Mississippi State Department of Health
Bureau of EMS

Approval Date: August 2024

#### **Agency Expanded Scope**

Agency submits the request for change to the Agency Protocols that are justifiable, are supported by research, required by practice changes, or are in common use by equivalent providers working under another Mississippi approved protocol. If the State EMS Medical Director approves and determines that this expansion of a skill, procedure or medication can be safely administered and monitored at the agency level, a minimal standard will be published in the Mississippi Model Protocol. Any Mississippi EMS agency electing to add the skill must:

- 1. Create and maintain a Medical Director and agency approved protocol meeting the minimum standards established in the Mississippi Model Protocol.
- 2. Maintain documentation demonstrating that all individuals authorized by the agency's medical director to perform these skills/procedures have received initial training.
- 3. The documentation must specify:
  - 1. Dates of attendance for all individuals trained
  - 2. Method of instruction
  - 3. Specific knowledge objectives that address any knowledge/ skill gaps between the skill/ procedure and those taught in the standard curricula at the level of training.
  - 4. Evaluation measures and Test Scores
- 4. Continuing education/ competency evaluations on the optional protocols must be conducted and documented at least every 24 months for every individual who has successfully completed the initial training requirements.
- 5. Have in place a system for continuous monitoring, quality improvement, and reporting required data results to BEMS as defined in this document.

<sup>\*</sup> Indicates an Agency Expanded Scope of Practice. Refer to Agency Expanded Scope for Minimum Model Protocol and Procedures for implementation.

<sup>1-</sup> Indicates a medication or class of medication that may be transported as an infusion after it has already been initiated.

Approval Date: August 2024

### Airway Management/Ventilation/Oxygenation

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC	ССР
Manual Airway Control (Head Tilt/Jaw Thrust)	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	V	V
Airway: Nasal		$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Airway: Oral	√	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Airway: Supraglottic			$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Endotracheal Intubation (Oral and Nasal)				$\sqrt{}$	$\checkmark$
Pharmacological Assisted Intubation (Non-paralytic)				√*	$\sqrt{}$
Pharmacological Assisted Intubation (With paralytic)					
Airway Obstruction: Dislodgement by Direct Laryngoscopy with McGill Forceps				V	<b>V</b>
Airway Obstruction: Manual Dislodgement Techniques	√	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Airway Obstruction: Percutaneous Cricothyrotomy				$\sqrt{}$	$\sqrt{}$
Airway Obstruction: Surgical Cricothyrotomy					$\checkmark$
Mouth to Patient Ventilation (All Routes)	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Bag-Valve-Mask (BVM)	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Use of PEEP Valves			$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
BiPAP Administration and Management				$\sqrt{}$	$\sqrt{}$
СРАР		$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Carbon Monoxide Monitoring		$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Chest Decompression: Needle				$\sqrt{}$	$\sqrt{}$
Chest Tube Placement: Assist Only				$\sqrt{}$	$\sqrt{}$
Chest Tube: Monitoring and Management				$\sqrt{}$	$\sqrt{}$
Chest Tube/ Thoracostomy: Finger or Tube					$\sqrt{}$
End Tidal CO₂: Monitoring and Interpretation			$\checkmark$	$\sqrt{}$	$\sqrt{}$
Gastric Decompression: NG or OG Tube				V	V
Oxygen Therapy: High Flow Nasal Cannula				V	V
Oxygen Therapy: Humidifiers		1	V	V	V
Oxygen Therapy: Nasal Cannula	V	√	√	V	<b>V</b>
Oxygen Therapy: Non-Rebreather Mask	V	<b>√</b>	V	V	V
Oxygen Therapy: Partial-Rebreather mask		V	V	V	V

<sup>\*</sup> Indicates an Agency Expanded Scope of Practice. Refer to Agency Expanded Scope for Minimum Model Protocol and Procedures for implementation.

<sup>1-</sup> Indicates a medication or class of medication that may be transported as an infusion after it has already been initiated.

