Washington State Approved Skills and Procedures for Certified EMS Providers

EMS Scope of Practice Guidance - In general EMS scope of practice includes environment of practice, EMS service affiliation; training, skills and procedures; and medical oversight and direction by a DOH certified EMS physician medical program director (MPD);

Certified EMS providers are authorized to provide patient care in a prehospital emergency setting; or during an interfacility ambulance transport; or when participating in a Community Assistance Education and Referrals (CARES) program authorized under RCW 35.21.930; or when providing collaborative medical care in agreement with local, regional, or state public health agencies to control and prevent the spread of communicable diseases; and

When performing for a licensed EMS service or in an Emergency Services Supervisory Organization (ESSO) recognized by the secretary; and

Within the scope of care that is included in the instructional guidelines / curriculum or approved specialized training; and is included in the department approved EMS Skills and Procedures List (DOH 530-173) for the individual's level of certification; and

When following department approved county MPD protocols. (RCW 18.73, 18.71, 70.168, WAC 246-976) Other regulations may apply.

Legend

N- National indicates the skill is listed in the interpretive guidelines of the National EMS Scope of Practice Model which defines the practice of EMS certified providers as a floor or minimum national standard. (National scope of practice)

W- Washington Initial Training indicates the skill is not listed in the interpretive guidelines of the National EMS Scope of Practice Model. However, Washington State Department of Health approves the skill to be in Washington State scope of practice and training for the skill is mandatory for inclusion in approved initial training and continuing education. (Not in national scope, required in all initial and continuing education).

W* - Washington Specialized Training Required indicates the skill is approved for use by Department of Health certified EMS providers through specialized training as authorized by WAC 246-976-024. Certified EMS providers must have completed a department and MPD approved training course and demonstrated knowledge and skills competency to the level of satisfaction of the MPD. The MPD authorizes the skill through department approved MPD patient care protocols. (Not in national scope, MPD option to implement, and specialized training required).

W - Washington State Endorsement on a Certification is Required** indicates the skill is approved for use by Department of Health certified EMS providers through specialized training as authorized by WAC 246-976-024. Certified EMS providers must have completed a department and MPD approved training course and demonstrated knowledge and skillscompetency to the level of satisfaction of the MPD. The MPD authorizes the skill through department approved MPD patient care protocols. The department requires a course application and approval for these skills and issues an endorsement to the provider's certification. The only authorized endorsements are EMT-IV and EMT-SGA. (Not in national scope, MPD option to implement, specialized training required, course application must be submitted and approved by the department, an endorsement added to the credential by department).

Blank space - If the space is blank, the skill is not authorized.				
Airway / Ventilation / Oxygenation	**EMR**	**EMT**	**AEMT**	**PARA**
Airway - Nasal		N	N	N
Airway Obstruction - dislodgement by direct laryngoscopy				N
Airway Obstruction - Manual dislodgement techniques	N	N	N	N
Airway - Oral	N	N	N	N
Airways not intended for insertion into the trachea (Esophageal / Tracheal Multi-Lumen Airways such as King LT and I-gel)		W**	N	N
Bag Valve Mask (BVM) Positive Pressure Ventilation	N	N	N	N
Bi-level Positive Airway Pressure (BiPAP)				N
Capnography (End Tidal CO2 waveform and/or numerical continuous monitoring)		W*	N	N
Capnometry (End Tidal CO2 colorimetric device)		W*	N	N
Chest Tube - Monitor and management				N
Chest Tube placement - Assist Only				N
Continuous Positive Airway Pressure (CPAP)		N	N	N
Cricothyrotomy - Percutaneous (needle) / Surgical				N
Endotracheal Intubation (Nasal and Oral)				N
Head Tilt/Chin Lift	N	N	N	N
Jaw Thrust	N	N	N	N
Mouth-to-barrier	N	N	N	N
Mouth-to-mask	N	N	N	N
Mouth-to-mouth	N	N	N	N
Mouth-to-nose	N	N	N	N
Mouth-to-stoma	N	N	N	N
NG Tube Placement				N
OG Tube Placement				N
Oxygen therapy - High Flow Nasal Cannula				N
Oxygen therapy - Humidifiers		N	N	N
Oxygen therapy - Nasal Cannula	N	N	N	N
Oxygen therapy - Non-rebreather Mask	N	N	N	N
Oxygen therapy - Partial Re-breather Mask		N	N	N
Oxygen therapy - Simple face mask		N	N	N
Oxygen therapy - Venturi Mask		N	N	N
Pharmacological facilitation of Intubation				N
Pleural Chest Decompression (finger thoracostomy)				W*
Pleural Chest Decompression (needle)				N
Pulse Oximetry	W	N	N	N
Suctioning - tracheal bronchial suctioning of an already intubated patient		W*	N	N
Suctioning - upper airway	N	N	N	N
Suctioning of tracheostomy requiring modified technique		W*	W*	N
Ventilation - Positive Pressure Ventilation - Automatic Transport Ventilator (i.e. Auto Vent, CAREvent, Uni-Vent, Pneupac VR1). EMT & AEMT are limited to the initiation during resuscitative efforts of ventilators that only adjust rate and tidal volume.		W*	N	N
Ventilation - Positive Pressure Ventilation - Transport ventilator with adjustments beyond rate and tidal volume.				N

