

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27

National EMS Scope of Practice Model Revision 2018

THIS VERSION CONTAINS TWO PARTS:

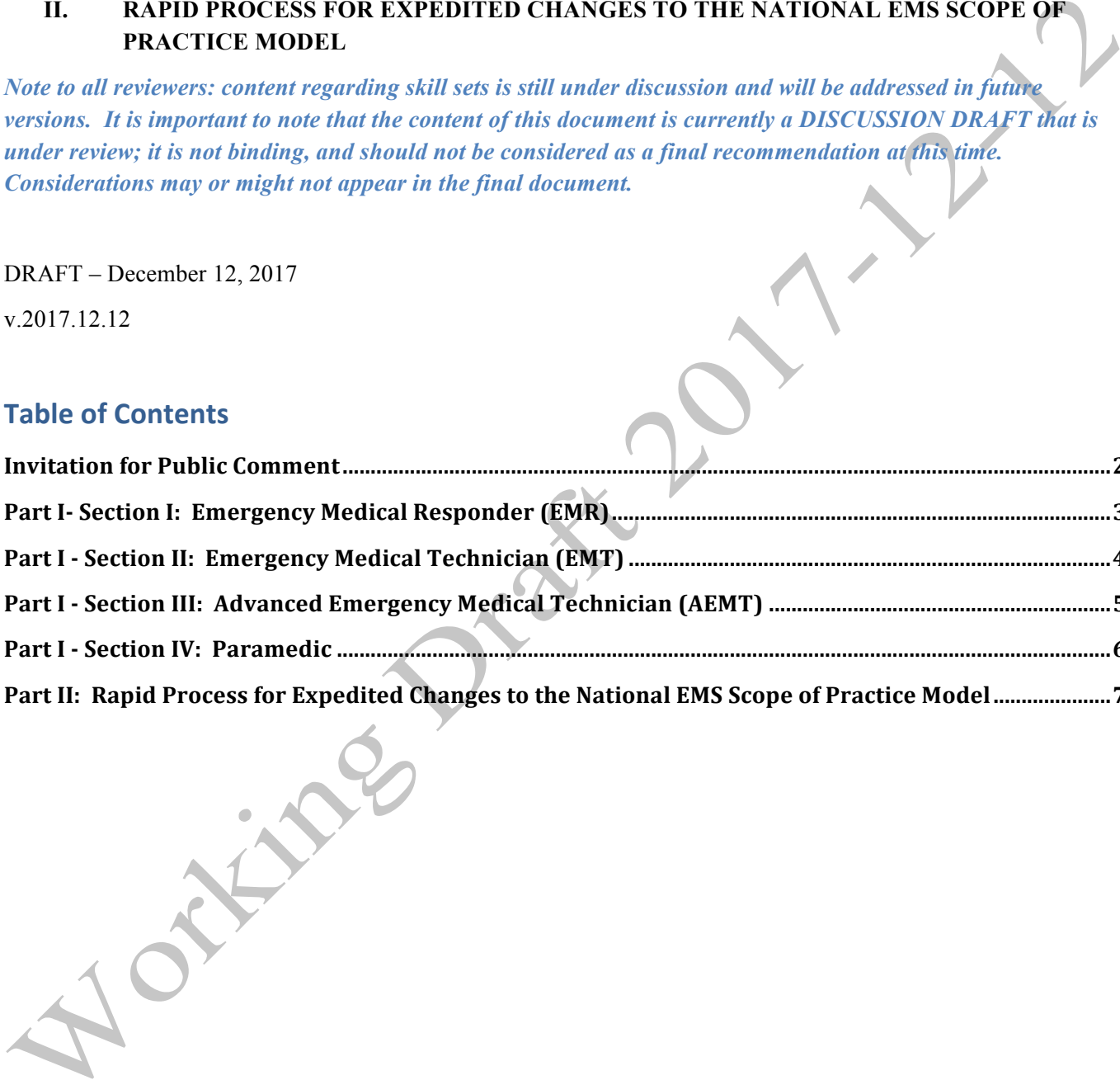
- I. EMS LEVEL DESCRIPTIONS**
- II. RAPID PROCESS FOR EXPEDITED CHANGES TO THE NATIONAL EMS SCOPE OF PRACTICE MODEL**

Note to all reviewers: content regarding skill sets is still under discussion and will be addressed in future versions. It is important to note that the content of this document is currently a DISCUSSION DRAFT that is under review; it is not binding, and should not be considered as a final recommendation at this time. Considerations may or might not appear in the final document.