Approval Date: August 2024

Oxygen Therapy: Simple Face Mask		√	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Oxygen therapy: Venturi Mask		√	√	V	V
Pulse Oximetry		√	√	V	$\checkmark$
Suctioning: upper airway	$\sqrt{}$	√	√	V	$\sqrt{}$
Suctioning: Tracheobronchial of an Intubated Patient			√	V	$\sqrt{}$
Tracheostomy Maintenance		√	√	V	V
Tracheostomy Tube Replacement				V	V
Positive Pressure Ventilation Devices			V	√	<b>√</b>
(Manually Triggered or Automatic Ventilators)					
Transport Ventilator (Manual Adjustments)				√*	$\checkmark$

### Cardiovascular/Circulation

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC	ССР
Cardiopulmonary Resuscitation (CPR)	√	√	√	√	√
Cardiac Monitoring: 12 lead ECG Acquisition and Transmission		<b>√</b>	√	√	√
Cardiac Monitoring: 12 lead Electrocardiogram (interpretive)				V	$\sqrt{}$
Cardioversion: Electrical				$\checkmark$	$\checkmark$
Defibrillation: Automated	√	√	√	√	$\sqrt{}$
Defibrillation: Manual				<b>V</b>	$\sqrt{}$
Transcutaneous Pacing				$\sqrt{}$	$\sqrt{}$
EKG Rhythm Monitoring and Interpretation of EKG Strips				√	$\sqrt{}$
Transvenous Cardiac Pacing: Monitoring and Maintenance				V	V
Mechanical CPR Device		√	√	√	$\sqrt{}$
Telemetric Monitoring Devices and Transmission of Clinical Data, Including Video Data		√	√	V	<b>√</b>
Hemorrhage Control: Direct Pressure		V	√	√	$\sqrt{}$
Hemorrhage Control: Tourniquet	V	√	V	√	√
Hemorrhage Control: Wound Packing	V	V	√	√ √	√ √

<sup>\*</sup> Indicates an Agency Expanded Scope of Practice. Refer to Agency Expanded Scope for Minimum Model Protocol and Procedures for implementation.

<sup>1-</sup> Indicates a medication or class of medication that may be transported as an infusion after it has already been initiated.

Approval Date: August 2024

#### IV Initiation/Maintenance Fluids

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC	ССР
Access Indwelling Catheters and Implanted Central IV Ports				<b>V</b>	V
Central Line: Monitoring				$\sqrt{}$	$\sqrt{}$
Intraosseous: Initiation, Peds or Adult			√	$\sqrt{}$	$\sqrt{}$
Intravenous Access			√	√	√
Intravenous Initiation: Peripheral			√	√	√
Intravenous: Maintenance of Non-Medicated IV Fluids			√	V	√
Intravenous: Maintenance of Medicated IV Fluids				$\sqrt{}$	√
Umbilical Venous Access					V

#### Splinting, Spinal Motion Restriction (SMR), and Patient Restraint

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC	ССР
Cervical Collar	√	√	V	√	$\sqrt{}$
Long Spine Board		√	V	√	√
Manual Cervical Stabilization	√	V	V	√	√
Seated SMR (KED, etc.)		V	V	√	√
Extremity Stabilization-manual	√	√	V	√	√
Extremity Splinting	√	V	V	√	√
Splint: Traction		V	V	√	√
Mechanical Patient Restraint		√	V	√	V
Emergency Moves for Endangered Patients	√	√	√	√	<b>√</b>

#### Miscellaneous

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC	ССР
Assisted Delivery (Childbirth)	√	V	1	V	<b>V</b>
Assisted Complicated Delivery (Childbirth)		V	1	V	<b>V</b>
Blood Chemistry Analysis (Point of Care Testing)				√	V
Blood Pressure: Automated and Manual	√	√	√	√	√
Blood Glucose Monitoring		√	√	√	√
Eye Irrigation	√	V	V	V	V

<sup>\*</sup> Indicates an Agency Expanded Scope of Practice. Refer to Agency Expanded Scope for Minimum Model Protocol and Procedures for implementation.

<sup>1-</sup> Indicates a medication or class of medication that may be transported as an infusion after it has already been initiated.