Cardiovascular Care	EMR	EMT	AEMT	PARA
Automated and Semi-Automated External Defibrillation (AED / SAED)	N	N	N	N
Cardiopulmonary Resuscitation - Mechanical CPR device	W*	N	N	N
Cardiopulmonary Resuscitation (CPR)	N	N	N	N
Cardioversion electrical				N
Defibrillation - Manual				N
Pericardiocentesis				W*
Semi-Automated External Defibrillation (SAED)	N	N	N	N
Transcutaneous Pacing				N
Transvenous Cardiac Pacing, monitor and maintenance				W*
Patient Assessment & Diagnostic Procedures	**EMR**	**EMT**	**AEMT**	**PARA**
Assess Pulse	N	N	N	N
Assess Respirations	N	N	N	N
Blood Pressure - Manual & Automated	W	N	N	N
Blood chemistry analysis - Glucometry (capillary puncture)	W*	N	N	N
Blood chemistry analysis - Cardiac Enzymes (i.e. iStat devices)				N
Cardiac Monitoring - 12 Lead ECG-lead placement, ECG acquisition, computerized analysis, and transmission		N	N	N
Cardiac monitoring - 12 Lead ECG-lead placement, ECG acquisition, computerized analysis or interpretation by EMS provider, and transmission				N
Nasopharyngeal Swabbing for COVID-19 (See General Guidance Section)		W*	W*	W*
Telemetric monitoring		N	N	N
Ultrasound				W*
Splinting, Spinal Motion Restriction (SMR), PatientRestraint, Trauma Care	**EMR**	**EMT**	**AEMT**	**PARA**
Cervical Collar	N	N	N	N
Emergency moves for endangered patients	N	N	N	N
Extremity splinting	N	N	N	N
Extremity stabilization - manual	N	N	N	N
Eye Irrigation	N	N	N	N
Eye Irrigation with Morgan Lens				N
Hemorrhage Control - Direct Pressure	N	N	N	N
Hemorrhage Control - Use of Hemostatic Gauze / Agent / wound packing	N	N	N	N
Hemorrhage Control - Use of Tourniquet	N	N	N	N
Manual Cervical Spine Protection / Restricted Spinal Motion	N	N	N	N
Mechanical patient restraint		N	N	N
Spinal Motion Restriction / Immobilization (from standing, seated, or supine position) including Long Spine board and KED	W	N	N	N
Splint traction	W*	N	N	N
Medical Care	**EMR**	**EMT**	**AEMT**	**PARA**
OB - Assisted Complicated Delivery		N	N	N
OB - Assisted Normal Delivery	N	N	N	N
Ventricular Assist Devices (VAD) - May transport patients with VAD in place		W*	W*	N