DRAFT – December 12, 2017
v.2017.12.12

Table of Contents

- Invitation for Public Comment.....2**
- Part I- Section I: Emergency Medical Responder (EMR).....3**
- Part I - Section II: Emergency Medical Technician (EMT)4**
- Part I - Section III: Advanced Emergency Medical Technician (AEMT)5**
- Part I - Section IV: Paramedic6**
- Part II: Rapid Process for Expedited Changes to the National EMS Scope of Practice Model7**



28 **Invitation for Public Comment**

29 National engagement provides interested parties with an opportunity to comment on draft documents to ensure that
30 the content reflects the collective expertise and experience of the whole community. The National Association of
31 State Emergency Medical Services Officials (NASEMSO) is soliciting feedback on revised portions contained in
32 the 2007 National EMS Scope of Practice Model (“*Practice Model*”). The challenge facing the EMS community
33 including regulators is to develop a system that establishes national standards for personnel licensure and their
34 minimum competencies while remaining flexible enough to meet the unique needs of state and local jurisdictions.

35 A Subject Matter Expert Panel has determined that clinical practice decisions must be based on the level of
36 cognitive and psychomotor preparation of EMS personnel. Draft 2 is intended to reflect an improved description of
37 the spectrum of EMS levels from the 2007 *Practice Model*. Once community consensus has been reached on these
38 descriptions, the assignment of skills and tasks will be accomplished for a comprehensive final draft and provided
39 for public comment in Spring 2018.

40 In addition, we have determined that guidance is needed to explain the general recommendations and procedures
41 applicable when emergent changes to sustain and strengthen national preparedness for public health, military, and
42 domestic emergencies need to occur to the National EMS Scope of Practice Model (SoPM) between regular
43 revision cycles. (Examples may include but are not limited to the opioid overdose epidemic, emerging infectious
44 diseases such as pandemic influenza or ebola virus disease, naturally occurring and man-made disaster situations
45 under conditions of scarce resources, etc.) Input to these procedures is also invited.

46 The 2007 National EMS Scope of Practice Model can be downloaded at
47 <https://www.ems.gov/education/EMSScope.pdf>. To comment on this revised draft, the 2nd of 3 public comment
48 opportunities, please go to <https://www.surveymonkey.com/r/scopemodel2>. The comment period will conclude on
49 2/10/18.

50

51 Questions can be submitted to NASEMSO Program Manager, Kathy Robinson via robinson@nasemso.org.

52

It is important to note that the content of this document is currently UNDER REVIEW; it is not binding, and should not be considered as a final recommendation at this time. Considerations may or might not appear in the final document.

53 **Part I- Section I: Emergency Medical Responder (EMR)**

54 **Proposed Description**

55 The primary focus of the EMR is to initiate immediate lifesaving care to patients while ensuring patient access to
56 the emergency medical services system. EMR's possess the basic knowledge and skills necessary to provide
57 lifesaving interventions while awaiting additional EMS response and rely on an EMS or public safety agency or
58 larger scene response that includes other higher-level medical personnel.

59 Emergency Medical Responders:

- 60 • Function as part of a comprehensive EMS response with tightly defined clinical protocols and medical
61 oversight.
- 62 • Perform basic interventions with minimal equipment and manage life threats with minimal resources
63 until other personnel can arrive.
- 64 • Are an important link within the 9-1-1 and emergency medical services system.

65 **Other Attributes**

66 EMRs often work in settings where emergency medical care is not their primary job function. Examples include
67 firefighters, law enforcement, lifeguards, backcountry guides, community responders, industrial workers and
68 similar jobs.

