinal immobilization **
Splinting – manual
Splinting – pelvic wrap / PASG*
Splinting – rigid
Splinting – soft
Splinting – traction
Splinting – vacuum*

MEDICATIONS
DHS 110.12 limits the administration of medications to those specified in the Scope of Practice to which an individual is licensed, certified or credentialed.
DHS 110.35(2)(b) identifies a formulary list of medications the EMS provider will use as an addendum to the service provider Operational Plan.

MISCELLANEOUS
Assisted delivery (childbirth)
Blood glucose monitoring
Blood Pressure – automated *
Eye irrigation
Immunizations**
Patient physical restraint application
Vital signs

APPROVED MEDICATIONS BY PROTOCOL
Activated charcoal*
Albuterol (nebulized – unit dose)
Atrovent (nebulized – unit dose)*
Aspirin (ASA) for chest pain
Epinephrine Auto-Injector or Manually** drawn 1:1000
Glucagon*
Mark I (or equivalent) auto-injector (for self & crew)*
Oral glucose
Short-acting beta agonist for asthma (nebulized – unit dose)**
Narcan – with an approved Pilot Program <b>ONLY</b>

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