Vascular Access, Infusion, and Monitoring of Lines	EMR	EMT	AEMT	PARA
Central Venous Line - Access Existing Line / Port for Infusion				N
Central Venous Line Insertion and Infusion – Femoral and Internal Jugular – Ultrasound guidance recommended				W*
Central Venous Line Insertion and Infusion – Subclavian				W*
External Jugular Insertion and Infusion - Adult				W*
Intraosseous Insertion and Infusion - Adult and Pediatric		W**	N	N
Operation and Management of a Controlled Delivery Device for IV Infusion(IV Pump)				N
Peripheral IV Insertion and Infusion - Adult and Pediatric		W**	N	N
Venipuncture to obtain venous blood sample		W**	N	N
Technique of Medication Administration	**EMR**	**EMT**	**AEMT**	**PARA**
Access indwelling catheters and implanted central IV ports				N
Buccal / Mucosal / Sublingual	W*	N	N	N
Endotracheal				N
Inhalation - Aerosolized/nebulized - EMT, limited to anticholinergics and beta agonist/bronchodilator.		N	N	N
Inhalation - Nitrous Oxide		W*	N	N
Inhalation - Unit-dosed, premeasured - EMR, limited to assisting patients with own prescribed medications such as bronchodilator for chronic respiratory condition	W*	N	N	N
Intradermal				N
Intramuscular - Auto Injector	N	N	N	N
Intramuscular - Syringe and needle - Draw medication using a needle from a vial into a syringe.	W*	W*	N	N
Intranasal			N	N
Intranasal - Mucosal atomization device	N	N	N	N
Intranasal - Unit-dosed, premeasured	N	N	N	N
Intraosseous (EMT with IV endorsement limited to NS, LR, D10)		W**	N	N
Intravenous (EMT with IV endorsement limited to NS, LR, D10)		W**	N	N
Nasogastric				N
Ophthalmic				W*
Oral - per os (PO) - EMR (limited to aspirin and glucose)	W*	N	N	N
Oral - per os (PO) - EMT (limited to aspirin, glucose, assist with patient's prescribed nitroglycerine, ondansetron, and OTC analgesics (ibuprofen and acetaminophen) for pain or fever.		N	N	N
Oral - per os (PO) - AEMT (limited to aspirin, glucose, nitroglycerine, ondansetron, and OTC analgesics ibuprofen and acetaminophen for pain or fever)			N	N
Otic				W*
Rectal (EMT and AEMT limited to acetaminophen)		W*	W*	N
Subcutaneous		W*	N	N
Topical (EMT and AEMT limited to OTC medications)		W*	W*	N
Transdermal (AEMT limited to NTG paste)			W*	N

