State legislative survey: Emergency Medical Professionals

The American Medical Association strongly supports the efforts of America’s first responders, including Emergency Medical Technicians (EMTs) and paramedics. Generally, EMTs and paramedics are licensed or certified by a state. This 50-state survey provides medical societies an overview of issues that may arise during state legislative sessions.

Certification/Licensure

The majority of states certify emergency medical professionals.¹ Eighteen states license emergency medical professionals.² Only two states distinguish between certification and licensure for EMTs and paramedics.³

Levels of certification/licensure

Nineteen states have different levels of certification or licensure for a paramedic. Eight states use the “Basic/Intermediate/Paramedic” differentiation,⁴ while five states differentiate according to “Basic/Paramedic” standards.⁵ Nine states that require licensure have multiple levels of licensure.⁶

Qualifications and scope of practice

Twenty-two states enumerate highly specific qualifications required by any individual seeking an EMT certificate or license.⁷ The majority of states (24) list generalized medical services that are permitted within the EMT’s scope of practice.⁸ These states either describe general medical practices or state that the scope is determined according to the particular state’s Board of Health. Sixteen states have very detailed provisions describing the authorized scope of practice for EMTs. Most states are silent on any services that

¹ AK, AZ, CA, CO, CT, DE, FL, GA, HI, IN, IA, KS, KY, LA, MA, MN, NV, NJ, NY, OH, OR, PA, SC, TN, UT, VT, VA, WA, WV, WY.
² AL, AR, ID, IL, ME, MI, MS, MO, MT, NE, NH, NM, NC, ND, OK, RI, SD, WI.
³ Maryland and Texas certify basic EMTs and license advanced paramedics.
⁴ NE, NH, NM, OH, SC, UT, WV, WI. Alaska is the only state to use “EMT-I/II/III” classifications, but they are essentially the same as the “Basic/Intermediate/Paramedic” classes.
⁵ MD, MO, NJ, PA, TN.
⁶ MO, NE, NH, NM, NC, ND, RI, SD, WI.
⁷ AK, CO, KY, MD, MT, NE, NV, NH, NM, NY, NC, OH, OK, RI, SC, SD, TN, TX, UT, VT, WA, WI.
⁸ AK, AZ, DE, HI, ID, IA, MA, MS, MO, NH, NC, ND, OR, PA, RI, SC, SD, TX, UT, VT, WA, WV, WI.

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are explicitly excluded from the EMT scope of practice. A few point out that what is impermissible is “any activity beyond the level of certification attained.” Delaware, for example, explicitly forbids an EMT from performing any service that would constitute the practice of medicine.

Supervision

Most states do not specifically state who is required or allowed to supervise EMTs. Those with specific provisions either say that a medical director or physician is authorized to supervise the EMT. A small handful of states extend supervisory authority to physician assistants or registered nurses. North Dakota allows EMTs to supervise basic life support matters, but a paramedic must supervise any crew performing advanced life support.

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9 AL, CA, KY, MS, MT, NV, NM, OH, TX.
10 CT, FL, HI, ID, KY, MA, MT, NM, PA, SC, TX, VT, VA, WA, WY.
11 The eight states that have an expanded definition of who may supervise are AK, CA, NE, NJ, NY, ND, OH, OK.
<table>
<thead>
<tr>
<th>State</th>
<th>Statute</th>
<th>Certification / Licensure</th>
<th>Basic qualifications</th>
<th>Scope of practice</th>
<th>Supervision requirements</th>
</tr>
</thead>
</table>
b. Has passed the state EMT examination.  
c. Has been granted a license by the Board of Health. | Basic life support techniques including:  
(a) Patient assessment;  
(b) Taking and recording vital signs;  
(c) Taking and recording an appropriate history;  
(d) Properly lifting and moving a patient;  
(e) Opening and maintaining a patent airway using simple airway maneuvers;  
(f) Cardiopulmonary resuscitation;  
(g) Simple management of a cardiac emergency, NOT including use of manual defibrillation, administration of fluids, or administration of drugs by any means, except those drugs or substances listed below;  
(h) Administration of activated charcoal, syrup of ipecac, and glucose paste;  
(i) ASSISTANCE with self-administration of nitroglycerin, auto-inhalers, and auto-injection epinephrine, BUT ONLY if the EMT-Basic has been trained to do so through the approved course after September 1, 1995;  
(j) Spine immobilization;  
(k) Long bone fracture immobilization;  
(l) Joint dislocation immobilization;  
(m) Application of pneumatic anti-shock garment;  
(n) Control of bleeding and shock, NOT including suturing or administration of I.V. fluids;  
(o) Splinting, INCLUDING traction splinting;  
(p) Bandaging;  
(q) Assistance with emergency childbirth, NOT including any surgical procedures whatsoever;  
(r) Use of bag-valve mask;  
(s) Use of oropharyngeal and nasopharyngeal airways;  
(t) Use of mouth to mask device with or without supplemental oxygen;  
(u) Administration of supplemental oxygen, INCLUDING use of pulse oximetry devices;  
(v) Capillary puncture for the purpose of blood glucose monitoring, including use of digital blood |
(1) have successfully completed an approved EMT-I training course;  
(2) pass, within one year after completing the training course, the written and practical examination for EMT-I administered by the department; and  
(3) provide evidence of a valid CPR credential.  
(b) A person applying for certification as an EMT-II must  
(1) have a valid certification as an EMT-I;  
(2) have successfully completed a department-approved EMT-II training course;  
(3) as part of the EMT-II training course or within 30 days after successful course completion, perform 10 venipunctures, of which eight must be with catheter covered needles;  
(4) pass, within one year after completing the training course, the written and practical examination for EMT-II administered by the department; and  
(5) provide evidence of having had, before the first day of the EMT-II training program, at least 10 patient contacts while providing care with a provider | (a) A state-certified EMT-I may perform basic life support as defined in 7 AAC 26.999, may use an automated external defibrillator if properly trained as defined in AS 09.65.090(f), and, under the direct or indirect supervision of a physician, may  
(1) practice approved airway management techniques; and  
(2) use a manual defibrillator if certified as a manual defibrillator technician under 7 AAC 26.510 - 7 AAC 26.590.  
(b) A state-certified EMT-II may perform the skills of an EMT-I and, under the direct or indirect supervision of a physician, may  
(1) practice approved airway management techniques;  
(2) start peripheral intravenous (I.V.) treatment;  
(3) obtain blood for laboratory analysis;  
(4) administer five-percent dextrose in water, crystalloid volume-replacement solutions, 50 percent dextrose in water, and naloxone hydrochloride (Narcan); and  
(5) use a manual defibrillator if certified as a manual defibrillator technician under 7 AAC 26.510 - 7 AAC 26.590.  
(c) A state-certified EMT-III may, under the direct or indirect supervision of a physician, perform the skills |
of emergency medical services or in a hospital or clinic; and
(7) provide evidence of a valid CPR credential.
(c) Except as otherwise provided in (h) of this section, a person applying for certification as an EMT-III must
(1) have a valid certification as an EMT-II;
(2) have successfully completed a department-approved EMT-III training course;
(3) pass, within one year after completing the training course, the written and practical examination for EMT-III administered by the department;
(4) provide evidence of having had, before the first day of the EMT-III training program, at least 10 patient contacts while providing care as an EMT-II with a provider of emergency medical services or in a hospital or clinic;
(6) provide evidence of a valid CPR credential; and
(7) provide evidence of having performed, after becoming certified as an EMT-II and before the first day of the EMT-III training program, at least 10 venipunctures, of which at least eight must have been with catheter-covered needles.

An EMT shall perform a medical treatment, procedure, or technique and administer a medication only:
1. Under medical direction if required in A.R.S. Title 36, Chapter 21.1 and R9-25-201;
2. As prescribed in the EMT-B, EMT-I, or EMT-P training curriculum required for Arizona certification or NREMT registration;
3. In a manner consistent with R9-25-410; and
4. According to protocols established in this Article.

Arizona

2. Is not ineligible for:
a. Certification pursuant to subsection (A), or b. Recertification pursuant to subsection (B); and
3. Meets the applicable requirements in R9-25-404, R9-25-405, or R9-25-406. | An EMT shall perform a medical treatment, procedure, or technique and administer a medication only:
1. Under medical direction if required in A.R.S. Title 36, Chapter 21.1 and R9-25-201;
2. As prescribed in the EMT-B, EMT-I, or EMT-P training curriculum required for Arizona certification or NREMT registration;
3. In a manner consistent with R9-25-410; and
4. According to protocols established in this Article. |

Arkansas

<p>| Arkansas | Ark. Code Ann. § 20-13-202 (West 1975). [Under Title 20 &quot;Public Health and Welfare.&quot;] Licensure | (3) Have been properly trained by a qualified instructor who has been certified by a physician licensed under the Arkansas Medical Practices Act, § 17-95-201 et seq., § 17-95-301 et seq., and § 17-95-401 et seq. The curriculum shall minimally include recognition of the symptoms of systemic reactions to nerve agents and the proper | Silent. |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>Code/Regulation</th>
<th>Certification</th>
<th>Description</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>Cal. Health &amp; Safety Code § 1797.84 (West 1980). Cal. Code Regs. tit. 22, § 100045, 100063 (1987). [Under Title 22 “Social Security.”]</td>
<td>Certification</td>
<td>An individual whose scope of practice to provide advanced life support is according to standards prescribed by this division and who has a valid certificate issued pursuant to this division.</td>
<td>A certified EMT or EMT student may perform any of the following: (1) Evaluate the ill and injured. (2) Render basic life support, rescue and emergency medical care to patients. (3) Obtain diagnostic signs to include but not be limited to the assessment of temperature, blood pressure, pulse and respiration rates, level of consciousness, and pupil status. (4) Perform cardiopulmonary resuscitation (CPR), including the use of mechanical adjuncts to basic cardiopulmonary resuscitation. (5) Use the following adjunctive airway breathing aids: (A) oropharyngeal airway; (B) nasopharyngeal airway; (C) suction devices; (D) basic oxygen delivery devices; and (E) manual and mechanical ventilating devices designed for prehospital use. (6) Use various types of stretchers and body immobilization devices. (7) Provide initial prehospital emergency care of trauma. (8) Administer oral glucose or sugar solutions. (9) Extricate entrapped persons. (10) Perform field triage. (11) Transport patients. (12) Set up for ALS procedures, under the direction of an Advanced EMT or Paramedic. (13) Perform automated external defibrillation when authorized by an EMT AED service provider. (14) Assist patients with the administration of physician prescribed devices, including but not limited to, patient operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices. Furthermore, under the supervision of a medical director, a certified EMT or supervised EMT student may perform any of the following procedures:</td>
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in the pre-hospital and/or interfacility transport: (1) Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer’s lactate for volume replacement; (2) Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid; and (3) Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines; (4) Monitor preexisting vascular access devices and intravenous lines delivering fluids with additional medications pre-approved by the Director of the Authority. A paramedic student or a licensed paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer, or while working in a small and rural hospital pursuant to Section 1797.195 of the Health and Safety Code, may perform the following procedures or administer the following medications when such are approved by the medical director of the local EMS agency and are included in the written policies and procedures of the local EMS agency. (1) Basic Scope of Practice: (A) Perform defibrillation and synchronized cardioversion. (B) Visualize the airway by use of the laryngoscope and remove foreign body(-ies) with forceps. (C) Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, stomal intubation, and adult oral endotracheal intubation. (D) Institute intravenous (IV) catheters, saline locks, needles, or other cannulae (IV lines), in peripheral veins and monitor and administer medications through pre-existing vascular access. (E) Administer intravenous glucose solutions or
isotonic balanced salt solutions, including Ringer's lactate solution.
(F) Obtain venous blood samples.
(G) Use glucose measuring device.
(H) Utilize Valsalva maneuver.
(I) Perform needle cricothyroidotomy.
(J) Perform needle thoracostomy.
(K) Monitor thoracostomy tubes.
(L) Monitor and adjust IV solutions containing potassium, equal to or less than 20 mEq/L.
(M) Administer approved medications by the following routes: intravenous, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, oral or topical.
(N) Administer, using prepackaged products when available, the following medications:
1. 25% and 50% dextrose;
2. activated charcoal;
3. adenosine;
4. aerosolized or nebulized beta-2 specific bronchodilators;
5. aspirin;
6. atropine sulfate;
7. pralidoxime chloride;
8. calcium chloride;
9. diazepam;
10. diphenhydramine hydrochloride;
11. dopamine hydrochloride;
12. epinephrine;
13. furosemide;
14. glucagon;
15. midazolam;
16. lidocaine hydrochloride;
17. morphine sulfate;
18. naloxone hydrochloride;
19. nitroglycerine preparations, except intravenous, unless permitted under (c)(2)(A) of this section;
20. sodium bicarbonate.
The scope of authority may not exceed Cal. Code Regs. tit. 22, § 100063.
<table>
<thead>
<tr>
<th>State</th>
<th>Statute Information</th>
<th>Certification Requirements</th>
<th>Medical Director or Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>Colo. Rev. Stat. Ann. § 25-3.5-103 (West 1977). [Under Title 25 &quot;Health&quot;]</td>
<td>Applicants for initial certification shall: C) submit to the Department with a completed application form all of the following: a. NREMT certification at the Emergency Medical Technician -- Intermediate 1985 national standard curriculum level (NREMT-I 85) shall be recognized at the EMT level for the purposes of this section. 3) evidence of current and valid professional level Basic Cardiac Life Support (CPR) course completion from a national or local organization approved by the Department. 4) In addition to paragraph 3 above, EMT-I and Paramedic applicants shall submit evidence of current and valid Advanced Cardiac Life Support (ACLS) course completion from a national or local organization approved by the Department.</td>
<td>Silent.</td>
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<tr>
<td>Delaware</td>
<td>Certification</td>
<td>Silent.</td>
<td>Providing a rapid response capability in the delivery of emergency medical services to individuals who become unexpectedly ill or incapacitated or who are otherwise placed in a position where highly skilled medical assistance must be rendered to sustain or maintain such individual prior to institutional health care. (a) A paramedic may provide such paramedic services as are set forth in the paramedic's certificate if such services are provided under the supervision of a physician, or in any context where voice contact by radio or telephone is monitored by a physician; and such paramedic may provide advanced life support where authorized to do so by a physician. (b) If direct voice communication between a physician and a paramedic fails or is technically impossible, the paramedic may perform any emergency medical service for which the paramedic is certified, in compliance with treatment protocols set forth by the Board, when the life of the patient is in immediate danger and requires such care for its preservation.</td>
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<td>Florida</td>
<td>Certification</td>
<td>To be qualified for EMT certification, an individual must: (a) 1. Successfully complete an initial EMT training program conducted in accordance with the 1994 U.S. DOT EMT-Basic National Standard Curriculum and (c) Possess a high school diploma or a General Education Development (GED) diploma.</td>
<td>Certification to provide basic life support, such as patient assessment, cardiopulmonary resuscitation (CPR), splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical antishock trousers, administration of a subcutaneous injection using a premeasured autoinjector of epinephrine to a person suffering an anaphylactic reaction, and other techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the United States Department of Transportation. The term “basic life support” also includes other techniques which have been approved and are performed under conditions specified by rules of the department.</td>
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| Delaware | Del. Code Ann. tit. 16 § 9809 (West 1990). [Title 16: "Health and Safety"] | Certification | Silent. | Providing a rapid response capability in the delivery of emergency medical services to individuals who become unexpectedly ill or incapacitated or who are otherwise placed in a position where highly skilled medical assistance must be rendered to sustain or maintain such individual prior to institutional health care. (a) A paramedic may provide such paramedic services as are set forth in the paramedic's certificate if such services are provided under the supervision of a physician, or in any context where voice contact by radio or telephone is monitored by a physician; and such paramedic may provide advanced life support where authorized to do so by a physician. (b) If direct voice communication between a physician and a paramedic fails or is technically impossible, the paramedic may perform any emergency medical service for which the paramedic is certified, in compliance with treatment protocols set forth by the Board, when the life of the patient is in immediate danger and requires such care for its preservation. |
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| Florida | Fla. Stat. Ann. § 401.27 (West 2007). [Under Title XXIX "Public Health."], Fla. Admin. Code Ann. § 64J-1.008 (1982). [Under Title 64 "Public Health."] | Certification | To be qualified for EMT certification, an individual must: (a) 1. Successfully complete an initial EMT training program conducted in accordance with the 1994 U.S. DOT EMT-Basic National Standard Curriculum and (c) Possess a high school diploma or a General Education Development (GED) diploma. | Certification to provide basic life support, such as patient assessment, cardiopulmonary resuscitation (CPR), splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical antishock trousers, administration of a subcutaneous injection using a premeasured autoinjector of epinephrine to a person suffering an anaphylactic reaction, and other techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the United States Department of Transportation. The term “basic life support” also includes other techniques which have been approved and are performed under conditions specified by rules of the department. |

