CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual Emergency Medical Services Administrative Policies and Procedures		Policy Number 120 Page 1 of 2
Subject	Optional Scope Requests and Approval	
References	California Code of Regulations Title 22 Section 100066.04	Effective 07/01/2026

I. POLICY

"Optional Scope" refers to skills and/or treatments that exceed the standard scope of practice for Basic Life Support (BLS) personnel. Any skills or treatments classified as Optional Scope must receive prior approval from the EMS Agency Medical Director before implementation. Agencies requesting the implementation of Optional Scope skills or treatment shall adhere to the following procedure:

Two Optional Scope skills may be available to EMS providers upon written approval from the EMS Medical Director. These two skills include:

1. Use of Perilaryngeal airway adjuncts (I-Gel Airway).
2. Administration of epinephrine by prefilled syringe and/or drawing up the proper dose into a syringe.

II. PROCEDURE

1. Agencies requesting the implementation of Optional Scope skills or treatment shall complete Attachment A to this policy.

2. BLS provider agencies must meet Title 22 Section 100066.04 optional scope requirements including, but not limited to LEMSA approved: Curriculum, skills training, testing, mandatory reporting to LEMSA, and minimum two (2) year training cycle for any approved optional scope(s) of practice.

3. The EMS Agency Medical Director shall review the request and all supporting documentation. Implementation shall not occur without formal written approval. The EMS Agency shall provide a written letter of approval when all conditions are satisfied.

4. Any participating agency MUST train and approve personnel to the same level, as well as maintain, and submit training records to the LEMSA at initial training and every two (2) years thereafter.

5. Approved Optional Scope skills or treatments shall be subject to ongoing review by the EMS Agency. The provider agency must maintain compliance with all conditions of approval and participate in any required reporting or evaluation processes.

Approved By EMS Director	**Daniel J. Lynch** Signature on File at EMS Agency	Revision
  EMS Medical Director	**Miranda Lewis, MD** Signatures on File at EMS Agency	

Subject	Optional Scope Requests and Approval	Policy Number 120

6. The EMS Agency reserves the right to revoke approval of any Optional Scope of practice or program at any time. A. Failure to meet the obligations and/or comply with any LEMSA or Title 22 requirements may constitute cause for revocation.

EMT OPTIONAL SKILLS APPLICATION

APPLICANT INFORMATION	
EMS Provider Agency Name:	
EMS Provider Agency Address:	Liaison's Name:
Liaison's Phone Number:	Liaison's Email:

EMT OPTIONAL SKILLS APPLYING FOR:
☐ Use of perilaryngeal airway adjuncts.
☐ Administration of epinephrine by prefilled syringe and/or drawing up the proper drug dose into a syringe for suspected anaphylaxis and/or severe asthma.

SUBMIT THE FOLLOWING WITH THIS APPLICATION:
☐ Letter of Request - Submit a formal written request to the EMS Agency. The request shall include a detailed description of the proposed skill or treatment, its intended use, and the clinical justification supporting its implementation. The written request shall also include the agency's commitment to following EMS policies and procedures, including EMS policy 120. The written request shall also include the following:
☐ Training and Competency Plan – A comprehensive training program, consistent with California Code of Regulations, Title 22, Section 100066.04., outlining initial education, competency validation, continuing education, and ongoing proficiency requirements for personnel.
☐ Quality Assurance and Improvement Plan - A quality assurance/quality improvement (QA/QI) plan, detailing how the agency will monitor utilization and any adverse events associated with the Optional Scope skill or treatment.
☐ Equipment and Resource Requirements - Identify all necessary equipment, supplies, and resources required to safely implement and maintain the Optional Scope skill or treatment.
☐ Documentation Plan – Identification of the electronic PCR platform that will be used by the agency for all patient encounters, agreement that an electronic PCR will be completed for all encounters, and procedure for submission of ePCR data to CEMSIS.
☐ Attestation - Approved Optional Scope skills or treatments shall be subject to ongoing review by the EMS Agency. The provider agency must maintain compliance with all conditions of approval and participate in any required reporting or evaluation processes.