Medications - General Guidance	EMR	EMT	AEMT	PARA
Administration of Controlled Substances (FDA Scheduled)				N
Activated Charcoal		W*	N	N
Analgesic non-opioid analgesia (Ketorolac and Acetaminophen) (AEMT IV and IM with specialized training)			W*	N
Analgesic OTC for pain or fever		N	N	N
Antidotes for chemical / hazardous material / nerve agent exposures (auto-injector)	N	N	N	N
Antibiotics – Sepsis and open fractures with extended transport times.				W*
Antihistamine (Cetirizine and Diphenhydramine) (AEMT IV, PO, and IM with specialized training)		W*	W*	N
Antihistamine (Cetirizine and Diphenhydramine) EMT (limited to PO with specialized training)		W*	W*	N
Aspirin - Oral	W*	N	N	N
Assisting a patient with his/her own prescribed medications (aerosolized/nebulized)	W*	N	N	N
Benzodiazepines for Sedation				N
Benzodiazepines for Seizures				N
Benzodiazepines for Seizures (EMT and AEMT limited to assisting with the patient's prescribed medication – IN or PR route)		W*	W*	N
Blood or Blood Products - Initiation / administration				W*
Blood or Blood Products - Maintenance of pre-existing infusion				N
Bronchodilator / Beta Agonist - Metered Dose Inhaler	W*	N	N	N
Bronchodilator / Beta Agonist - Nebulizer (EMT limited to anticholinergics and beta agonist/bronchodilator)		N	N	N
Buprenorphine (oral)				W*
Depolarizing Agents for Pharmacological Facilitation of Intubation				N
Emergency Cardiac Medications (AEMT limited to Epinephrine for cardiac arrest)			W*	N
Epinephrine (auto-injector) for anaphylaxis (supplied and carried by EMS agency or patients).	W	N	N	N
Epinephrine for Anaphylaxis or reactive airway IM - Syringe and Needle or IN		W*	N	N
OTC Medications Expanded Use of - oral / topical		W*	W*	N
Glucose for hypoglycemia - Oral	W*	N	N	N
H2 antagonists OTC (EMT limited to PO)		W*	W*	N
Hypoglycemic Medications (EMT with IV Endorsement - D10)		W*	N	N
Hypoglycemic Medications (Glucagon)		W*	N	N
Hypoglycemic Medications (i.e. Glucagon, D50)			N	N
IV Lipid Emulsion for severe toxicologic overdose				W*
Lidocaine				N
Long acting injectables (PM limited to medications listed in specific guidance below)				W*
Methylene Blue for severe toxicologic overdose				W*
Monoclonal antibodies for COVID-19 (See General Guidance Section)			W*	W*
Naloxone for Suspected Opiate / Narcotic Overdose - Intranasal - Mucosal Atomization Device or autoinjector	N	N	N	N
Naloxone for Suspected Opiate / Narcotic Overdose Intramuscular - Syringe and Needle (EMR limited to IN)	W*	W*	N	N
Naloxone for Suspected Opiate / Narcotic Overdose Intravenous			N	N

Nitroglycerine - Intravenous				N
Nitroglycerine - Sublingual (EMT limited to assist with patients prescribed Nitroglycerine, or off AMB if pt's prescription is expired).		N	N	N
Nitroglycerine - Transdermal			W*	N
Nitrous Oxide		W*	N	N
Non-depolarizing Agents for Pharmacological Facilitation of Intubation				N
Ondansetron (EMT limited to PO) (AEMT IV, IM, PO)		W*	N	N
Opioid antagonist for suspected opioid overdose (auto-injector)	N	N	N	N
Other medications to facilitate sedation (I.E. Ketamine, Etomidate)				N
Oxygen Therapy	N	N	N	N
Oxymetazoline		W*	W*	N
Steroid (Dexamethasone and Methylprednisolone)				N
Tranexamic acid			W*	N
Thrombolytic (Initiation and Maintenance)				N
Vaccine for Influenza and COVID-19 (See General Guidance Section)		W*	W*	W*

General Guidance

Authorized medications and routes for EMR, EMT, and AEMT are identified in this document. All medication administration requires a protocol to be established by the MPD and approved by the department for the level of certification indicated.

Authorized medications and routes for paramedic personnel are identified in this document. Additional medications may be approved for paramedic personnel if a department-approved MPD protocol is in place and providers have completed department-approved MPD supplementary training on the medication and protocol.

Administration of purified protein derivative (PPD) - People who have taken a PPD administration course administered by a local health agency may administer PPD if: the person is doing so in accordance with a formal TB program through the local health agency; is under the medical oversight of the local health officer, and is not doing so while performing as an EMS provider.

Administration of vaccine – Washington State scope of practice allows some certified EMS providers to perform an intramuscular injection with MPD-approved specialized training. In compliance with Washington State's EMS scope of practice, it is the Department of Health's policy that an EMT, AEMT, or Paramedic may administer a vaccination under all the following conditions:

The EMS personnel have completed MPD-approved specialized training and have received approval from the MPD to perform the skill.

The EMS personnel are acting under the medical oversight and direction of the county MPD or an MPD delegate physician such as the local health officer and a department approved MPD protocol is in place.