69 **Education Requirements:**

70 Successful completion of an EMR training program that is:

- 71 • Compliant with a uniform national standard for quality, and
- 72 • Approved by the state or US territory

73 **Primary Role:**

74 Initiate patient care within the emergency medical services system.

75 **Program Level:**

76 Vocational/Technical

77 **Critical Thinking:**

78 Basic, protocol-driven.

79 **Level of Supervision:**

80 General medical oversight required. Assist higher-level personnel at the scene and during transport.

81 **Other Considerations:**

- 82 • When practicing in less populated areas, may have low call volume coupled with being the only care provider
83 for prolonged periods awaiting arrival of higher levels of care.
- 84 • EMRs are generally not the highest-level person caring for a patient during ambulance transport.

85

*It is important to note that the content of this document is currently UNDER REVIEW; it is **not binding, and should not be considered as a final recommendation at this time. Considerations may or might not appear in the final document.***

87 **Proposed Description**

88 The primary focus of the EMT is to respond to, assess and triage non-urgent, urgent, and emergent requests for
89 medical care, apply basic knowledge and skills necessary to provide patient care and medical transportation to/from
90 an emergency or health care facility.

91 Emergency Medical Technicians:

- 92 • Function as part of a comprehensive EMS response, community, health, or public safety system with
93 defined clinical protocols and medical oversight.
- 94 • Perform interventions with the basic equipment typically found on an ambulance.
- 95 • Are an important link within the continuum of the emergency care system from an out of hospital
96 response through the delivery of patients to definitive care.

97 **Other Attributes**

98 The majority of providers in the EMS system are licensed at the EMT level. The EMT plays many important roles
99 and possesses the knowledge and skill set to initially manage any emergency until a higher level of care can be
100 accessed.

101 **Education Requirements:**

102 Successful completion of an EMT training program that is:

- 103 • Compliant with a uniform national standard for quality, and
- 104 • Approved by the state or US territory

105 **Primary Role:**

106 Provide basic patient care and medical transportation within the emergency care system.

107 **Program Level:**

108 Vocational/Technical

109 **Critical Thinking:**

110 Basic, fundamental, protocol driven.

111 **Level of Supervision:**

112 General medical oversight required. Some autonomy at basic life support level, assist higher-level personnel at the
113 scene and during patient transport.

114 **Other Considerations:**

- 115 • Depending on a patient’s needs and/or system resources EMTs are sometimes the highest level of care a
116 patient will receive during an ambulance transport.
- 117 • EMTs often are paired with higher levels of personnel as part of an ambulance crew or other responding
118 group.
- 119 • With proper supervision, may serve as a patient care assistant/technician in a hospital or healthcare
120 setting to the full extent of their education and training.
- 121 • In a community setting an EMT might visit patients at home and make observations that are reported to a
122 higher-level authority to help manage a patient’s care.
- 123 • When practicing in less populated areas may have low call volume coupled with being the only care
124 provider during prolonged transports.
- 125 • May provide minimal supervision of lower level personnel.

126

127

128 **Part I - Section III: Advanced Emergency Medical Technician (AEMT)**

129 **Proposed Description**

130 The primary focus of the AEMT is to respond to, assess and triage non-urgent, urgent, and emergent requests for
131 medical care, apply basic and focused advanced knowledge and skills necessary to provide patient care and/or
132 medical transportation, and facilitate access to a higher level of care when the needs of the patient exceed the
133 capability level of the AEMT.

134 Advanced Emergency Medical Technicians:

- 135 • Function as part of a comprehensive EMS response, community, health, or public safety system with
136 medical oversight.
- 137 • Perform interventions with the basic and advanced equipment typically found on an ambulance.
- 138 • Perform focused advanced skills and pharmacological interventions that are engineered to mitigate
139 specific life-threatening conditions with a targeted set of skills beyond the level of an EMT.
- 140 • May function as an important link from the scene into the health care system.

141 **Other Attributes**

142 The AEMT has additional educational requirements, preparation in assessment and interventions than an EMT. In
143 areas where Paramedic response is not available, the AEMT may be the highest level of EMS provider a patient
144 encounters before reaching a hospital.