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<table>
<thead>
<tr>
<th>State</th>
<th>Code and Regulations</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia</td>
<td>Ga. Code Ann. § 31-11-51 (West 1997). [Under Title 31 &quot;Health.&quot;] Ga. Comp. R. and Regs. 290-5-30-.02 (1973).</td>
<td>Silent.</td>
<td>(a) Upon certification by the department, paramedics may perform any service that a cardiac technician is permitted to perform. In addition, upon the order of a duly licensed physician and subject to the conditions set forth in paragraph (2) of subsection (a) of Code Section 31-11-55, paramedics may perform any other procedures which they have been both trained and certified to perform, including, but not limited to: (1) Administration of parenteral injections of diuretics, anticonvulsants, hypertonic glucose, antihistamines, bronchodilators, emetics, narcotic antagonists, and others; (2) Cardioversion; and (3) Gastric suction by intubation. (b) While in training preparatory to becoming certified, paramedic trainees may perform any of the functions specified in this Code section under the direct supervision of a duly licensed physician, a registered nurse, or an approved paramedic clinical preceptor.</td>
</tr>
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<td>Hawaii</td>
<td>Haw. Rev. Stat. § 321-322 (West 1978). [Under Chapter 321 &quot;Department of Health.&quot;]</td>
<td>Silent.</td>
<td>“Basic life support” means initiating noninvasive emergency patient care designed to optimize the patient's chances of surviving the emergency situation. The care rendered consists of all first aid procedures needed, but does not include invasive procedures which constitute the practice of medicine; provided that state-approved basic life support personnel may use fully automatic external defibrillators, initiate intravenous lines, and perform manual external defibrillation under the direction and personal supervision of a mobile intensive care technician and in accordance with rules adopted by the department. “Advanced life support” means initiating all basic life support care as well as invasive patient care designed to stabilize and support a patient's condition due to sudden illness or injury. The care rendered, excluding basic life support, constitutes the practice of medicine. Excluded: Anything that constitutes as the practice of medicine by a person not licensed to do so by the Mobile intensive care technician.</td>
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<tr>
<td>State</td>
<td>Statute Details</td>
<td>Licensure Requirements</td>
<td>Board of Medicine.</td>
</tr>
<tr>
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<td>Idaho</td>
<td>Idaho Code Ann. § 56-1012 (West 1976). [Under Title 56 &quot;Public Assistance and Welfare.&quot;]</td>
<td>Silent.</td>
<td>Persons licensed by the EMS bureau shall be authorized to perform such acts under written or oral authorization of a licensed physician as shall be established by rules of the commission, including, but not limited to, administration of intravenous solutions and drugs, cardiac defibrillation, airway management, endotracheal intubation and other patient care. Medical directors, hospital supervising physicians, and medical clinic supervising physicians.</td>
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<tr>
<td>Illinois</td>
<td>210 Ill. Comp. Stat. Ann. 50/3.50 (West 1995). [Under Chapter 210 &quot;Health Facilities.&quot;]</td>
<td>Anyone who has passed a course in basic, intermediate or paramedic life support training.</td>
<td>(a) &quot;Advanced Life Support (ALS) Services&quot; means an advanced level of pre-hospital and inter-hospital emergency care and non-emergency medical services that includes basic life support care, cardiac monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care, and other authorized techniques and procedures, as outlined in the Advanced Life Support national curriculum of the United States Department of Transportation and any modifications to that curriculum specified in rules adopted by the Department pursuant to this Act. That care shall be initiated as authorized by the EMS Medical Director in a Department approved advanced life support EMS System, under the written or verbal direction of a physician licensed to practice medicine in all of its branches or under the verbal direction of an Emergency Communications Registered Nurse. (b) &quot;Intermediate Life Support (ILS) Services&quot; means an intermediate level of pre-hospital and inter-hospital emergency care and non-emergency medical services that includes basic life support care plus intravenous cannulation and fluid therapy, invasive airway management, trauma care, and other authorized techniques and procedures, as outlined in the Intermediate Life Support national curriculum of the United States Department of Transportation and any modifications to that curriculum specified in rules adopted by the Department pursuant to this Act.</td>
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<td><strong>Indiana</strong></td>
<td><strong>Ind. Code Ann. § 16-31-3-1 (West 1993). [Under Title 16 &quot;Health.&quot;]</strong></td>
<td><strong>Certification</strong></td>
<td><strong>Act. That care shall be initiated as authorized by the EMS Medical Director in a Department approved intermediate or advanced life support EMS System, under the written or verbal direction of a physician licensed to practice medicine in all of its branches or under the verbal direction of an Emergency Communications Registered Nurse. (c) &quot;Basic Life Support (BLS) Services&quot; means a basic level of pre-hospital and inter-hospital emergency care and non-emergency medical services that includes airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding and splinting of fractures, as outlined in the Basic Life Support national curriculum of the United States Department of Transportation and any modifications to that curriculum specified in rules adopted by the Department pursuant to this Act.</strong></td>
</tr>
<tr>
<td>State</td>
<td>Code Citation</td>
<td>Certification</td>
<td>Medical Procedures</td>
</tr>
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<td>Iowa</td>
<td>Iowa Code Ann. § 147A.4 (West 1978). [Under Title IV &quot;Public Health.&quot;]</td>
<td>Silent.</td>
<td>Medical procedures including: a. Administration of intravenous solutions. b. Intubation. c. Performance of cardiac defibrillation and synchronized cardioversion. d. Administration of emergency drugs as provided by rule by the department. e. Any other medical procedure approved by the department, by rule, as appropriate to be performed by emergency medical care providers who have been trained in that procedure.</td>
</tr>
<tr>
<td>Kansas</td>
<td>Kan. Stat. Ann. § 65-6121 (West 1988). [Under Chapter 65 &quot;Public Health.&quot;]</td>
<td>Silent.</td>
<td>An EMT may perform any of the following: (1) Patient assessment and vital signs; (2) airway maintenance including the use of: (A) Oropharyngeal and nasopharyngeal airways; (B) esophageal obturator airways with or without gastric suction device; (C) multi-lumen airway; and (D) oxygen demand valves. (3) Oxygen therapy; (4) oropharyngeal suctioning; (5) cardiopulmonary resuscitation procedures; (6) control accessible bleeding; (7) apply pneumatic anti-shock garment; (8) manage outpatient medical emergencies; (9) extricate patients and utilize lifting and moving techniques; (10) manage musculoskeletal and soft tissue injuries including dressing and bandaging wounds or the splinting of fractures, dislocations, sprains or strains; (11) use of backboards to immobilize the spine; (12) administer activated charcoal and glucose; (13) monitor peripheral intravenous line delivering intravenous fluids during interfacility transport with the following restrictions: (A) The physician approves the transfer by an emergency medical technician; (B) no medications or nutrients have been added to the intravenous fluids; and (C) the emergency medical technician may monitor, maintain and shut off the flow of intravenous fluid; (14) use automated external defibrillators; (15) administer epinephrine auto-injectors provided...</td>
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</table>

| | (1) Individuals desiring initial certification as an EMT shall:
| | (a) Meet all of the requirements of Section 1 of this administrative regulation;
| | (c) Hold a high school diploma or GED;
| | (d) Successfully complete an education and training program that conforms to the curriculum of the United States Department of Transportation, National Highway Traffic Safety Administration, 1994 National Standard Curriculum for Emergency Medical Technician-Basic, which shall not be satisfied by the completion of refresher or transition courses alone;
| | (g) Present written evidence of completion of current HIV/AIDS training required by KRS 311A.110;
| | (i) Present written evidence of completion of current training in CPR. | (a) Identification of correct placement of an endotracheal tube, including the use of end tidal CO2 monitoring;
| | (b) Secure an endotracheal tube that has been inserted by appropriately licensed personnel;
| | (c) Set up and troubleshoot potential problems with a cardiac monitor;
| | (d) Select and apply cardiac electrodes;
| | (e) Apply a pulse oximeter and obtain pulse oximetry readings;
| | (f) Troubleshoot potential problems with a pulse oximeter;
| | (g) Obtain an appropriate sample for and obtain a blood glucose reading;
| | (h) Troubleshoot potential problems with a glucose-monitoring device; | (A) The emergency medical technician successfully completes a course of instruction approved by the board in the administration of epinephrine; and
| | (B) the emergency medical technician serves with an ambulance service or a first response organization that provides emergency medical services; and
| | (C) the emergency medical technician is acting pursuant to medical protocols; | (16) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols; or
| | (17) when authorized by medical protocol, assist the patient in the administration of the following medications which have been prescribed for that patient: Auto-injection epinephrine, sublingual nitroglycerin and inhalers for asthma and emphysema.