The EMS personnel are affiliated with a licensed EMS service, and the EMS service is conducting the activity in agreement with local, regional, or state public health organizations to conduct community surveillance of infectious disease.

The vaccines are managed in accordance with applicable local, state, and federal requirements.

Licensed EMS services who establish an in-house vaccine program must meet any applicable local, state, and federal requirements to do so and must have consulted with the Washington State Department of Health Office of Immunization and Child Profile.

Conducting nasopharyngeal swabbing for communicable infectious diseases – Washington State scope of practice allows some certified EMS providers to perform a nasopharyngeal swab to test for communicable infectious diseases with MPD-approved specialized training. In compliance with Washington State's EMS scope of practice, it is the Department of Health's policy that an EMT, AEMT, or Paramedic may administer a vaccination under all the following conditions:

1. The EMS personnel have completed MPD-approved specialized training and have received approval from the MPD to perform the skill.
2. The EMS personnel are acting under the medical oversight and direction of the county MPD or an MPD delegate physician such as the local health officer and a department approved MPD protocol is in place.

3. The EMS personnel are affiliated with a licensed EMS service, and the EMS service is conducting the activity in agreement with local, regional, or state public health organizations to conduct community surveillance of infectious disease.
4. The nasopharyngeal swab tests are managed in accordance with applicable local, state, and federal requirements and the licensed EMS service holds appropriate MTS licensing for conducting tests or verify that the test would be covered under a CLIA Waiver.

Monoclonal Antibodies – Washington State scope of practice allows some certified EMS providers to administer monoclonal antibodies with MPD-approved specialized training. In compliance with Washington State's EMS scope of practice, it is the Department of Health's policy that an AEMT, or Paramedic may administer monoclonal antibodies under all the following conditions:

1. The EMS personnel have completed MPD-approved specialized training and have received approval from the MPD to perform the skill.
2. The EMS personnel are acting under the medical oversight and direction of the county MPD or an MPD delegate physician such as the local health officer and a department approved MPD protocol is in place.

Manual cardiac defibrillators - EMT personnel may use manual cardiac defibrillators in place of an AED for cardiopulmonary resuscitation provided the equipment is in AED mode.

Community Paramedic Medications – Long Acting Injectables - Washington State scope of practice allows certified paramedics to administer the long acting injectable medications with MPD and state approved specialized training. In compliance with Washington State's EMS scope of practice, it is the Department of Health's policy that a paramedic may administer long acting injectable medications under all the following conditions:

1. The EMS personnel have completed MPD, and department approved specialized training and have received approval from the MPD to perform the skill.
2. The EMS personnel are acting under the medical oversight and direction of the county MPD or an MPD delegate physician and a department approved MPD protocol is in place.
3. The EMS personnel are affiliated with a licensed EMS service, and the EMS service is conducting the activity under the community assistance referral and education services program established by RCW 35.21.930.
4. Medications authorized include long acting injectables: parenteral aripiprazole fluphenazine decanoate haloperidol decanoate, naltrexone for extended-release injectable (Vivitrol), risperidone for extended-release injectable), buprenorphine, and paliperidone palmitate extended-release injectable
5. Medications are not stocked on the ambulance.
6. Medications are prescribed by a prescribing provider for a specific patient.
7. An established procedure for community paramedic outlines how to acquire prescribed medication from pharmacy/behavioral health clinic and administer it to the patient it is prescribed for. Procedure must include how medication is stored, secured, and documented as well as procedure(s) for when a patient cannot be found or refuses medications.

Inter-Facility Specific Devices and Procedures

Inter-facility transport of patients must occur with a level of care recommended by the sending physician. Clarification on common devices and procedures not routinely seen by certified EMS personnel in the pre-hospital setting is provided below.

Medical devices and equipment that do not require medical monitoring - EMT and higher-level providers may transport medical devices and equipment that can be managed by the patient or patient'scaregiver while in transport and require no medical intervention or monitoring from the EMS provider if authorized by the MPD. Examples include but are not limited to: Peg tubes, J tubes, CSF shunts, ileostomy bags, insulin pumps, and feeding tubes that are not running during transport.