145 **Education Requirements:**

146 Successful completion of a nationally accredited AEMT training program that meets all other state requirements.

147 **Primary Role:**

148 Provide basic and focused advanced patient care; determine transportation needs within the health care system.

149 **Program Level:**

150 Vocational/Technical with Academic Affiliation

151 Diploma, certificate, or associates degree awarded for successful completion.

152 **Critical Thinking:**

153 Fundamental, focused advanced, protocol driven. May participate in making decisions about alternative transport
154 destinations, the need for additional patient care resources and similar judgments.

155 **Level of Supervision**

156 Medical oversight required. Minimal autonomy for limited advanced skills. May provide minimal supervision of
157 lower level personnel. Assist higher-level personnel at the scene and during transport.

158 **Other Considerations**

- 159 • The additional preparation beyond EMT prepares an AEMT to improve patient care in common emergency
160 conditions for which reasonably safe, targeted, and evidence-based interventions exist.
- 161 • Interventions within the AEMT scope of practice may carry more risk if not performed properly than
162 interventions authorized for the EMT/EMR levels.
- 163 • With proper supervision, may serve as a patient care assistant/technician in a hospital or healthcare setting to
164 the full extent of their education and training.
- 165 • In a community setting an AEMT might visit patients at home and make observations that are reported to a
166 higher-level authority to help manage a patient's care.

167

168

170 **Proposed Description**

171 The paramedic is a licensed health professional whose primary focus is to respond to, assess, and triage emergent,
172 urgent, and non-urgent requests for medical care, apply basic and advanced knowledge and skills necessary to
173 determine patient needs, interpret and use diagnostic findings to implement treatment, provide complex patient
174 care, facilitate referrals and/or access to a higher level of care when the needs of the patient exceeds the capability
175 level of the paramedic.

176 Paramedics:

- 177 • Function as part of a comprehensive EMS response, community, health, or public safety system with
178 advanced clinical protocols and medical oversight.
- 179 • Perform interventions with the basic and advanced equipment typically found on an ambulance, including
180 diagnostic equipment approved by an agency medical director.
- 181 • May provide specialized interfacility care during transport.
- 182 • Are an important link in the continuum of health care.

183 **Other Attributes**

184 Paramedics commonly facilitate medical decisions at an emergency scene and during transport. Paramedics work
185 in a variety of specialty care settings including but not limited to ground and air ambulances, occupational, in-
186 hospital, and community settings. Increasingly, paramedics seek academic degrees at the Associate or higher
187 levels. This preparation enables them to use a wide range of pharmacology, airway, monitoring devices as well as
188 to make complex judgments such as the need for transport from a field site, alternate destination decisions, the level
189 of provider appropriate for transporting a patient, and similar judgments.

190 **Education Requirements:**

191 Successful completion of a nationally accredited Paramedic program that meets all other state requirements.

192 **Primary Role:**

193 Provide advanced care in a variety of settings; interpretive and diagnostic capabilities; determine destination needs
194 within the health care system; specialty transport.

195 **Program Level:**

196 Academic. Diploma, Certificate, Associate, Baccalaureate, or Masters Degree awarded for successful completion.

197 **Critical Thinking**

198 Advanced/complex decision making, protocol assisted.

199 **Level of Supervision**

200 Paramedics operate with close and collaborative medical oversight. Significant autonomy and decision making is
201 expected. Frequently provides supervision and coordination of lower level providers.

202 **Other Considerations**

- 203 • Paramedics may work in community settings where they take on additional responsibilities for monitoring and
204 evaluating the need of patients who are at some risk for conditions that could worsen and lead to poor
205 outcomes.