**Excluded:** Anything outside the scope of practice.

Medical director or online medical control physician.
**(i)** Shut off the flow of a preestablished intravenous infusion; and
**(j)** Care for an intravenous infusion site where a catheter has been dislodged or removed.

(2) To be eligible to perform each of the supplemental procedures, an EMT shall have been trained and educated utilizing:

(a) "Kentucky Required Mandatory Supplemental Curriculum for Emergency Medical Technician (EMT) Initial Training in Advanced Airway Management;"

(b) "Kentucky Ambulance Service Specific Continuing Education Curriculum for the Emergency Medical Technician (EMT) using a noninvasive monitoring device--Application of Electrocardiogram Electrodes and Monitor;"

(c) "Kentucky Ambulance Service Specific Continuing Education Curriculum for the Emergency Medical Technician (EMT) using a noninvasive monitoring device--Application of Pulse Oximetry;"

(d) "Kentucky Ambulance Service Specific Continuing Education Curriculum for the Emergency Medical Technician (EMT) in Blood Glucose Analysis;"

(e) "Kentucky Required Mandatory Supplemental Curriculum for Emergency Medical Technician (EMT) Initial Training in the Monitoring, Maintaining, and Discontinuing of Preestablished Patient Intravenous Infusions in Prehospital, Interfacility, and Facility-to-Home Encounters;" and

(f) "Kentucky Ambulance Service Specific Continuing Education Curriculum for the Emergency Medical Technician (EMT) using a noninvasive monitoring device - Application of End Tidal Carbon Dioxide Monitoring."

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<table>
<thead>
<tr>
<th>Louisiana</th>
<th>Certification</th>
<th>Applicants must submit evidence of: (1) Completion of the required approved educational program. (2) Documentation that the applicant meets the qualifications and requirements as established by the bureau.</th>
<th>A certified EMT-basic may perform any of the following duties: (a) Rescue, first aid, resuscitation, and other services to the extent that he has been trained to perform such services under the provisions of the National Standard EMT-Basic training curriculum developed and promulgated by the United States Department of Transportation that are adopted by the bureau.</th>
</tr>
</thead>
</table>
(b) When authorized by medical direction, an emergency medical technician-basic or an emergency medical technician-intermediate may administer or aid the patient in the administration of a dose of epinephrine from an auto-injector to treat allergic reaction and anaphylaxis.

(c) Services which may be performed by a certified emergency medical technician-intermediate as provided in Subsection B of this Section, but only while he is enrolled in good standing in an approved emergency medical technician-intermediate clinical or field internship program and while he is under the direct supervision of a physician, registered nurse, certified emergency technician-paramedic, or other preceptor approved by the bureau.

(d) Services which may be performed by a certified emergency medical technician-paramedic, as provided in Subsection C of this Section, but only while he is enrolled in good standing in an approved emergency medical technician-paramedic clinical or field internship program and while he is under the direct supervision of a physician, registered nurse, certified emergency technician-paramedic, or other preceptor approved by the bureau.

A certified EMT-intermediate or EMT-paramedic may perform more advanced duties that they have completed the required training for, including administration of drugs, while under the direct supervision of a licensed physician.

| Maine | Me. Rev. Stat. Ann. tit. 32, § 82 (West 1981). [Under Title 32 “Professions and Occupations.”] 16-163-5 Me. Code R. § 2 (2011). | Licensure | Silent. | A person licensed at the EMT-B level may, in addition to basic emergency medical treatment, provide the following skills or treatments, within the scope of their training as defined by Maine EMS approved curricula, as permitted by protocol and in accordance with this chapter of the Rules:

1. IV maintenance (non-medicated fluids).
2. Under direct supervision of an EMT-Intermediate or above, set-up of intravenous administration equipment and attachment of cardiac monitor leads to a patient.
3. Assisting a patient in the administration of the patient's own medication.
4. Drug and medication administration, and procedures as approved by the Board and as
**Advanced Emergency Medical Treatment:** The following advanced emergency medical treatments may be provided only by those licensed at, or above, the levels indicated, within the scope of training as defined by Maine EMS-approved curricula, as permitted by protocol and in accordance with this section of the Rules:

A. **EMT-Intermediate:** All practices, skills and techniques authorized at the EMT-Basic level, advanced life support airway - endotracheal intubation; IV/IO therapy; blood sampling; cardiac monitoring/counter shock (semiautomatic external or manual); Magill forceps for foreign body airway obstruction; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol and other techniques and practices approved and published by the Board.

B. **EMT-Critical Care:** All practices, skills and techniques authorized at the EMT-Intermediate level; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol and other techniques and practices approved and published by the Board.

C. **EMT-Paramedic:** All practices, skills and techniques authorized at the EMT-Critical Care level; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol; chest decompression; transtracheal insufflation; cricothyrostomy; and other techniques and practices approved and published by the Board.

**Maryland**

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<td>(1) Have successfully completed a first responder course approved by the EMS Board;</td>
<td>Silent</td>
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<td>(2) Have successfully completed the practical certification examination administered in conjunction with the first responder course; and</td>
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<td>(3) Have passed a first responder written certification examination administered by an EMS educational program approved by the EMS Board.</td>
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<td>D. In addition to the requirements of §B of this regulation, an applicant for EMT-B certification shall:</td>
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<td>(1) Have successfully completed:</td>
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</table>
(a) An EMT-B course approved by the EMS Board; or
(b) If the applicant is a licensed nurse, licensed physician, or certified physician assistant, the health care provider to EMT-B program;
(2) Have successfully completed an internship approved by MIEMSS before taking the written and practical certification examinations;
(3) Have passed an EMT-B written certification examination approved by MIEMSS;
(4) Have successfully completed the EMT-B practical certification examination administered by MIEMSS;
E. In addition to the requirements of §B of this regulation, an applicant for initial CRT licensure shall:
(1) Have successfully completed:
(a) A CRT course approved by the EMS Board;
(b) If the applicant is a licensed nurse, licensed physician, or certified physician assistant, the health care provider to CRT program;
(2) Have successfully completed immediately before application for licensure:
(a) At least 12 full months of experience in providing patient care as an EMT-B with an EMS operational program; or
(b) At least 150 documented ambulance responses providing patient care, including patient assessment, with an EMS operational program;
(4) Successfully complete a Maryland protocol review session approved by MIEMSS;
(6) Have passed a written CRT licensure examination approved by MIEMSS.
F. In addition to the requirements of §B of this regulation, an applicant for EMT-P licensure shall:
(1) Have successfully completed:
(a) An EMT-P course approved by the EMS Board;
(b) If the applicant is a licensed nurse, licensed physician, or certified physician assistant, the health care provider to EMT-P program; or
(c) If the applicant is a CRT, the EMT-P bridge course;
(2) Have successfully completed immediately before
**Application for Licensure:**

- (a) At least 12 full months of experience in providing patient care as an EMT-B with an EMS operational program;
- (b) At least 150 documented ambulance responses providing patient care, including patient assessment, with an EMS operational program;
- (c) If the applicant is a licensed nurse, licensed physician, or certified physician assistant, the health care provider to EMT-P program; or
- (d) If the applicant is a CRT, the EMT-P bridge course;
- (4) Successfully complete a Maryland protocol review session approved by MIEMSS;
- (6) Have passed a written EMT-P licensure examination approved by MIEMSS.

<table>
<thead>
<tr>
<th>State</th>
<th>Act</th>
<th>Certification</th>
<th>Licensure</th>
<th>Description</th>
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<tbody>
<tr>
<td>Massachusetts</td>
<td>Mass. Gen. Laws Ann. ch. 111C, § 1</td>
<td>Silent.</td>
<td>A license shall be issued to an individual who meets the following requirements:</td>
<td>(A) The functions of an EMT-Basic include: (1) Provision of basic emergency medical care for patients at the scene and/or while in transit in an ambulance; (2) Operation of Class I, II, and V ambulances; and (3) Other duties as consistent with level of training and certification. (B) Intermediate Level: services related to airway and circulatory maintenance pursuant to the Statewide Treatment Protocols and any other procedure which is consistent with Department-approved training for EMT-Intermediates. (C) Paramedic Level: services related to the treatment of cardiac or respiratory arrest, poisoning, drug overdose or other major trauma or illness pursuant to the Statewide Treatment Protocols and any other procedure which is consistent with Department-approved training for EMT-Paramedics.</td>
</tr>
<tr>
<td>Michigan</td>
<td>Mich. Comp. Laws. Ann. § 333.20950 (West 1978). [Under Chapter 333 “Health.”]</td>
<td>Silent.</td>
<td>A license shall be issued to an individual who meets the following requirements: (b) Has successfully completed the appropriate education program approved under section 20912.1 (c) Subject to subsection (3), has attained a passing score on the appropriate department prescribed examination, (d) Meets other requirements of this part.</td>
<td>Physician</td>
</tr>
<tr>
<td>State</td>
<td>Statute</td>
<td>Certification</td>
<td>Licensure</td>
<td>Excluded:</td>
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<td>(West 1997). [Under &quot;Health.&quot;]</td>
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<td>Mississippi</td>
<td>Miss. Code Ann. § 41-59-3</td>
<td>Silent.</td>
<td>For EMT-Paramedics, it is appropriate to transport patients whose urgent needs or reasonably perceived needs for care exceed the scope of practice for the ambulance attendant, if the following conditions are present: a. The patient has existing advanced therapeutics or treatment modalities for a preexisting condition and b. The patient is located in a non-hospital setting, and c. The patient's condition is considered to be so urgent that the benefits of prompt transport by available personnel to an appropriate hospital outweigh the increased risk to the patient from affecting a delay waiting for qualified medical personnel to arrive.</td>
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<tr>
<td>Missouri</td>
<td>Mo. Ann. Stat. § 190.142</td>
<td>Silent.</td>
<td>The EMT-Basic in Missouri may be permitted to perform blood glucose analysis, twelve (12) lead EKG acquisition and transmission, non-invasive airway devices not intended to be placed in the trachea, and all skills in the National Scope of Practice for Emergency Medical Technicians which is incorporated by reference in this rule as published in 2007 by the U.S. Department of Transportation. The EMT-I in Missouri may perform all the skills except intraosseous infusions in the National Scope of Practice for Advanced EMT.</td>
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<td>(West 1998). [Under Title XII &quot;Public Health and Welfare.&quot;] Mo. Code Regs. Ann. tit. 19, § 30-40.331 (1999).</td>
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<td></td>
<td>Excluded: An an EMT may not perform any acts that are beyond the EMT's level of licensure or endorsement unless functioning as a student in an approved course and under the direct observation of a clinical preceptor. The EMT must perform within the acts allowed at the level for which the EMT is a student candidate.</td>
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<tr>
<td>State</td>
<td>Code/Statute Information</td>
<td>Licensing Requirements</td>
<td>Medical Authority</td>
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<td>Montana</td>
<td>Mont. Code Ann. § 50-6-202 (1975). [Under Title 50 &quot;Health and Safety.&quot;] Mont. Admin. R. 24.156.2771 (2004).</td>
<td>An EMT applicant will be licensed if he: (a) successfully completes a board approved EMT course of instruction; (b) possesses current NREMT registration for the appropriate level of licensure or higher, except for EMT-Fs who have maintained continuous licensure prior to January 1, 2004; (d) possesses a high school diploma or equivalency.</td>
<td>Medical director.</td>
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<td>Nebraska</td>
<td>Neb. Rev. Stat. § 38-1217 (1997). [Under Chapter 38 &quot;Health Occupations and Professions.&quot;] 172 Neb. Admin. Code Ch. 11 § 6 (2011).</td>
<td>Both EMT-Basic: b. Have a current CPR certification; c. Have successfully completed, within the two years preceding the application, the emergency medical technician course, emergency medical technician-intermediate course, pre-hospital emergency care course for nurses, first responder to emergency medical technician-bridge course or emergency medical technician-paramedic course as defined in 172 NAC 11-002: AND d. Successfully pass the emergency medical technician certifying examination with a passing score of 70% or above; OR e. Have a current emergency medical technician certificate from the NREMT; Emergency Medical Technician-Intermediate Certification: An applicant for initial certification as an emergency medical technician-intermediate must: b. Have a current CPR certification; c. Have successfully completed, within the two years preceding the application, the emergency medical technician-intermediate course or emergency medical technician-paramedic course as defined in 172 NAC 11-002: d. Successfully pass the written part of the emergency medical technician-intermediate certifying examination with a passing score of 70% or above on both the Basic Reassessment section and the EMT-Intermediate section; e. Successfully pass, within one year preceding the application, the emergency medical technician-intermediate practical certifying examination.</td>
<td>Medical director, physician, registered nurse, or physician assistant.</td>
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</table>
4. Emergency Medical Technician-Paramedic Certification: An applicant for initial certification as an emergency medical technician-paramedic must:
   a. Have a current CPR certification
   b. Have successfully completed, within the two years preceding the application, the emergency medical technician-paramedic course as defined in 172 NAC 11-002;
   c. Have successfully completed, within the two years preceding the application, the emergency medical technician-paramedic course as defined in 172 NAC 11-002;
   d. Have successfully completed, within the two years preceding the application, the emergency medical technician-paramedic course as defined in 172 NAC 11-002;

8. Reports verbally or in writing, all observations and medical care provided to the patient(s) to the transporting emergency medical services; and
9. Must not transport a patient unless an emergency medical technician is also present and providing patient care in the ambulance.

