



## INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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Page 1 of 4

### SPECIALTY AND OPTIONAL SCOPE PROGRAM APPROVAL

#### I. PURPOSE

To provide guidelines for the application and renewal of advanced life support (ALS) or basic life support (BLS) specialty or optional scope of practice programs.

See below for list of programs:

**Emergency Medical Dispatch (EMD) Program:** The reception, evaluation, processing and provision of dispatch life support; management of requests for emergency medical assistance; ongoing evaluation and improvement of the emergency medical dispatch process. (See ICEMA Reference #4090 - Emergency Medical Dispatch Center Requirements.)

**Mobile Medic Specialty Program:** A specialty program that utilizes boats, bicycles, motorcycles, golf carts and/or powered all-terrain vehicles or for ALS or BLS response designed to deliver EMT, AEMT, and/or EMT-P to the scene of injury and/or transport a patient from the scene of injury to other awaiting EMS units.

**Optional Scope Program:** Any EMT/AEMT/EMT-P program that may require approval from the ICEMA Medical Director to function outside of the basic scope of practice that is not initiated region-wide.

**Public Safety AED Service Provider:** A specialty program for public safety personnel. (See ICEMA Reference #15060 - Public Safety AED Service Provider.)

**Specialty Program:** Any program that may require approval from the ICEMA Medical Director to function due to regulations or any variance from standard ICEMA policies or protocols either in equipment or procedures.

**Tactical Medicine for Special Operations:** A specialty program that meets all the prerequisites established by POST/EMSA for the delivery of emergency medical care during law enforcement special operations. (See ICEMA Reference #4080 - Tactical Medicine for Special Operations.)

#### II. POLICY

- All EMS providers interested in providing ALS specialty or EMT optional scope programs shall submit an application that will undergo a review process to determine eligibility.
- All specialty programs must submit a new application and be approved every two (2) years.
- All local optional scope programs must submit a new application and be approved at least every three (3) years or concurrently with State approval of the ICEMA Local Optional Scope of Practice whichever is sooner.
- An electronic patient care report (ePCR) must be initiated whenever contact is made with a patient. Patients refusing care or declining further care after treatment must sign a refusal of care and/or Against Medical Advice form.
- If paper downtime forms are utilized, EMS providers are required to submit an approved ePCR by the end of shift or within 24 hours of the close of the event (whichever is less).

- Prior to base contact protocols will be followed. If further treatment is needed, radio contact with the base hospital should be established as soon as possible.
- All ePCRS utilizing a specialty program will be reviewed by the EMS provider as part of its Continuous Quality Improvement program. Review or submission of additional criteria may be required.
- EMS field personnel must accompany the patient to the hospital if utilizing optional scope medications or devices that the transporting EMS field personnel are not authorized to use.

### III. PROCEDURE FOR SPECIALTY AND OPTIONAL SCOPE PROGRAM APPROVAL

- Submit an original application to ICEMA indicating the type of program. The Specialty and Optional Scope Program Approval Application is available on the ICEMA website at ICEMA.sbccounty.gov.
- Submit a copy of the proposed or renewal program which shall include:
  - A statement demonstrating a need for the program.
  - A description of the geographic area within which the specialty program will be utilized.
  - A detailed description of the operation of the program, such as special events, 24/7 and how the program will be implemented.
  - A description of how the program will interface with the EMS system and 9-1-1.
  - A detailed description of the training program. For optional scope programs, include provisions for written test and demonstration of skills competencies.
  - A detailed list of employees participating in this program. If there are changes in employees, ICEMA must be notified in writing within 10 days.
  - A detailed description of any deviations from the Standard Drug and Equipment List, how equipment and drugs will be stored and/or transported and a program for maintenance of the equipment.
  - A process for the reporting of any deviations or adverse events.
  - A quality improvement plan or an amendment to the EMS providers' Quality Improvement Plan that describes the quality improvement process for the specialty program. The plan must comply with all provisions of the ICEMA Quality Improvement Plan and include provisions for 100% review of all patient care reports in which the specialty or optional scope program was attempted or utilized.
  - ICEMA may require the collection and submission of additional criteria as necessary.

- Additional procedures for Mobile Medic Specialty Programs:
  - A statement indicating compliance with Department of Motor Vehicles rules for personal safety equipment and/or vehicle registration if applicable.
  - A list of type of vehicles utilized (bicycles, motorcycles, ATV).
  - Type of interim patient care report utilized and process for transfer of patient care documents in the field.
  - Type of communication devices utilized and the interface with ALS provider and transport.
- Additional procedures for Impedance Threshold Device (ITD) Specialty Programs:
  - Prior to deployment and utilization of ITDs, providers must demonstrate high performance compression fraction of at least 80% without the use of an automatic compression device either through retrospective or concurrent audits for six (6) months.
  - ITD must be used in conjunction with high performance CPR and may be used with automatic compression devices.
  - Submit initial/renewal course outline for approval to include:
    - Indications for use and when to remove the device for both basic and advanced airways.
    - Use of two-person bag-valve-mask ventilation when used in the absence of an advanced airway to ensure adequate seal to maintain the intended effect of the device.
    - Use in conjunction with high performance CPR, keeping compression rates between 100 - 120 per minute.
- Additional procedures for Local Optional Scope programs:
  - Authorization for EMTs or EMT-Ps to practice optional skills is limited to those whose certificate or license is active and who are employed by an ICEMA authorized EMS provider.
  - Initial training to include not less than five (5) hours with skills competency demonstration once every one (1) year.
  - Comply with State regulations for optional skills training and demonstration of competency.

#### IV. DRUG AND EQUIPMENT LISTS

- Equipment and supplies carried and utilized by specialty program personnel shall be consistent and compatible with the drugs and equipment normally carried by ALS units.
- Equipment and supplies shall be based on the appropriate level of personnel utilized for the particular event.

**V. REFERENCES**

<b>Number</b>	<b>Name</b>
4080	Tactical Medicine for Special Operations
4090	Emergency Medical Dispatch Center Requirements (San Bernardino County Only)
15060	Public Safety AED Service Provider