Approval Date: August 2024

	_				
Eye Irrigation Using Sterile Techniques (Morgan Lense)				$\sqrt{}$	$\checkmark$
Venous Blood Sampling for Patient Care Testing			√	$\sqrt{}$	$\sqrt{}$
Specimen collection via Nasal Swab			√	<b>V</b>	√
Urinary Catheter Maintenance		$\sqrt{}$	√	$\sqrt{}$	V
Urinary Catheter Insertion					V
Nerve Block					V
ICP Monitoring					√
Pericardiocentesis					√
Superficial Extremity Wound Closure and Device Anchoring					√
Point of Care Ultrasound use and interpretation					V
Arterial Line Insertion					V
Arterial Line Monitoring					V
Central Line Insertion and Hemodynamic Monitoring					$\sqrt{}$
Escharotomy/Fasciotomy					$\sqrt{}$
IAPB Monitoring					
VADS, Impellas, and Other Cardiac Devices (Interhospital Transfers)				V	√
VADS, Impellas, and Other Cardiac Devices (911 Responses where devices are in place)		$\sqrt{}$	√	V	

#### **Medication Administration Route**

SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC	ССР
Aerosolized/nebulized		V	V	V	V
Endotracheal Tube				V	$\sqrt{}$
Inhaled			√	√	√
Intradermal				√	√
Intramuscular			√	√	√
Intramuscular: Auto-Injector	√	√	√	√	√
Intranasal			√	√	√
Intranasal: Unit-Dosed, Premeasured	√	√	√	√	√
Intraosseous (Adult and Pediatric)			V	√	√
Intravenous			V	√	<b>V</b>

<sup>\*</sup> Indicates an Agency Expanded Scope of Practice. Refer to Agency Expanded Scope for Minimum Model Protocol and Procedures for implementation.

<sup>1-</sup> Indicates a medication or class of medication that may be transported as an infusion after it has already been initiated.

Approval Date: August 2024

Mucosal/Sublingual	$\sqrt{}$	<b>V</b>	$\sqrt{}$	$\checkmark$
Nasogastric			$\sqrt{}$	$\checkmark$
Oral	√	√	√	√
Rectal			V	$\checkmark$
Subcutaneous		<b>V</b>	V	√
Topical			V	V
Transdermal		1	√	<b>√</b>

#### **Approved Medications/Classes**

Critical Care Paramedics May Administer All Medication Classes If Not Listed Except Chemotherapeutic Agents

Critical Care Paramedics May Administer All Medication Classes if Not Listed Except Chemotherapeutic Agents									
SKILL/PROCEDURE	EMR	EMT	AEMT	PARAMEDIC	ССР				
EMERGENCY MEDICAL RESPONDER (EMR)									
Auto-injector Antidotes for Chemical/HAZMAT Exposure	V	$\sqrt{}$	V	V	$\sqrt{}$				
Oxygen	<b>V</b>	V	V	V	<b>√</b>				
Opioid Antagonist – Autoinjector or Intranasal	<b>V</b>	V	V	V	<b>√</b>				
EMERGENCY MEDIC	AL TECHN	ICIAN (EMT	)						
Analgesic – Over the Counter Oral (Pain or Fever)		√	√	<b>V</b>	√				
Antianginals – Nitroglycerine Only (Sublingual)		√	√	<b>V</b>	√				
Antiplatelet (Aspirin only)		√	√	<b>V</b>	√				
Auto-injector Epinephrine (for anaphylaxis)		√	√	V	√				
Beta Agonist Inhaled (MDI)		√	√	V	√				
Oral Glucose		V	V	V	V				
ADVANCED EMERGENCY N	1EDICAL TI	ECHNICIAN	(AEMT)						
Analgesics – Non-Narcotic (example: Tylenol, NSAIDS)			√	<b>V</b>	√				
Antiemetic			√	√	V				
Anticholinergic Inhaled (Nebulized)			V	V	V				
Beta Agonist Inhaled (Nebulized)			<b>V</b>	<b>V</b>	√				

<sup>\*</sup> Indicates an Agency Expanded Scope of Practice. Refer to Agency Expanded Scope for Minimum Model Protocol and Procedures for implementation.

<sup>1-</sup> Indicates a medication or class of medication that may be transported as an infusion after it has already been initiated.