11-006.01B A first responder, while functioning with a licensed emergency medical service, may perform all of the practices and procedures listed above for a first responder. In addition, with the approval of the Physician Medical Director and with the appropriate training may administer the following prescription medications and performs the following functions under written protocols:

1. Aspirin;
2. Epinephrine auto-injectors;
3. Supplemental oxygen using:
   a. Non-rebreather mask; or.
   b. Nasal cannula.
4. Ventilate a patient using:
   a. Bag Valve Mask; and
   b. Flow Restricted Oxygen Powered Device; and
5. Use of:
   a. Spinal immobilization devices; and
   b. Extremity immobilization devices. An emergency medical technician, while functioning with a licensed emergency medical service:
   1. Responds, in a safe manner, to calls for assistance and provides efficient and immediate care to patients;
   2. Determines the nature and extent of illness or injury and establishes priority for required emergency care;
   3. Renders medical care to patients. The care may include:
      a. Perform a basic patient assessment including:
         (1) Determine presence, absence and quality of
            (a) Level of consciousness;
            (b) The airway;
            (c) Breathing;
            (d) Breath Sounds; and
            (e) Circulation including pulse oximetry.
         (2) Evaluate perfusion by assessing the skin;
<table>
<thead>
<tr>
<th>1. Initial Care</th>
<th>2. Continuous Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Inspect and palpate for injuries;</td>
<td>(3) Inspect and palpate for injuries;</td>
</tr>
<tr>
<td>b. History of present illness or injury; and</td>
<td>(4) History of present illness or injury; and</td>
</tr>
<tr>
<td>c. Basic past medical history.</td>
<td>(5) Basic past medical history.</td>
</tr>
<tr>
<td>d. Establish and maintain an airway including:</td>
<td>b. Establish and maintain an airway including:</td>
</tr>
<tr>
<td>(1) Manually opening airway;</td>
<td>(1) Manually opening airway;</td>
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<tr>
<td>(2) Place oropharyngeal and nasopharyngeal airways; and</td>
<td>(2) Place oropharyngeal and nasopharyngeal airways; and</td>
</tr>
<tr>
<td>(3) Oropharyngeal suctioning</td>
<td>(3) Oropharyngeal suctioning</td>
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<tr>
<td>e. Ventilate patients using:</td>
<td>c. Ventilate patients using:</td>
</tr>
<tr>
<td>(1) Bag valve mask</td>
<td>(1) Bag valve mask</td>
</tr>
<tr>
<td>(2) Flow restricted oxygen powered device</td>
<td>(2) Flow restricted oxygen powered device</td>
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<tr>
<td>f. Treat cardiac arrest using:</td>
<td>d. Treat cardiac arrest using:</td>
</tr>
<tr>
<td>(1) Cardiopulmonary resuscitation</td>
<td>(1) Cardiopulmonary resuscitation</td>
</tr>
<tr>
<td>(2) Automatic external defibrillators</td>
<td>(2) Automatic external defibrillators</td>
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<tr>
<td>e. Controlling hemorrhaging;</td>
<td>(3) Semi-automatic defibrillators</td>
</tr>
<tr>
<td>f. Bandaging of wounds;</td>
<td>e. Controlling hemorrhaging;</td>
</tr>
<tr>
<td>g. Immobilizing of painful, swollen, deformed extremities;</td>
<td>f. Treatment of shock;</td>
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<tr>
<td>h. Assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies, and suspected poisonings; and</td>
<td>g. Bandaging of wounds;</td>
</tr>
<tr>
<td>i. Transporting patients.</td>
<td>h. Immobilization of painful, swollen, deformed extremities;</td>
</tr>
<tr>
<td>4. Additional care is provided based upon assessment of the patient and obtaining historical information. These interventions include:</td>
<td>i. Assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies, and suspected poisonings; and</td>
</tr>
<tr>
<td>a. Assisting a patient, under the patient's direction with medications prescribed for that unique patient including:</td>
<td>j. Transporting patients.</td>
</tr>
<tr>
<td>(1) Sublingual nitroglycerin;</td>
<td>4. Additional care is provided based upon assessment of the patient and obtaining historical information. These interventions include:</td>
</tr>
<tr>
<td>(2) Epinephrine auto-injectors; and</td>
<td>a. Assisting a patient, under the patient's direction with medications prescribed for that unique patient including:</td>
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<tr>
<td>(3) Hand-held aerosol inhalers.</td>
<td>(1) Sublingual nitroglycerin;</td>
</tr>
<tr>
<td>b. Administration of oral glucose; and</td>
<td>(2) Epinephrine auto-injectors; and</td>
</tr>
<tr>
<td>c. Administration of activated charcoal.</td>
<td>(3) Hand-held aerosol inhalers.</td>
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<td>5. With approval of the emergency medical services physician medical director and appropriate training, the emergency medical technician may under written protocols:</td>
<td>b. Administration of oral glucose; and</td>
</tr>
<tr>
<td>a. Cannulate peripheral veins;</td>
<td>c. Administration of activated charcoal.</td>
</tr>
<tr>
<td>b. Administer and monitor isotonic intravenous solutions;</td>
<td>a. Cannulate peripheral veins;</td>
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<tr>
<td>c. Utilize advanced airway management devices;</td>
<td>b. Administer and monitor isotonic intravenous solutions;</td>
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</tbody>
</table>
d. Utilize Federal Drug Administration approved home glucose monitoring devices; and oximeters; and

e. Administer prescription medications, including
   (1) Epinephrine auto-injectors;
   (2) Supplemental oxygen using:
      (a) Non-rebreather mask;
      (b) Nasal cannula
   (3) Aspirin; and
   (4) Albuterol.

11-006.03 Emergency Medical Technician-Intermediate Practice and Procedures: An Emergency Medical Technician-Intermediate (EMT-I), while functioning with an advanced life support emergency medical service, may perform all of the practices and procedures defined in 172 NAC 11-006.02. In addition, with the approval of the service’s physician medical director or as determined by the medical staff of the hospital or by the governing authority of the health clinic, the care may include the following as set forth in written protocols:

1. Establish and utilize advanced airway management devices including:
   a. Intubation;
   b. Oropharyngeal and tracheal suctioning; and
   c. Extubation

2. Perform advanced physical assessment including:
   a. Percussion of the chest;
   b. Auscultate breath sounds; and
   c. Auscultate heart tones.

3. Needle decompression;

4. End tidal CO2 and Pulse Oximetry monitoring;

5. Administration of supplemental oxygen by:
   a. Nasal cannula;
   b. Simple mask;
   c. Partial rebreather mask;
   d. Non-rebreather mask; and
   e. Venturi mask.

6. Ventilate a patient with devices including:
   a. Bag valve mask;
   b. Flow restricted oxygen powered device; and
   c. Automatic transport ventilator.

7. Place orogastric and nasogastric tubes;
|   |   | 8. Cannulation of peripheral veins;  
9. Administer intravenous solutions;  
10. Intraosseous needle placement and infusion;  
11. Bolus intravenous, and intraosseous administration of approved medications;  
12. Intramuscular injections of approved medications;  
13. Subcutaneous injections of approved medications;  
14. Oral and sublingual medication administration of approved medications;  
15. Aerosolized medication administration of approved medications;  
16. Venipuncture to obtain blood sample;  
17. Administer by approved protocols these medications:  
a. Adenosine;  
b. Atropine;  
c. Epinephrine;  
d. Lidocaine 2%;  
e. Nitroglycerin;  
f. Morphine;  
g. Naloxone;  
h. Furosemide;  
i. Diazepam;  
j. 50% Dextrose;  
k. Albuterol;  
l. Isoetharine;  
m. Ipatropium;  
n. Metaproterenol;  
o. Terbutaline;  
p. Methylprednisolone;  
q. Dexamethasone;  
r. Triamcinolone;  
s. Acetylsalicylic acid;  
t. Vasopressin;  
u. Amiodarone;  
v. Glucagon; and  
w. Benadryl.  
18. Electrocardiogram interpretation; and  
19. Therapeutic electrical therapy:  
a. Defibrillation; and  
b. Transcutaneous Pacing.  
20. With the approval of the emergency medical |
service's physician medical director and the completion of a nationally recognized course in Advanced Cardiac Life Support (ACLS), the Emergency Medical Technician-Intermediate may:
a. Perform synchronized cardioversion; and
b. Establish and maintain infusion of Lidocaine 11-006.04 Emergency Medical Technician-Paramedic Practices and Procedures: An Emergency Medical Technician-Paramedic (EMT-P), while functioning with an advanced life support emergency medical service, may perform all of the practices and procedures of 172 NAC 11-006.02. In addition, with the approval of the service's physician medical director or as determined by the medical staff of the hospital or by the governing authority of the health clinic, the care may include the following as set forth in written protocols.
1. Establish and maintain an airway including:
   a. Endotracheal intubation;
   b. Rapid sequence intubation;
   c. Emergency cricothyrotomy;
   d. Non-visualized advanced airway devices;
   e. Extubation; and
   f. Oropharyngeal and tracheal suctioning
2. Perform a comprehensive physical exam including:
   a. Percussion of chest;
   b. Auscultate breath sounds;
   c. Auscultate heart tones;
   d. Auscultate bowel sounds;
   e. Use of ophthalmoscope; and
   f. Use of otoscope
3. Needle decompression;
4. End tidal CO2 monitoring and Pulse Oximetry monitoring;
5. Administration of supplemental oxygen by:
   a. Nasal cannula;
   b. Simple mask;
   c. Partial rebreather mask;
   d. Non-rebreather mask; and
   e. Venturi mask.
6. Ventilate or assist ventilation of a patient with devices including:
   a. Bag-valve-mask;
b. Automatic transport ventilator;
c. Flow restricted oxygen powered device;
d. CPAP; and
e. BiPAP.
7. Place orogastric and nasogastric tubes;
8. Cannulation of peripheral veins and external jugular vein;
9. Administer intravenous solutions;
10. Intraosseous needle placement and infusion;
11. Venipuncture;
12. Electrocardiogram interpretation;
13. Therapeutic electrical therapy using:
   a. Defibrillation;
   b. Cardioversion; and
   c. Transcutaneous Pacing.
14. Medication administration by injection, bolus, or infusion by:
   a. Parenteral routes including:
      (1) Intradermal;
      (2) Subcutaneous;
      (3) Intramuscular;
      (4) Intravenous; and
      (5) Intraosseous.
15. Medication administration absorbed through:
   a. Percutaneous routes:
      (1) Sublingual, buccal;
      (2) Topical;
      (3) Eyes;
      (4) Ears;
      (5) Nose; and
      (6) Lungs.
   b. Enteral routes:
      (1) Oral;
      (2) Gastric; and
      (3) Rectal.
16. Use of blood and blood products