IV monitor - EMT personnel may transport patients with a pre-established saline lock or peripheral IV gravity fed infusion of normal saline, dextrose or lactated ringers or a combination of these solutions when: it has been determined by the sending physicianto be a BLS level transport and a department approved MPD protocol is in place. EMTs are not authorized to establish an IVunless the EMT holds an endorsement for IV therapy. Transport of this equipment is limited to monitoring only and is optional for the MPD to implement.

Vascular access device - EMT personnel may transport patients with a pre-established long term vascular access device such as a central line, PICC line, subcutaneous infusion, epidural with a patient-controlled analgesia device when: it has been determined by the sendingphysician to be BLS-level transport and the EMT has successfully completed a department approved

MPD specialized training course, and a department approved MPD protocol is in place. Transport of this equipment is limited to monitoring only and is optional for the MPD to implement.
Inter-facility medications - Paramedic personnel may transport patients with infusing medications if a department-approved MPD protocol is in place and providers have completed department-approved MPD supplementary training on the medication and protocol. MPDs may establish a generic protocol to address uncommon medications presented in urgent cases where a specific protocol does not exist. The generic protocol must include just-in-time training requirements, information the paramedic must have about the medication prior to transport, any additional transport considerations, any required contact with medical control, and any CQI requirements for uncommon medications.
Specially trained paramedics - Paramedic personnel may transport patients determined by the sending physician as requiring care of a specially trained paramedic and/or nurse as long as the provider has successfully completed a department-approved MPD specialized training course, and department-approved MPD inter-facility protocols within scope addressing the skills, procedures, and medicationsare in place.
High-flow nasal cannula - Paramedic personnel may transport patients determined by the sending physician as requiring oxygen therapy - high flow nasal cannula. High-flow nasal cannula (HFNC) oxygen therapy comprises an air/oxygen blender, an active humidifier, a single heated circuit, and a nasal cannula. It delivers adequately heated and humidified medical gas at up to 60 L/min of flowand is considered to have several physiological effects: reduction of anatomical dead space, PEEP effect, constant fraction of inspired oxygen, and good humidification. Paramedics should complete training and a department approved MPD inter-facility protocols within scope addressing skills and procedures is in place. The above therapy does not refer to passiveoxygenation via high flow nasal cannula during CPR and emergent airway procedures (apneic oxygenation), which can be performed by all levels of EMT following local protocol.

Updates

September 2026 updates

- Add EMR W* to Mechanical CPR device
- Clarification on IV / IO for EMT with IV endorsement fluids limited to NS, LR, D10 W**
- Add subcutaneous route for EMT W*
- Add topical route (EMT and AEMT W*limited to OTC medications)
- Add transdermal NTG paste AEMT W*
- Add IV Lipid Emulsion for severe toxicologic overdose Paramedic W*
- Add Methylene Blue for severe toxicologic overdose Paramedic W*
- Clarification that lidocaine - limited to PM level
- Added Long acting injectables (PM limited to medications listed in specific guidance below)
- Add H2 antagonists OTC (EMT W* limited to PO), AEMT W*, and paramedic N
- Clarification on Nitroglycerine - Sublingual (EMT limited to assist with patients prescribed NTG or off AMB if pt's prescription is expired).
- Add Tranexamic acid for AEMT W* and clarification PM N
- Add long acting injectable under community paramedic mediations

May 2025 updates

- Removed - Combitube as a multi-lumen airway
- Removed - the W from SGA, now it only reads W**
- Added - Benzodiazepines for Seizures (EMT and AEMT limited to assisting with the patient's prescribed medication) EMT and AEMT W*
- Added - Buprenorphine (oral) for paramedics W*
- Added - Analgesic non-opioid analgesia (Ketorolac and Acetaminophen) (AEMT IV and IM) W*

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