Approval Date: August 2024

Epinephrine 1:1,000 (Sub Q, IM)		√	V	<b>√</b>
Epinephrine 1:10,000 (IV)		√*	√	<b>V</b>
Dextrose Containing Solutions for IV Administration		$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Immunizations		$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Intravenous Solutions (NS, LR, D5)		<b>V</b>	$\sqrt{}$	V
Glucagon		$\sqrt{}$	V	$\sqrt{}$
Opioid Antagonist (IM, IV)		<b>√</b>	√ √	<b>V</b>

PA	ARAMEDIC		
Adrenergic Agonist / Sympathetic Agonist		V	V
(IV push and Infusion)		<b>V</b>	•
Alkalizing Agent		$\sqrt{}$	
(Sodium Bicarb)		•	•
Anesthetics – Topical and IO		V	$\sqrt{}$
(Topical - Oral and Ophthalmic)		<u> </u>	,
Analgesics - Narcotic		$\checkmark$	$\checkmark$
Antianginals not limited to Nitroglycerine		√	ما
(Transdermal and IV)		V	V
Antibiotics		$\sqrt{}$	$\sqrt{}$
Anticholinergic IV			V
Anticonvulsants			V
Antidotes			V
Antidysrhythmic Class I and III		٠	ما
(Example: Lidocaine)		V	V
Antidysrhythmic Class II Beta Blockers			V
Antidysrhythmic Class III		. 1	.1
(Example: Amiodarone)		V	V
Antidysrhythmic Class IV Calcium Channel Blockers		√	√ V
Antidysrhythmic Class Other		.1	-1
(Adenosine)		V	V
Antifibrinolytics		ما	
(Tranexamic Acid)		V	V

<sup>\*</sup> Indicates an Agency Expanded Scope of Practice. Refer to Agency Expanded Scope for Minimum Model Protocol and Procedures for implementation.

<sup>1-</sup> Indicates a medication or class of medication that may be transported as an infusion after it has already been initiated.

Approval Date: August 2024

<u> </u>						
Antihistamines			V	$\sqrt{}$		
(H1 and H2) Antiplatelet and Glycoprotein Inhibitors			.1	.1		
Antipsychotics/Behavioral Medications			<u> </u>	√ 		
Antivenin			Λ 14	V		
Benzodiazepines			$\sqrt{1}$	√		
				√		
Benzodiazepine Antagonist			√	V		
Blood and Blood Products (Initiate and Maintain)			$\sqrt{}$	$\checkmark$		
Corticosteroids			V	V		
Diuretics				√ √		
Electrolytes (Calcium Chloride, Calcium Gluconate, Magnesium, Potassium)			V	<b>V</b>		
Fibrinolytic Agents			$\sqrt{1}$	$\sqrt{}$		
Glycoprotein Inhibitors				V		
Heparin (Loading dose and Infusion)			√	√		
Hormones (Vasopressin, Pitocin, Sandostatin)			V	√		
Insulin Infusion			$\sqrt{}$	$\sqrt{}$		
Intravenous Solutions (Hypertonic Solutions and Colloids)			$\sqrt{}$	V		
Ketamine (Behavioral Emergencies and Pain Control Only)			V	√		
Proton Pump Inhibitor			$\sqrt{}$	$\sqrt{}$		
Sedative-Hypnotics (IV Push for DAI)			<b>√*</b>	$\checkmark$		
Sedative-Hypnotics (IV Infusion)			√* <b>,</b> 1	$\checkmark$		
Venous Dilators			<b>√</b>	V		
(Other than Nitroglycerine) Vitamins and Nutrients			1			
	<b></b>		$\sqrt{}$			
Anesthetics – Nerve Blocks						
Insulin (IV, Sub Q)				√ √		

<sup>\*</sup> Indicates an Agency Expanded Scope of Practice. Refer to Agency Expanded Scope for Minimum Model Protocol and Procedures for implementation.

<sup>1-</sup> Indicates a medication or class of medication that may be transported as an infusion after it has already been initiated.

Approval Date: August 2024

Neuromuscular Blocking Agents			ما
(Depolarizing and Non-Depolarizing)			V

<sup>\*</sup> Indicates an Agency Expanded Scope of Practice. Refer to Agency Expanded Scope for Minimum Model Protocol and Procedures for implementation.

<sup>1-</sup> Indicates a medication or class of medication that may be transported as an infusion after it has already been initiated.