**Excluded:** Any procedure beyond the level of certification acquired.
<table>
<thead>
<tr>
<th>State</th>
<th>Source</th>
<th>Certification</th>
<th>Relevance</th>
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<tbody>
<tr>
<td><strong>Nevada</strong></td>
<td>Nev. Rev. Stat. Ann. § 450B.065 (West 1987). [Under Title 40 &quot;Public Health and Safety.&quot;] Nev. Admin. Code § 450B.400 (1980).</td>
<td>To be certified as an advanced emergency medical technician, an applicant must: 2. Successfully complete the national standard course for advanced emergency medical technicians or an equivalent curriculum approved by the Health Division; 3. Submit verification, signed by the physician of record who was responsible for the training, that he has successfully completed the course or curriculum specified in subsection 2; 4. Submit evidence satisfactory to the Health Division of verification of his skills; 5. Receive a score of not less than 70 percent on a written examination administered by the Health Division; 6. Maintain a certificate to provide advanced cardiac life support issued in accordance with the requirements of the American Heart Association or an equivalent organization approved by the Health Division;</td>
<td>Silent.</td>
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<td><strong>New Hampshire</strong></td>
<td>N.H. Rev. Stat. Ann. § 153-A:11 (West 1999). [Under Title XII &quot;Public Safety &amp; Welfare.&quot;] N.H. Code Admin. R. Ann. § 5903 (2010).</td>
<td>(c) Each applicant applying for an initial EMT-basic provider license shall provide the following with the application: (1) Proof of current registration at the EMT-B classification level with the National Registry; (2) A current certificate of successful completion of the division developed EMT-B transition program; (3) Proof of current successful completion of a division developed cognitive protocol examination; and  (d) Each applicant applying for an initial EMT-intermediate provider license shall provide the following with the application: (1) Proof of current registration at the EMT-I classification level with the National Registry; (2) A current certificate of successful completion of the division developed EMT-B and EMT-I transition programs; (3) Proof of current successful completion of a division developed cognitive protocol examination (e) Each applicant applying for an initial EMT-paramedic provider license shall provide the following with the application: An advanced emergency medical care provider licensed under this chapter may render advanced emergency medical care, rescue, and lifesaving services in those areas of training for which such person is licensed, as defined and approved in accordance with the rules adopted under this chapter, at the scene of an emergency, during transportation to a hospital or while in the hospital emergency department, until care is directly assumed by a physician or authorized hospital personnel, and within the hospital in accordance with hospital policies.</td>
<td>Both</td>
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<td>New Jersey</td>
<td>Certification</td>
<td>The following skills and procedures are within the approved scope of practice for an EMT-Basic:</td>
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<td>Silent.</td>
<td>1. Patient assessment, including vital signs and ongoing evaluation;</td>
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<td>2. Pulmonary or cardiopulmonary resuscitation and foreign body airway obstruction management;</td>
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<td>3. Oxygen administration;</td>
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<td>4. Oropharyngeal and nasopharyngeal airway insertion;</td>
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<td>5. Oropharyngeal, nasopharyngeal and tracheal suctioning;</td>
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<td>6. Assessment and management of cardiac, respiratory, diabetic shock, behavioral and heat/cold</td>
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<td>emergencies, as prescribed within the National Standard Curriculum for EMT-Basics;</td>
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<td>7. Emergency treatment for bleeding, burns, poisoning, seizures, soft tissue injuries, chest-</td>
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<td>abdominal-pelvic injuries, muscle and bone injuries, eye injuries and childbirth (including</td>
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<td>care of the newborn), as prescribed within the National Standard Curriculum for EMTs-Basic;</td>
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<td>8. Application of spinal immobilization devices and splinting materials, including traction</td>
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<td>splints;</td>
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<td>9. Basic triage and basic maneuvers to gain access to the patient;</td>
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<td>10. Patient lifting and moving techniques;</td>
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<td>11. AED utilization;</td>
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<td>12. Assisting an EMT-Paramedic, registered nurse or physician; and</td>
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<td>13. Assisting a patient to administer drugs previously prescribed for that patient, limited to:</td>
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<td>i. Prescribed metered dose inhaler;</td>
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<td>ii. Sublingual nitroglycerin;</td>
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<td>Physician or a registered nurse under the direct orders of a physician.</td>
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</table>
iii. Epinephrine auto injector. The following skills and procedures are within the approved scope of practice for an EMT-Paramedic, an EMT-Paramedic student (provided that the student is under the direct supervision of an EMT-Paramedic, registered nurse or physician) or a provisionally certified EMT-Paramedic (within the limits set forth at N.J.A.C. 8:41A-4.2(a)2):

1. Performance all of the skills and procedures approved for EMTs-Basic, as set forth at N.J.A.C. 8:40A-10.1;
2. Performance of history taking and physical examination of patients in order to obtain necessary information to permit the rendering of appropriate medical care;
3. Utilization of telemetry and proper communications procedures in the field, as defined by the Federal Communications Commission and good professional practice;
4. Visualization of the airway by utilization of the laryngoscope and removal of foreign bodies with forceps;
5. Application of electrodes and monitoring of cardiac electrical activity, including electrocardiograms;
6. Utilization of mechanical cardiopulmonary resuscitation devices; and
7. Assessing and managing patients in accordance with the program curriculum.

(c) In addition, with medical command authorization or utilizing the standing orders set forth at N.J.A.C. 8:41-7 and 8, the persons identified in (b) above may:

1. Initiate IV therapy, either by direct infusion, IV catheter plug or other cannulae-IV lines;
2. Perform venipuncture for the purpose of obtaining blood samples for analysis (excluding blood alcohol levels drawn solely for legal purposes);
3. Prepare and administer approved medications and solutions (that is, those set forth at N.J.A.C. 8:41-6.1) by intravenous, intramuscular, subcutaneous, intraosseous, oral, sublingual, topical, inhalation, rectal or endotracheal routes;
4. Administer oxygen therapy, including nebulizer
(4) all applicants who are graduates of a bureau approved EMS training program may apply for graduate licensing, which allows them to work temporarily under supervision, as outlined in 7.27.2.8 NMAC of these rules;  
(5) all applicants applying to be licensed, shall meet the following requirements:  
(b) provide evidence of CPR certification;  
(c) present a certificate of completion from an EMT-B course completed at a bureau approved EMS training program, and accomplished within the previous nine (9) months;  
(d) successfully complete the New Mexico EMT-B | treatments in accordance with N.J.A.C. 8:41-6.1, non-invasive positive pressure ventilation, and the provide ventilatory support using approved equipment as specified in N.J.A.C. 8:41;  
5. Perform cardiac defibrillation, synchronized cardioversion and transcutaneous cardiac pacing;  
6. Perform electrocardiogram monitoring, including taking of 12-lead electrocardiogram tracings;  
7. Perform endotracheal intubation (oral and nasal) and nasogastric tube insertion and aspiration;  
8. Perform pulmonary ventilation by the utilization of oral, nasal, endotracheal or tracheostomy intubation;  
9. Perform intraosseous infusion;  
10. Perform needle chest decompression; and  
11. Perform Valsalva maneuvers;  
(d) In addition to the skills and procedures identified in (b) and (c) above, a program or service's medical director may choose to allow EMTs-Paramedic to perform the following procedures, subject to approval by the Department:  
1. The insertion of esophageal airways, laryngeal mask airways or other commercial airways of similar design and function;  
2. Access of established central venous catheters and subcutaneous indwelling catheters;  
3. Access of AV fistulas or shunts;  
4. Percutaneous needle cricothyrotomy; and  
5. Rapid sequence induction.  
I. EMT-BASIC (EMT-B):  
(1) The following allowed skills, procedures, and drugs may be performed without medical direction:  
(a) basic airway management;  
(b) use of basic adjunctive airway equipment;  
(c) suctioning;  
(d) cardiopulmonary resuscitation, according to current ECC guidelines;  
(e) obstructed airway management;  
(f) bleeding control;  
(g) spine immobilization;  
(h) splinting;  
(i) scene assessment, triage, scene safety;  
(j) use of statewide EMS communications system;  
(k) childbirth (imminent delivery);  
(l) glucometry; | Medical director. |
licensing examination; the initial state licensing examination shall be completed within nine (9) months based on the date of course completion; successful completion of the licensing examination process that results in the issuance of a license shall be completed within twenty-four (24) months based on the date of course completion; (e) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules; (g) all applicants who are graduates of a bureau approved EMS training program may apply for graduate licensing which allows them to work temporarily under supervision, as outlined in 7.27.2.8 NMAC of these rules;

G. Emergency medical technician-intermediate (EMT-I): An applicant for licensure as an EMT-I shall meet the following requirements:
(3) provide evidence of current bureau approved CPR certification;
(4) be fully licensed as an EMT-basic;
(5) present a certificate of completion from an EMT-I course completed at a bureau approved EMS training program, and accomplished within the previous nine (9) months;
(6) successfully complete the New Mexico EMT-I licensing examination; the initial state licensing examination shall be completed within nine (9) months based on the date of course completion; successful completion of the licensing examination process that results in the issuance of a license shall be completed within twenty-four (24) months based on the date of course completion;
(7) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;
(10) persons who do not have a certificate of completion from a bureau approved EMT-I training program, but are currently certified or licensed in another state or certified with the national registry at the EMT-I level, may apply for licensure as provided below:
(b) provide evidence of current bureau approved CPR certification;
(d) successfully complete a bureau approved out-of-state transition course, as determined by the bureau;
(e) successfully complete the New Mexico EMT-I licensing examination; the initial state licensing examination shall be completed within nine (9) months based on the date of application; successful completion of the licensing examination process that results in the issuance of a license shall be completed within twenty-four (24) months based on the date of application;
(f) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules

H. Emergency medical technician paramedic (EMT-P): All applicants applying to be licensed at the EMT-P level shall meet the following requirements:
(2) present, at a minimum, a high school diploma or GED;
(4) provide evidence of current bureau approved CPR certification;
(5) present proof of current bureau approved training which meets or exceeds the current national standard for advanced cardiac life support (ACLS) on emergency cardiac care (ECC);
(7) graduates of an accredited training program: applicants who have graduated from a bureau approved, CoAEMSP (committee on accreditation of educational programs for the EMS professions) accredited in-state or out-of-state EMS training program shall:
(a) submit a certificate of completion from the training program; successful completion of the EMT-P training program must be accomplished within the previous twenty-four (24) months;
(b) successfully complete the New Mexico EMT-P licensing examination;
(c) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules; and
(d) all applicants who are graduates of a bureau approved EMS training program may apply for graduate licensing which allows them to work temporarily under supervision, as outlined in medical protocols;
(c) patient's own medication that may be administered:
(i) bronchodilators using pre-measured or metered dose inhalation device;
(ii) sublingual nitroglycerine for unrelieved chest pain, with on line medical control only.
(3) Wilderness protocols. The following skills shall only be used by providers who have a current wilderness certification from a bureau-approved wilderness first responder course, who are functioning in a wilderness environment as a wilderness provider (an environment in which time to a hospital is expected to exceed two (2) hours, except in the case of an anaphylactic reaction, in which no minimum transport time is required), and are authorized by their medical director to provide the treatment:
(a) minor wound cleaning and management;
(b) cessation of CPR;
(c) field clearance of the cervical-spine;
(d) reduction of dislocations resulting from indirect force of the patella, digit, and anterior shoulder.
(4) Immunizations and biologicals: administration of immunizations, vaccines, biologicals, and TB skin testing is authorized under the following circumstances: in the event of a disaster or emergency, the state EMS medical director or chief medical officer of the department of health may temporarily authorize the administration of pharmaceuticals or tests.

J. EMT-INTERMEDIATE (EMT-I):
(1) The following allowed skills, procedures, and drugs may be performed without medical direction:
(a) basic airway management;
(b) use of basic adjunctive airway equipment;
(c) suctioning;
(d) cardiopulmonary resuscitation, according to ECC guidelines;
(e) obstructed airway management;
(f) bleeding control;
(g) spine immobilization;
(h) splinting;
(i) scene assessment, triage, scene safety;
(e) be fully licensed as an EMT-B or EMT-I;
(8) graduates of a non-accredited training program: applicants who have graduated from a non-CoAEMSP accredited EMS training program shall:
(a) submit a certificate of completion from the EMS training program; successful completion of the EMT-P training program must be accomplished within the previous twenty-four (24) months;
(b) successfully complete the New Mexico EMT-P licensing examination and other examinations as determined by the bureau;
(c) meet all other general licensing requirements found in 7.27.2.8 NMAC of these rules;
(f) be fully licensed as an EMT-B or EMT-I;
(j) use of statewide EMS communications system;
(k) childbirth (imminent delivery);
(l) glucometry;
(m) oxygen;
(n) wound management.
(2) The following require service medical director approval:
(a) allowable skills:
(i) mechanical positive pressure ventilation;
(ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, combi-tube, king airway, LMA);
(iii) pneumatic anti-shock garment;
(iv) application and use of semi-automatic defibrillators;
(v) acupressure;
(vi) transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use;
(vii) peripheral venous puncture/access;
(viii) blood drawing;
(ix) pediatric intrasosseous tibial access;
(x) adult intrasosseous access;
(b) administration of approved medications via the following routes:
(i) intravenous;
(ii) intranasal;
(iii) nebulized inhalation;
(iv) sublingual;
(v) intradermal;
(vi) intrasosseous;
(vii) endotracheal (for administration of epinephrine only, under the direct supervision of an EMT-paramedic, or if the EMS service has an approved special skill for endotracheal intubation);
(viii) oral (PO);
(ix) intramuscular;
(x) subcutaneous;
(c) allowable drugs:
(i) oral glucose preparations;
(ii) aspirin PO for adults with suspected cardiac chest pain;
(iii) activated charcoal PO;
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<td>(iv) acetaminophen PO in pediatric patients with fever;</td>
<td>(v) IM auto-injection of atropine and palidoxime for treatment of chemical and nerve agent exposure;</td>
<td>(vi) albuterol (including isomers) via inhaled administration;</td>
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<td>(vii) ipratropium, via inhaled administration, in combination with or after albuterol administration;</td>
<td>(viii) naloxone;</td>
<td>(ix) I.V. fluid therapy (except blood or blood products);</td>
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<td>(x) 50% dextrose - intravenous;</td>
<td>(xi) epinephrine via auto-injection device;</td>
<td>(xii) epinephrine (1:1000), SQ or IM for anaphylaxis and known asthmatics in severe respiratory distress (no single dose greater than 0.3 cc);</td>
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<td>(xiii) epinephrine (1:10,000) in pulseless cardiac arrest for both adult and pediatric patients;</td>
<td>(xiv) nitroglycerin (sublingual) for chest pain associated with suspected acute coronary syndromes; must have intravenous access established prior to administration or approval of online medical control if IV access is unavailable;</td>
<td>(xv) morphine, fentanyl, or dilaudid for use in pain control with approval of online medical control;</td>
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<td>(xvi) diphenhydramine for allergic reactions or dystonic reactions;</td>
<td>(xvii) glucagon, to treat hypoglycemia in diabetic patients when intravenous access is not obtainable;</td>
<td>(xviii) promethazine and anti-emetic agents, for use as an anti-emetic;</td>
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<td>(xix) methylprednisolone for reactive airway disease/acute asthma exacerbation;</td>
<td>(xx) hydroxycobalamin;</td>
<td>(d) patient’s own medication that may be administered:</td>
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<td>(i) bronchodilators using pre-measured or metered dose inhalation device;</td>
<td>(ii) sublingual nitroglycerin for unrelieved chest pain; must have intravenous access established prior to administration or approval of online medical control;</td>
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control if IV access is unavailable:

(e) wilderness protocols: the following skills shall only be used by providers who have a current wilderness certification from a bureau approved wilderness first responder course, who are functioning in a wilderness environment as a wilderness provider (an environment in which time to a hospital is expected to exceed two (2) hours, except in the case of an anaphylactic reaction, in which no minimum transport time is required), and are authorized by their medical director to provide the treatment:

(i) minor wound cleaning and management;
(ii) cessation of CPR;
(iii) field clearance of the cervical-spine;
(iv) reduction of dislocations resulting from indirect force of the patella, digit, and anterior shoulder;

(f) drugs allowed for monitoring during transport: monitoring IV solutions that contain potassium during transport (not to exceed 20 mEq/1000cc or more than 10 mEq/hour);

(g) immunizations and biologicals: administration of immunizations, vaccines, biologicals, and TB skin testing is authorized under the following circumstances:

(i) to the general public as part of a department of health initiative or emergency response, utilizing department of health protocols; the administration of immunizations is to be under the supervision of a public health physician, nurse, or other authorized public health provider;
(ii) administer vaccines to EMS and public safety personnel;
(iii) TB skin tests may be applied and interpreted if the licensed provider has successfully completed required department of health training;
(iv) in the event of a disaster or emergency, the state EMS medical director or chief medical officer of the department of health may temporarily authorize the administration of pharmaceuticals or tests not listed above.

K. EMT-PARAMEDIC (EMT-P):
(1) The following allowed skills, procedures, and drugs may be performed without medical direction:
(a) basic airway management;
(b) use of basic adjunctive airway equipment;
(c) suctioning;
(d) cardiopulmonary resuscitation, according to current ECC guidelines;
(e) obstructed airway management;
(f) bleeding control;
(g) spine immobilization;
(h) splinting;
(i) scene assessment, triage, scene safety;
(j) use of statewide EMS communications system;
(k) childbirth (imminent delivery);
(l) glucometry;
(m) oxygen;
(n) wound management.
(2) The following require service medical director approval:
(a) allowable skills:
(i) mechanical positive pressure ventilation;
(ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, Combi-tube, King Airway, LMA);
(iii) pneumatic anti-shock garment;
(iv) transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use;
(v) application and use of semi-automatic defibrillators;
(vi) acupressure;
(vii) peripheral venous puncture/access;
(viii) blood drawing;
(ix) I.V. fluid therapy;
(x) direct laryngoscopy;
(xi) endotracheal intubation;
(xii) thoracic decompression (needle thoracostomy);
(xiii) surgical cricothyroidotomy;
(xiv) insertion of nasogastric tubes;
(xv) cardioversion and manual defibrillation;
(xvi) external cardiac pacing;
(xvii) cardiac monitoring;
(xviii) use of infusion pumps;
(xix) initiation of blood and blood products with online medical control;
(xx) intraosseous access;
(b) administration of approved medications via the following routes:
(i) intravenous;
(ii) intranasal;
(iii) nebulized inhalation;
(iv) sublingual;
(v) intradermal;
(vi) intraosseous;
(vii) endotracheal;
(viii) oral (PO);
(ix) intramuscular;
(x) topical;
(xi) rectal;
(xii) IV drip;
(c) allowable drugs:
(i) acetaminophen;
(ii) activated charcoal;
(iii) adenosine;
(iv) albuterol (including isomers);
(v) amiodarone;
(vi) aspirin;
(vii) atropine sulfate;
(viii) benzodiazepines;
(ix) bretylium tosylate;
(x) calcium preparations;
(xi) corticosteroids;
(xii) dextrose;
(xiii) diphenhydramine;
(xiv) dopamine hydrochloride;
(xv) epinephrine;
(xvi) furosemide;
(xvii) glucagon;
(xviii) hydroxycobalamin;
(xix) ipratropium;
(xx) lidocaine;
(xxi) magnesium sulfate;
(xxii) naloxone;
(xxiii) narcotic analgesics;
(xxiv) nitroglycerine;
(xxv) oral glucose preparations;
(xxvi) oxytocin;
| (xxvii) phenylephrine nasal spray; | (xviii) pralidoxime, IM auto-injection for treatment of chemical and nerve agent exposure; |
| (xxix) promethazine and anti-emetic agents, for use as an anti-emetic; | (xxx) sodium bicarbonate; |
| (x) thiamine; | (xxxi) topical anesthetic ophthalmic solutions; |
| (xxxii) vasopressin. | (xxxiii) vasopressin. |

3) Wilderness protocols. The following skills shall only be used by providers who have a current wilderness certification from a bureau approved wilderness first responder course, who are functioning in a wilderness environment as a wilderness provider (an environment in which time to a hospital is expected to exceed two (2) hours, except in the case of an anaphylactic reaction, in which no minimum transport time is required), and are authorized by their medical director to provide the treatment:

(a) minor wound cleaning and management;
(b) cessation of CPR;
(c) field clearance of the cervical-spine;
(d) reduction of dislocations resulting from indirect force of the patella, digit, and anterior shoulder.

Emergency medical personnel may not use an automated external defibrillator unless:

(1) he or she is acting as a certified first responder, emergency medical technician or advanced emergency medical technician;
(2) under medical control;
(3) when authorized by and serving with an agency providing emergency medical services which has been approved by the regional emergency medical advisory committee to provide AED level care within the EMS system; and
(4) after completing AED training which meets or exceeds the state minimum AED curriculum.
**Certification**

To qualify for initial certification, an applicant shall:

(a) file a completed application bearing the applicant's original signature in ink with the department on a form provided by the department;
(b) satisfactorily complete the requirements of a state approved course in emergency medical technology given by a State approved course sponsor at one of the following levels for which certification is available.
(c) after completion of all course requirements, but within one year thereafter, pass the state practical skills examination if applicable, for the level at which certification is sought;
(e) within one year after passing the practical skills examination, pass the state written certification examination for the level at which certification is sought except at the certified instructor coordinator level and certified lab instructor level.

(a) **Certified First Responder (CFR):**

1. basic adult and pediatric patient assessment, including history taking, physical assessment, and determination of vital signs;
2. basic cardiopulmonary resuscitation (CPR);
3. basic airway management and oxygen therapy;
4. basic hemorrhage control;
5. manual stabilization of the spine;
6. spinal immobilization, including application of a rigid extrication collar; and
7. emergency childbirth.

(b) **Emergency Medical Technician-Defibrillation (EMT-D):** In addition to the requirements of clause (a) of this subparagraph:

1. basic management of soft tissue injuries;
2. basic management of suspected fractures;
3. basic management of shock and use of medical anti-shock trousers;
4. basic management of medical and traumatic emergencies, adult and pediatric;
5. adult automated external defibrillation; and
6. basic management of behavioral emergencies.

(c) **Emergency Medical Technician-Intermediate (EMT-I):** In addition to the requirements of clauses (a) and (b) of this subparagraph:

1. advanced airway management with endotracheal intubation and other definitive airways; and
2. peripheral intravascular therapy.

(d) **Emergency Medical Technician-Critical Care (EMT-CC):** In addition to the requirements of clauses (a), (b) and (c) of this subparagraph:

1. medication administration;
2. fundamentals of electrocardiogram (EKG) rhythm interpretation and manual defibrillation;
3. advanced management of life-threatening cardiovascular emergencies;
4. synchronized cardioversion;
5. advanced management of respiratory emergencies;
6. advanced management of endocrine emergencies; and
7. advanced management of anaphylaxis, poisoning, drug abuse and overdose.

(e) **Emergency Medical Technician-Paramedic**

Nurses or physicians qualified to supervise, or under the direction of qualified health personnel.
| North Carolina | N.C. Gen. Stat. Ann. § 143-514 (West 1973). 10A N.C. Admin. Code 13P.0502 (2011). 10A N.C. Admin. Code 13P.0102 (2011). | Both | In order to be credentialed as an MR, EMT, EMT-P, or EMD, individuals shall: (2) Successfully complete an approved educational program for their level of application. (3) Successfully complete a scope of practice performance evaluation which uses performance measures based on the cognitive, psychomotor, and affective educational objectives in Rule .0501(b) of this Section and which are consistent with their level of application and approved by the OEMS. (4) Successfully complete a written examination administered by the OEMS or a written examination approved by OEMS as equivalent to the examination administered by OEMS. (b) EMD applicants shall successfully complete, within one year prior to application, an AHA CPR course or a course determined by the OEMS to be equivalent to the AHA CPR course, including infant, child, and adult CPR. | EMS Personnel educated in approved programs, credentialed by the OEMS, and affiliated with an approved EMS System may perform acts and administer intravenous fluids and medications as allowed by the North Carolina Medical Board pursuant to G.S. 143-514: The North Carolina Medical Board shall determine the scope of practice for credentialed emergency medical services personnel regardless of other provisions of law by establishing the medical skills and medications that may be used by credentialed emergency medical services personnel at each level of patient care. No provision of Article 56 of Chapter 143 or Article 7 of Chapter 131E of the General Statutes shall be interpreted to require the North Carolina Medical Board to include any service within the scope of practice of any Emergency Medical Services provider, unless the North Carolina Medical Board determines that the emergency medical service personnel in question have the experience and training necessary to ensure the service can be provided. (44) *Off-line Medical Control* means medical supervision provided through the EMS System Medical Director or SCTP Medical Director who is responsible for the day to day medical care provided by EMS personnel. This includes EMS personnel. |
Provided in a safe manner.

**Excluded:** An emergency medical technician-intermediate/99 is not prepared to make decisions independently regarding the appropriate disposition of patients.

(46) “On-line Medical Control” means the medical supervision or oversight provided to EMS personnel through direct communication in person, via radio, cellular phone, or other communication device during the time the patient is under the care of an EMS professional. The source of on-line medical control is typically a designated hospital's emergency department.
|--------------|-------------------------------------|------|--------|

The emergency medical technician's core scope of practice includes basic, noninvasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An emergency medical technician is not prepared to make decisions independently regarding the appropriate disposition of patients. The emergency medical technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The primary differences between an advanced first-aid ambulance attendant and emergency medical technician are the educational and testing requirements required for licensure as an emergency medical technician. The scope of practice of an emergency medical technician-intermediate/85 includes basic, limited advanced interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An emergency medical technician-intermediate/85 is not prepared to make decisions independently regarding the appropriate disposition of patients. The emergency medical technician-intermediate/85 may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. An emergency medical technician-intermediate/85 may be the highest trained person on a quick response unit and as the primary care provider may supervise other emergency medical technicians-intermediate/85, emergency medical technicians, first responders, or drivers. As part of a basic life support ambulance crew, an emergency medical technician-intermediate/85 is not prepared to make decisions independently regarding the appropriate disposition of patients. The emergency medical technician-intermediate/85 may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.
care facility. The primary differences between an emergency medical technician and emergency medical technician-intermediate/85 are the basic, limited advanced interventions that an emergency medical technician-intermediate/85 may provide. The advanced emergency medical technician's scope of practice includes basic, limited advanced interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. An advanced emergency medical technician is not prepared to make decisions independently regarding the appropriate disposition of patients. The advanced emergency medical technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The primary differences between an emergency medical technician and advanced emergency medical technician are the basic, limited advanced interventions that an advanced emergency medical technician may provide. For all levels of certification, specific skills are determined by department policy. The paramedic's scope of practice includes invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on an advanced assessment and the formulation of a field impression. The paramedic may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility. The major difference between the paramedic and the emergency medical technician-intermediate/99 is the ability to perform a broader range of advanced skills. These skills carry a greater risk for the patient if improperly or inappropriately performed, are more difficult to attain and maintain competency in, and require significant background knowledge in basic and applied sciences.