ATTESTATION OF EMT OPTIONAL SKILLS APPLICANT	
I hereby certify that I have reviewed and understand the CCEMSA Policy #120, EMT Optional Skills Authorization and Title 22, Div. 9 requirements.	
Applicant's Name:	Applicant's Title:
Signature:	Date:

*****EMS AGENCY USE ONLY BELOW THIS LINE*****	
Received Date:	☐ Email confirmation of application received.
Response Date:	☐ Letter on file.

Please submit to CCEMSA@fresnocountyca.gov or P.O. Box 11867, Fresno, CA 93775

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

CCEMSA SKILLS COMPETENCY I-GEL INSERTION

NAME: _____ **DATE:** _____

EVALUATOR: _____

	Y/N
Preparation:	
Verbalizes indications (unconscious patient with an absent gag reflex, apneic/agonal, RR< 8)	
Verbalizes contraindications (intact gag reflex, trismus, complete airway obstruction, laryngectomy/tracheal stoma, caustic ingestion, airway burns, significant oropharyngeal trauma)	
Takes or verbalizes appropriate PPE	
Assesses airway patency and need for advanced airway	
Checks responsiveness and breathing	
Selects correct i-gel size based on patient weight and inspects device for cleanliness and integrity	
Procedure:	
Pre-oxygenate patient with BVM and 100% O_2	
Position patient appropriately (sniffing position if no trauma, neutral if trauma suspected)	
Open airway using appropriate maneuver (head-tilt/chin-lift or jaw thrust), suction airway as needed, remove dentures if present.	
Lubricates the back of the i-gel with water-based lubricant and inserts along the hard palate with a smooth, continuous motion	
Advances until definitive resistance is felt and does NOT force device if resistance is abnormal	
Confirms placement using waveform capnography	
Confirms with secondary methods (observes chest rise, auscultates lung sounds)	
Secures device using the manufacturer's included strap (pediatric i-gel must be secured with a separately packaged strap)	
Reassesses patient after securing, every time the patient is moved, when there is a change in pt. status, or there is difficulty ventilating the patient	
Provides continuous ventilation at an appropriate rate	
Monitors for displacement or complications	

CRITICAL CRITERIA: (Automatic Failure if Missed)

____ Fails to recognize the need for airway intervention
____ Fails to ventilate the patient effectively
____ Inserts device improperly causing harm or delay
____ Fails to confirm placement (no auscultation or $EtCO_2$)
____ Fails to recognize or correct misplacement

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

CCEMSA SKILLS COMPETENCY EPI IM INJECTION

NAME: _____ **DATE:** _____

EVALUATOR: _____

	Y/N
Preparation: Selects, checks, and assembles the appropriate equipment	
Ensure sharps container, alcohol swabs, and adhesive bandage or sterile gauze dressing and tape are accessible	
Asks patient about any known allergies	
Clearly explain the procedure to the patient	
Procedure: Selects correct medication by identifying the right patient, right medication, right dosage/concentration, right time, and right route	
Checks the medication for clarity and expiration date	
Assembles the appropriate syringe and needle	
Draws appropriate amount of medication into the syringe and dispels air while maintaining sterility	
Reconfirms correct dose and concentration of medication: 0.4 mg (0.4 ml) Epinephrine (concentration 1 mg/1ml) intramuscular	
Identifies and cleanses appropriate injection site	
Stretch the skin taut over the injection site with your non-dominant hand, warns patient, and inserts needle at 90-degree angle while maintaining sterility	
Aspirates syringe while observing for blood return before injecting IM medication (If blood appears, do NOT inject the medication)	
Administers correct dose at proper push rate	
Removes needle and disposes of syringe and needle in proper container	
Applies direct pressure and covers site with bandage	
Verbalizes need to observe patient for desired effect and adverse side effects	
Verbalizes that you may repeat this dose once in 5 minutes if severe symptoms persist	
Continue reassessment of patient throughout transport	

CRITICAL CRITERIA: (Automatic Failure if Missed)

____ Failure to identify acceptable injection site
____ Contaminates equipment or site without appropriately correcting situation
____ Failure to adequately dispel air resulting in the potential for air embolism
____ Failure to aspirate for blood prior to injecting IM medication
____ Injects improper medication or dosage (wrong medication, incorrect amount, administers at an inappropriate rate)
____ Recaps needle or failure to dispose/verbalize disposal of syringe and needle in proper container
____ Failure to observe the patient for desired effect and adverse side effects after administering medication
____ Failure to ask patient about allergies prior to administering medication