



Scope of Practice Model Decision-Making Framework for Emergency Medical Services

Introduction

The National Association of State EMS Officials (NASEMSO) sincerely thanks the National Council of State Boards of Nursing (NCSBN®) for their visionary leadership in determining that a uniform tool (scope of practice decision-tree) could be used to help determine whether specific activities, interventions or roles are permitted under similar health practitioner's level of education, licensure and competence; and meet the standards established by various Practice Acts and rules/regulations of each state/jurisdiction. We also acknowledge the valuable input of the Tri-Council for Nursing, consisting of the American Association of Colleges of Nursing (AACN), the American Nurses Association (ANA), the American Organization of Nurse Executives (AONE) and the National League for Nursing (NLN) that, along with NCSBN staff methodically reviewed the literature and existing decision-making algorithms and used their expertise to develop a uniform tool that could be used across states/jurisdictions.

In 2018, with permission of the NCSBN, the decision-making framework was adapted by NASEMSO working with a national level subject matter expert panel selected to revise the National EMS Scope of Practice Model. We hope these materials will assist states, administrators, facilities, medical directors, and emergency medical services (EMS) practitioners with EMS scope of practice decisions that help meet community needs and promote safe and effective patient care. The Scope of Nursing Practice Decision-Making Framework from which this model has been adapted is available from the NCSBN at <https://www.ncsbn.org/decision-making-framework.htm>.

Purpose

Recognizing that EMS and healthcare is continually evolving, this document serves to provide a standardized, decision-making framework for all licensed EMS personnel in all settings with respect to their education, role, function and accountability within the scope of practice. It will assist EMS personnel and policymakers in navigating current EMS practice with all of its challenges. As practice transforms, licensed EMS personnel need to communicate any ongoing issues/concerns to their state authority so regulators can evaluate whether changes to the EMS Act, rules/regulations, or standards need to be considered.

Targeted Population

All licensed EMS practitioners at all experience levels (novice to expert), in all practice settings, and in all roles such as:

- Emergency Medical Responders (EMR)
- Emergency Medical Technicians (EMT)
- Advanced Emergency Medical Technicians (AEMT)
- Paramedics
- Mobile Integrated Healthcare
- Specialty Care Transport
- EMS personnel functioning in non-traditional roles
- EMS personnel functioning during disasters, public health emergencies, and extraordinary circumstances

Context for Use

To promote safety of patients, EMS personnel would use this framework to:

- Determine individual accountability for practice decisions;
- Communicate with other health care professionals regarding the scope of practice and the EMS practitioner's accountability;
- Inform health care and other employing organizations about the scope of practice and EMS practitioner's accountability;
- Educate EMR, EMT, AEMT, and Paramedic students about their accountability for practice decisions; and
- Guide national EMS organizations, credentialing and regulatory agencies in the formulation of scope and standards of practice, policy and position statements.

Key Definitions

Accountability: To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS. (From National Association of Emergency Medical Technicians (NAEMT) Code of Ethics-2013.)

Appropriate resources: Human and material support to perform the activity, intervention or role safely, including any necessary emergency management.

Certification: an external verification of the competencies that an individual has achieved and typically involves an examination process. While certification exams can be set to any level of proficiency, in health care they are typically designed to verify that an individual has achieved minimum competency to assure safe and effective patient care.

Credentialing: a local process by which an individual is permitted by a specific entity (medical director) to practice in a specific setting (EMS agency). Credentialing processes vary in sophistication and formality.

Education: includes all of the cognitive, psychomotor, and affective learning that individuals have undergone throughout their lives. This includes entry-level education, continuing professional education, formal and informal learning. Clearly, many individuals have extensive education that, in some cases, exceeds their EMS skills or roles.

Licensure: permission granted to an individual by the State to perform certain restricted activities. Scope of practice represents the legal limits of the licensed individual's performance. States have a variety of mechanisms to define the margins of what an individual is legally permitted to perform.

Reasonable and prudent: An EMS practitioner that uses good judgment in providing EMS care according to accepted standards and that another EMS practitioner with similar education and experience in similar circumstances would provide.