5 may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service an emergency medical technician-intermediate/85 is supervised by a paramedic. Emergency medical technicians-intermediate/85 working in a hospital setting are supervised by nursing staff. An advanced emergency medical technician may be the highest trained person on a quick response unit and as the primary care provider may supervise other advanced emergency medical
Excluded: An EMT may not perform any medical service that is not within his scope of practice listed. Technicians, emergency medical technicians, first responders, or drivers. As part of a basic life support ambulance crew, an advanced emergency medical technician may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service an advanced emergency medical technician is supervised by a paramedic. Emergency medical technicians working in a hospital setting are supervised by nursing staff. An emergency medical technician-intermediate
'99 may be the highest trained person on a quick response unit and as the primary care provider may supervise other emergency medical technicians-intermediate/99, emergency medical technicians-intermediate/85, emergency medical technicians, emergency medical responders, or drivers. As part of a basic life support ambulance crew, an emergency medical technician-intermediate/99 may supervise subordinate emergency medical services personnel. As part of an advanced life support ambulance service an
Ohio

[Under Title XLVII "Occupations--Professions."]
Ohio Admin.

Certification

A training program for emergency medical technicians-basic shall include courses in each of the following areas for at least the number of hours established by the board's rules: emergency victim care, reading and interpreting a trauma victim's vital signs; triage protocols for adult and pediatric trauma victims; in-hospital training; clinical training; training as an ambulance driver. Each operator of a training program for emergency medical technicians-basic shall allow any pupil in the twelfth grade in a secondary school and who otherwise meets the requirements for admission into

Ohio

An EMT-basic may perform the following emergency medical services:
(1) Open and maintain the airway;
(2) Oropharyngeal airway adjunct;
(3) Nasopharyngeal airway adjunct;
(4) Obstructed airway management;
(5) Oral suctioning;
(6) Endotracheal suctioning;
(7) Oxygen administration, including the following:
(a) Nasal cannula;
(b) Non-rebreather mask;
(c) Mouth-to-barrier devices;

Physician or a registered nurse under the direct orders of a physician.

emergency medical technician-intermediate/9 is supervised by a paramedic. Emergency medical technicians-intermediate/9 working in a hospital setting are supervised by nursing staff. A paramedic may supervise all subordinate levels of emergency medical services personnel. Paramedics working in a hospital setting are supervised by the hospital's nurse executive.
such a training program to be admitted to and complete the program and, as part of the training, to ride in an ambulance with emergency medical technicians-basic, emergency medical technicians-intermediate, and emergency medical technicians-paramedic. (D) A training program for emergency medical technicians-intermediate shall include, or require as a prerequisite, the training specified in division (C) of this section (EMT-B) and courses in each of the following areas for at least the number of hours established by the board's rules: recognizing symptoms of life-threatening allergic reactions and in calculating proper dosage levels and administering injections of epinephrine to persons who suffer life-threatening allergic reactions, venous access procedures; cardiac monitoring and electrical interventions to support or correct the cardiac function. (E) A training program for emergency medical technicians-paramedic shall include, or require as a prerequisite, the training specified in divisions (C) and (D) of this section and courses in each of the following areas for at least the number of hours established by the board's rules: medical terminology; venous access procedures; airway procedures; patient assessment and triage; acute cardiac care, including administration of parenteral injections, electrical interventions, and other emergency medical services; emergency and trauma victim care beyond that required under division (C) of this section; clinical training beyond that required under division (C) of this section. (8) Ventilation management, including the following: (a) Bag valve mask; (b) Ventilation with a flow-restricted oxygen powered device; (9) Cardiopulmonary resuscitation; (10) Automated external defibrillator; (11) Spine board (long and short); (12) Splinting devices; (13) Traction splint; (14) Cervical immobilization device; (15) Rapid extrication procedures; (16) Taking and recording of vital signs; (17) Patient care report documentation; (18) Emergency childbirth management; (19) Trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code. (B) In accordance with division (C) of section 4765.37 of the Revised Code, an EMT-basic may perform the following additional emergency medical services only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or authorization transmitted through a direct communication device by a physician or registered nurse designated by a physician, or in accordance with written protocols as specified in division (D) of section 4765.37 of the Revised Code. : (1) Pulse oximeter equipment application and reading; (2) Orotracheal intubation of pulseless and apneic patients only; (3) Dual lumen airway of pulseless and apneic patients only; (4) Supraglottic airway of pulseless and apneic patients only; (5) Continuous positive airway pressure (CPAP); (6) End tidal carbon dioxide monitoring and detecting; (7) Chest compression assist devices; (8) Administration of aspirin; (9) Pneumatic anti-shock garment; (10) Helmet removal; (11) Glucose monitoring system; (12) Administration of oral glucose;
(13) Administration of activated charcoal;
(14) Assisted administration of epinephrine auto-injector, which shall consist of either of the following:
   (a) Assisting with patient's prescribed epinephrine upon the patient's request and with written protocol;
   (b) Assisting with EMS-provided epinephrine with verbal medical direction.
(15) Assisted administration of nitroglycerin, which shall consist of either of the following:
   (a) Assisting with patient's prescribed nitroglycerin upon the patient's request and with written protocol;
   (b) Assisting with EMS-provided nitroglycerin with verbal medical direction.
(16) Assisted administration of metered dose inhaler, which shall consist of either of the following:
   (a) Assisting with patient's prescribed metered dose inhaler upon the patient's request and with written protocol;
   (b) Assisting with EMS-provided metered dose inhaler with verbal medical direction.
(17) Pre-hospital advanced life support assistance, to include the setting up of an intravenous administration kit in the presence of an EMT-intermediate or EMT-paramedic;
(18) Set up and application of a cardiac monitor in the presence of an EMT-intermediate or EMT-paramedic;
(19) Set up and application of a 12-lead electrocardiogram, in accordance with written protocols, in either of the following instances:
   (a) When the EMT-basic is assisting an EMT-paramedic; or
   (b) For the purpose of electronic transmission by the EMT-basic, provided the following conditions are met:
      (i) The EMT-basic does not interpret the electrocardiogram;
      (ii) The EMT-basic minimizes any delay of patient transport to obtain a 12-lead electrocardiogram;
      (iii) The EMT utilizes the 12-lead electrocardiogram in conjunction with destination protocols approved by the local medical director.
(20) Any other services pursuant to a research study approved by the board under rule 4765-6-04 of the
Administrative Code and within the parameters established by the board for such study. An EMT-I may do any of the following:

1. Establish and maintain an intravenous lifeline that has been approved by a cooperating physician or physician advisory board;
2. Perform cardiac monitoring;
3. Perform electrical interventions to support or correct the cardiac function;
4. Administer epinephrine;
5. Determine triage of adult and pediatric trauma victims;
6. Perform any other emergency medical services approved pursuant to rules adopted under section 4765.11 of the Revised Code.

(C)(1) Except as provided in division (C)(2) of this section, the services described in division (B) of this section shall be performed by an EMT-I only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or pursuant to an authorization transmitted through a direct communication device by a physician or registered nurse designated by a physician.

(2) If communications fail during an emergency situation or the required response time prohibits communication, an EMT-I may perform any of the services described in division (B) of this section, if, in the judgment of the EMT-I, the life of the patient is in immediate danger. Services performed under these circumstances shall be performed in accordance with the protocols for triage of adult and pediatric trauma victims established in rules adopted under sections 4765.11 and 4765.40 of the Revised Code and any applicable protocols adopted by the emergency medical service organization with which the EMT-I is affiliated.

(D) In addition to, and in the course of, providing emergency medical treatment, an emergency medical technician-intermediate may withdraw blood as provided under sections 1547.11, 4506.17, and 4511.19 of the Revised Code. An emergency medical technician-intermediate shall withdraw blood in accordance with this chapter and any rules.
adopted under it by the state board of emergency medical services. In addition to the above, an EMT-I may perform the following emergency medical services only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or authorization transmitted through a direct communication device by a physician or registered nurse designated by a physician, or in accordance with written protocols as specified in division (C) of section 4765.38 of the Revised Code:

| 1 | Cardiac monitor strip interpretation; |
| 2 | Manual defibrillation; |
| 3 | Obtaining blood specimens; |
| 4 | Subcutaneous administration of epinephrine; |
| 5 | Administration of intravenous lifeline and fluid; |
| 6 | Intraosseous infusion; |
| 7 | Saline lock initiation; |

(B) In addition to the emergency medical services described in paragraph (A) of this rule, and in accordance with section 4765.38 of the Revised Code, an EMT-intermediate who has completed a training program pursuant to this chapter of the Administrative Code may perform the following emergency medical services only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or authorization transmitted through a direct communication device by a physician or registered nurse designated by a physician, or in accordance with written protocols as specified in division (C) of section 4765.38 of the Revised Code:

| (1) Administration of the following medications: |
| (a) Sublingual nitroglycerin; |
| (b) Dextrose in water; |
| (c) Diphenhydramine; |
| (d) Benzodiazepines; |
| (e) Bronchodilators; |
| (f) Naloxone; |
| (g) Glucagon; |
| (h) Nitrous oxide; |
| (i) Nalbuphine; |
| (j) Morphine sulfate; |
| (k) Ketorolac, meperidine, or other analgesics for... |
pain relief;
(l) Any additional drug approved by the board.
(2) Administration of nebulized medications;
(3) Administration of intranasal medications;
(4) Orotracheal intubation of the apneic patient;
(5) Dual lumen airway of the apneic patient;
(6) Supraglottic airway of the apneic patient;
(7) Needle decompression of the chest.
(8) Replacement of a tracheostomy tube through a stoma;
(9) Set up and application of a 12-lead electrocardiogram, in accordance with written protocols, in either of the following instances:
(a) When the EMT-intermediate is assisting an EMT-paramedic; or
(b) For the purpose of electronic transmission by the EMT-intermediate, provided the following conditions are met:
(i) The EMT-intermediate does not interpret the electrocardiogram;
(ii) The EMT-intermediate minimizes any delay of patient transport to obtain a 12-lead electrocardiogram;
(iii) The EMT-intermediate utilizes the 12-lead electrocardiogram in conjunction with destination protocols approved by the local medical director.
(10) Withdraw blood for the purpose of determining the alcohol, drug, controlled substance, metabolite of a controlled substance, or combination content of the whole blood, blood serum, or blood plasma as provided in division (D) of section 4765.38 of the Revised Code when performed in accordance with the criteria established in rule 4765-6-06 of the Administrative Code and the protocols established by the medical director of the emergency medical service organization with which the EMT-intermediate is affiliated.
(11) Any other services pursuant to a research study approved by the board under rule 4765-6-04 of the Administrative Code and within the parameters established by the board for such study. In addition to the skills allowed for an EMT-basic and an EMT-intermediate, an EMT-paramedic may perform the following emergency medical services only pursuant
to the written or verbal authorization of a physician
or of the cooperating physician advisory board, or
authorization transmitted through a direct
communication device by a physician or registered
nurse designated by a physician, or in accordance
with written protocols as specified in division (C) of
section 4765.39 of the Revised Code:
1. Tracheostomy tube replacement and suctioning;
2. Orotracheal intubation;
3. Nasotracheal intubation;
4. Cricothyrotomy (surgical);
5. Cricothyrotomy (needle);
6. Dual lumen airway;
7. Supraglottic airway;
8. Ventilatory management of patients sixteen
years of age or older;
9. Transcutaneous cardiac pacing;
10. Administration of cardiac medication;
11. Cardioversion;
12. 12-lead electrocardiogram performance and
interpretation;
13. Administration of nitroglycerin;
14. Administration of nebulized medication;
15. Needle decompression of the chest;
16. Placement of nasogastric or orogastric tubes;
17. Administration of other medications pursuant to
written protocols;
18. Intravenous infusion pump.
19. Withdraw blood for the purpose of determining
the alcohol, drug, controlled substance, metabolite
of a controlled substance, or combination content of
the whole blood, blood serum, or blood plasma as
provided in division (D) of section 4765.39 of the
Revised Code when performed in accordance with
the criteria established in rule 4765-6-06 of the
Administrative Code and the protocols established
by the medical director of the emergency medical
service organization with which the EMT-paramedic
is affiliated.
20. Any other services pursuant to a research study
approved by the board under rule 4765-6-04 of the
Administrative Code and within the parameters
established by the board for such study.
|----------|---------------------------------------------------------------------------------------------------|
| Licensure | An initial candidate for licensure must meet the following requirements:  
(2) Applicant shall submit the following:  
(A) An appropriate State application form specifying true, correct and complete information as to eligibility and character.  
(B) A copy of a current active National Registry of Emergency Medical Technicians (NREMT) certification card.  
(6) Candidates for Oklahoma licensure shall successfully complete the NREMT certification examinations. Practical and written examinations shall adhere to current policies of NREMT and the Department. Candidates shall demonstrate competency in all required skills. The Department reserves the right to review and require additional practical examination of any candidate.  
(A) Approved Training Programs shall conduct practical examinations for the EMT Basic.  
(B) The Department shall conduct practical examinations for the EMT Intermediate and Paramedic using Department approved evaluators. |
| Silent. | An ambulatory EMT must be accompanied by one of the following:  
(1) A registered nurse with special knowledge of the patient's care needs;  
(2) A certified respiratory therapist;  
(3) A licensed physician;  
(4) Any licensed health care professional with special skills outside the paramedic scope of practice designated by the transferring physician. |
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<tr>
<th>State</th>
<th>Relevant Statutes and Regulations</th>
<th>Certification Requirements</th>
<th>Additional Remarks</th>
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| Oregon     | Or. Rev. Stat. Ann. § 682.204 (West 2007). [Under Title 52 "Occupations and Professions."]   | (1) When application has been made as required under ORS 682.208, the Oregon Health Authority shall certify the applicant as an emergency medical technician or as a first responder if it finds:  
(a) The applicant has successfully completed a training course approved by the authority.  
(f) The applicant has successfully completed examination as prescribed by the authority.  
(g) The applicant meets other requirements prescribed by rule of the authority. | EMTs are allowed to provide “emergency care”: the performance of acts or procedures under emergency conditions in the observation, care and counsel of persons who are ill or injured or who have disabilities; in the administration of care or medications as prescribed by a licensed physician, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital emergency care. However, “emergency care” does not include acts of medical diagnosis or prescription of therapeutic or corrective measures. |
An EMT must meet the following qualifications:  
(2) Has successfully completed a paramedic training course which:  
(i) teaches basic life support skills;  
(ii) teaches advanced life support skills deemed appropriate by regulation of the department; and  
(iii) is approved by the department.  
(3) Has a current certificate evidencing successful completion of a CPR course  
(4) Has passed a paramedic skills practical examination and a written paramedic certification examination, both approved by the department. | (1) For an EMS agency as a member of the crew of an ambulance.  
(2) For an EMS agency as a member of a QRS to stabilize and improve a patient's condition in an out-of-hospital setting until an ambulance arrives and then may assist the ambulance crew.  
(3) As a first aid or safety officer, or in a similar capacity, for or independent of an EMS agency, as prescribed by regulation of the department.  
(4) For an EMS agency in another capacity authorized by regulation of the department. |
31-5 R.I. Code R. § 40:4.0 (2010). | Both  
4.1.2 be a high school graduate or equivalent;  
4.1.4 provide a current course certificate which demonstrates evidence of having successfully completed an approved course in cardiopulmonary resuscitation (CPR);  
4.1.5 Have successfully completed a Department-approved Emergency Medical Technician training course conducted under the supervision of an EMS Instructor-Coordinator for the license classification for which the applicant is applying.. OR  
Possess current National Registry registration; OR  
Possess current license in another jurisdiction where the training is deemed to be equivalent to that in this state (see section 4.4 herein). | Notwithstanding any other provision of the law, advanced EMTs may perform any of the following functions:  
(1) Render rescue, first aid, and resuscitation services.  
(2) During training at the hospital and while caring for patients in the hospital, administer parenteral medications under the direct supervision of a physician or registered nurse.  
(3) Perform cardiopulmonary resuscitation, defibrillation, and cardioversions.  
(4) Where communication is monitored by a physician (or a mobile intensive care unit nurse where authorized by a physician) and direct communication is maintained, may, upon order of
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<th>4.1.7 Have successfully completed an examination, as indicated in section 6.0, for a specific classification for which the applicant is seeking licensure.</th>
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<tr>
<th>4.1.9 Emergency Medical Technician-Cardiac (EMT-C): Current licensure as an EMT-B or higher and completion of a Department-approved Emergency Medical Technician-Cardiac (EMT-C) training course completed within three (3) years from the date of license application.</th>
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<tr>
<th>4.1.10 Emergency Medical Technician-Paramedic (EMT-P): Current licensure as an EMT-B or higher and successful completion of a Department approved Emergency Medical Technician Paramedic (EMT-P) Training course and current registration as a paramedic by the National Registry.</th>
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| 4.2 EMT-paramedic applicants shall possess current registration as a paramedic by the National Registry. |