206

207

Part II: Rapid Process for Expedited Changes to the National EMS Scope of Practice Model

I. Purpose: While States maintain the authority to regulate activities that affect the health, safety, and welfare of citizens within their borders, this guidance shall explain the general recommendations and procedures applicable to emergent changes that need to occur to the National EMS Scope of Practice Model (SoPM) between regular revision cycles in order to sustain and strengthen national preparedness for public health, military, and domestic emergencies. (Examples may include but are not limited to the opioid overdose epidemic, emerging infectious diseases such as pandemic influenza or ebola virus disease, naturally occurring and man-made disaster situations under conditions of scarce resources, etc.) Such guidance is needed to ensure that:

- Modifications to existing EMS protocols or access to new technology/skills and/or knowledge (from here forward referred to as “*EMS interventions*”) are deemed medically appropriate and medically necessary to prevent, diagnose, mitigate, or treat serious or life-threatening diseases and conditions.
- EMS interventions needed are applicable at the national level and reflect an entry-level capability.
- To the extent possible, current evidence and an evaluation of the risks/benefits that the EMS intervention is beneficial to public health and/or will improve patient outcomes is reflected.
- Safe and effective care is provided to EMS patients between regularly established revision cycles.
- Dissemination of approved changes is achieved through broad EMS community outreach and consensus.

II. Request to Accelerate SoPM Revision Process: When an emergent change to the Model is necessary to serve a public health, health/medical security, or health/medical preparedness purpose at the national level, the requested EMS intervention will be submitted **by a state or federal official** to the NHTSA Office of EMS (OEMS) with supporting evidence and documentation for review. NHTSA will review requests to issue an emergent change based on a variety of factors. The criteria includes:

- The seriousness and incidence of the clinical disease or condition;
- The magnitude, urgency, and public health need for an EMS intervention and, when known, the risks, safety, and effectiveness of the proposed intervention;
- Availability and adequacy of the information concerning the likelihood that an EMS intervention may be safe and effective in preventing, treating, or diagnosing the condition;
- Significant known and potential benefits and risks associated with the intervention and of the extent to which such benefits and risks are unknown;
- The extent to which the EMS intervention would serve a significant unmet medical need, including in:
 - A subpopulation (e.g., pregnant women, infants, and children, and immunocompromised persons)
 - The level of practitioner that should be considered to implement the intervention (e.g. EMR, EMT, AEMT, and/or paramedic);
- The potential role that the use of the EMS intervention may have in ensuring national health and security;
- Whether the request is from (or supported by) a government stakeholder (e.g., the proposed change will be appropriately coordinated with, augment, and not interfere with official government stakeholder response efforts);

*It is important to note that the content of this document is currently UNDER REVIEW; it is **not binding**, and should not be considered as a final recommendation at this time. Considerations may or might not appear in the final document.*

- 54
- 55
- 56
- 57
- When the intervention involves a medical device or medication to support the intervention and the availability of the product, (e.g., the quantity and manufacturing capacity); and
 - Any other information deemed necessary by NHTSA or industry stakeholders.

58

59 NHTSA should seek stakeholder input prior to implementing an emergent change to the SoPM. It will

60 not be appropriate to issue an emergent change for, or in anticipation of, every emergency scenario.

61

62 **III. Proposed Rapid Process for Emergent Changes to the SoPM:**

63 While the SoPM is a national consensus document guided by data and expert opinion that reflects

64 the skills representing the minimum competencies of the levels of EMS personnel, it is

65 implemented and supervised by the authority of the states and its medical directors. The

66 following suggested timeline is provided when critical/time sensitive decisions are needed

67 between SoPM revision cycles:

68

Day 1	NHTSA receives a request for an emergent change to the SoPM to help protect the public health and security of the Nation.
Day 1+	A SoPM Subject Matter Expert Panel (Panel) will be maintained by NHTSA and tasked to concurrently review the request and the supporting epidemiological evidence.
Within 14 days	The Panel will convene via teleconference to discuss the request and any findings
By 21 days	The Panel will draft an interim recommendation to: 1.) Accept adoption; 2.) Decline adoption (with rationale); or, 3.) Request more information
Day 30	NHTSA completes review of the interim recommendation(s) and determines whether to adopt as an addendum to the SoPM.
Day 30+	NHTSA will disseminate approved recommendation(s) to the States.

69

70 **IV. State Requirements Related to the Implementation of Changes to the SoPM:** States will

71 determine cognitive and psychomotor objectives and credentialing requirements for its licensees

72 when disseminating changes to the SoPM.

73