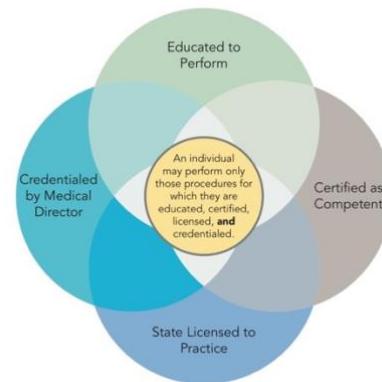
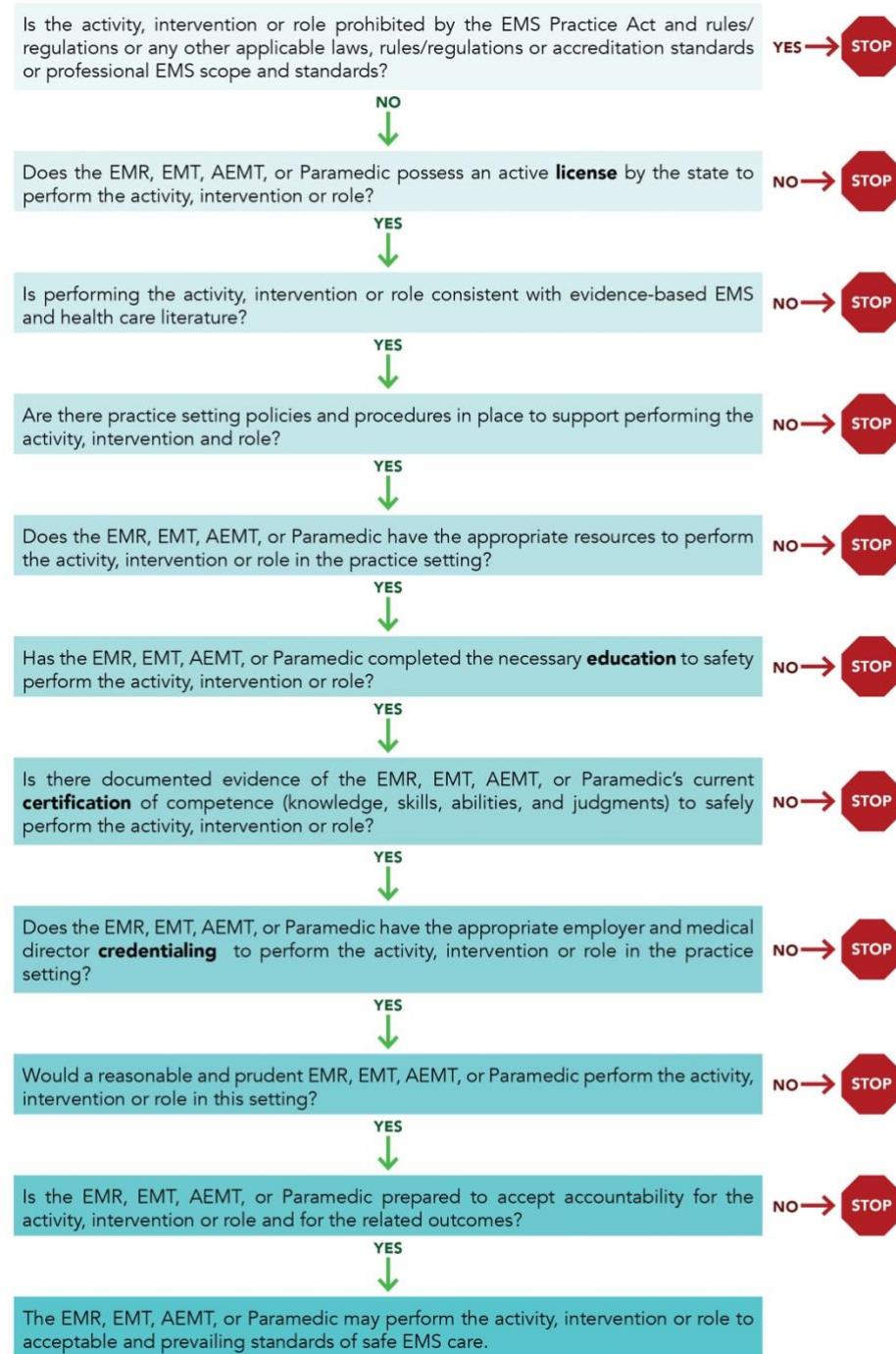


Figure 1: The relationship among EMS education, certification, licensure, and credentialing.

EMS Scope of Practice Decision-Making Framework

Identify, describe or clarify the activity, intervention or role under consideration.



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