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<th>the physician or the nurse, do any of the following:</th>
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| (i) Administer intravenous saline or glucose solutions. |
| (ii) Perform gastric suction by intubation. |
| (iii) Administer parenteral injections of any of the following classes of drugs: |
| (A) Antiarrhythmic agents. |
| (B) Vagolytic agents. |
| (C) Chronotropic agents. |
| (D) Analgesic agents. |
| (E) Alkanizing agents. |
| (F) Vasopressor agents. |
| (iv) Perform any other procedures that may be authorized by the ambulance service coordinating board and for which the technician is trained. |
| (v) In the event that communications with the hospital cannot be established or maintained, perform those procedures that may be authorized by written orders appropriate to the condition of the patient and previously approved by the ambulance service coordinating board. |
|----------------|--------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| **EMT-Basic certificates** may be issued to eligible personnel upon the satisfactory completion of any of the following requirements:
1. Any person completing the Department approved “Emergency Medical Technician-Basic Course” (to include examination), or ...
2. Any person who has successfully passed the written and practical portions of the “National Registry of Emergency Medical Technician-Basic” examination and other requirements established by the Department, and is currently registered, (applies to initial State certification only) “These candidates are exempt from the state practical and written certification examinations,” or ....
3. Any person who receives comparable training within three years of their application.. |
| B. Emergency Medical Technician-Intermediate or Paramedic - No person shall act in the capacity of an emergency medical technician-Intermediate or Paramedic without satisfactorily completing an approved emergency medical technician Intermediate or Paramedic training course and holding a South Carolina certificate. EMT-Intermediate or Paramedic certificates are in force for three years and subject to renewal if the candidate continues to meet State qualifications. |

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<tr>
<th>South Dakota</th>
<th>Both</th>
<th>Depending on the level of licensure, an EMT may perform basic or advanced life support skills (“Advanced life support,” a level of prehospital and interhospital emergency care consisting of basic life support procedures and definitive therapy including the use of invasive procedures and may include the use of drugs and manual defibrillation), or other special skills in coordination with his level of training.</th>
<th>S.D. Codified Laws § 36-4B-1 (1978). [Under Title 36 &quot;Professions and Occupations.&quot;]</th>
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<td>The following requirements and training must be met according to the level of licensure: (7) “Emergency medical technician-advanced,” any person who has successfully completed a program of study approved by the department and the board in all areas of training and skills set forth in the advanced emergency medical technician instructional guidelines and standards, including placement of esophageal and supraglottic airways, intravenous cannulation, shock management, administration of specific medications, and other advanced skills approved by the board, and who is licensed by the board to perform such advanced skills; (8) “Emergency medical technician/EMT,” any person trained in emergency medical care in</td>
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accordance with standards prescribed by rules and regulations promulgated pursuant to § 34-11-6, who provides emergency medical services, including automated external defibrillation under indirect medical control, in accordance with the person's level of training;

(9) “Emergency medical technician-intermediate/85,” any person who has successfully completed a department and board approved program of instruction in basic life support and advanced life support skills in shock and fluid therapy, placement of esophageal airways, and other advanced life support skills approved by board action, and who is licensed by the board to perform such skills, including automated external defibrillation;

(10) “Emergency medical technician-paramedic,” any person who has successfully completed a program of study approved by the department and the board and is licensed as an emergency medical technician-paramedic, which includes all training and skills set forth herein for emergency medical technician-intermediate/85 and emergency medical technician-intermediate/99, and other advanced skills programs approved by board action, and who is licensed by the board to perform such intermediate, special, and advanced skills;

(11) “Emergency medical technician-intermediate/99,” any person who has successfully completed a department and board approved program of instruction in all areas of emergency medical technician-intermediate/85 curriculum plus other specific areas of emergency medical care in the following areas: manual and automated external defibrillation, telemetered electrocardiography, administration of cardiac drugs, administration of specific medications and solutions, use of adjunctive breathing devices, advanced trauma care, tracheotomy suction, esophageal airways and endotracheal intubation, intraosseous infusion, or other special skills programs approved by board action, and who is licensed by the board to perform intermediate skills plus such special skills;
Tennessee

**Certification**

All persons desiring licensure as an Emergency Medical Technician must comply with the following requirements and standards.

1. **Emergency Medical Technician Licensure Requirements**
   - (a) Must meet all the Emergency Medical Technician licensure requirements in paragraph (1).
   - (b) Must successfully complete an EMT Paramedic course accredited or recognized by the Division of Emergency Medical Services of the Tennessee Department of Health.
   - (c) Must successfully complete an EMS Board approved Emergency Medical Technician Paramedic level course and all license examinations.

   1. **Written Examination**
      - (i) Achieve a passing score on a Board approved written examination with a minimum score as established by the Board.

   2. **Practical Examination**
      - (i) All applicants must successfully complete an EMS Board approved practical examination.

   3. All applicants must complete all requirements for licensure within two (2) years of completion of the training course and program.

2. **EMT Paramedic Requirements**
   - (a) Must meet all the Emergency Medical Technician licensure requirements in paragraph (1).
   - (b) Must successfully complete an EMT Paramedic course accredited or recognized by the Division of Emergency Medical Services of the Tennessee Department of Health.

   1. **Written Examination**
      - (i) Achieve a passing score on a Board approved written examination with a minimum score as established by the Board.

   2. **Practical Examination**
      - (i) All applicants must successfully complete an EMS Board approved practical examination.

Services used in responding to the perceived individual need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury. Responsibilities of the Emergency Medical Technician when providing patient care:

(a) The EMT shall perform initial patient survey, shall provide emergency care through careful assessment of the patient, and shall recognize injuries and illness. The EMT shall also gain knowledge of pre-existing medical conditions, previously prescribed medications, medical preference, and identification of the patient.

1. **Emergency Medical Technicians and Emergency Medical Technician-Paramedics**

   (a) Must meet all the Emergency Medical Technician licensure requirements in paragraph (1).
   - (b) Must successfully complete an EMT Paramedic course accredited or recognized by the Division of Emergency Medical Services of the Tennessee Department of Health.
   - (c) Must successfully complete an EMS Board approved Emergency Medical Technician Paramedic level course and all license examinations.

   1. **Written Examination**
      - (i) Achieve a passing score on a Board approved written examination with a minimum score as established by the Board.

   2. **Practical Examination**
      - (i) All applicants must successfully complete an EMS Board approved practical examination.
3. All applicants must complete all requirements for licensure within two (2) years of completion of the training course and program.

(i) treatment of anaphylaxis with epinephrine, respiratory distress with inhaled bronchodilators, suspected chest pain with aspirin and suspected cardiac conditions with lingual or sublingual nitroglycerine;
(ii) airway management with Board approved airway procedures;
(iii) venipuncture and intravenous fluid therapy with EMS Board approved solutions; and
(iv) treatment of hypoglycemia with blood glucose monitoring and administration of intravenous dextrose solutions.

3. Emergency Medical Technician Paramedics or students during training in accredited programs may utilize the following procedures under medical control.

(i) perform electrocardiographic monitoring, recognize and treat cardiac dysrhythmias
(ii) perform gastric, esophageal, or tracheal intubation and suction.
(iii) administer intravenous solutions or blood products by peripheral venipuncture of scalp, extremities, and external jugular veins or intraosseous infusions, or by pre-established indwelling lines.
(iv) administer by oral, parenteral, endotracheal, or other indicated means, medications of any of the following classes of drugs:
   (I) antiarrhythmic agents
   (II) chronotropic agents
   (III) vagolytic agents
   (IV) analgesic agents
   (V) alkalinizing agents
   (VI) vasopressor agents
   (VII) anticonvulsive agents; and
   (VIII) other drugs which may be deemed necessary by the ordering physician.
(v) perform chest decompression
(vi) perform cricothyrotomy.

4. Emergency Medical Services personnel may defer administration of extended skills or treatment under the following circumstances:

(i) when the technician acknowledges inadequate proficiency to perform the procedure;
(ii) when the technician cannot understand the orders or the situation limits control at the scene of the emergency; or
(iii) when the procedure is judged to be inappropriate to the condition of the patient, the EMT or EMT-Paramedic should so advise the physician providing such orders, within prudent and professional conduct. An experienced Paramedic who has received additional training and possesses the following skills can conduct care for critically ill patients of all ages through the ability to:
(1) Provide patient care during transport and in special situations with such devices as are approved by the EMS Board.
(2) Access existing and manage invasive lines such as but not limited to: Parenteral Internal Central Catheters (PICC), Hickman catheters, Portacaths, central, and arterial lines.
(3) Initiate and manage ventilators.
(4) Manage care of tracheostomy tubes.
(5) Initiate and manage surgical airways and chest tubes.
(6) Provide care for cardiac patients, with but not limited to, cardiac interventions and advanced therapeutic devices.
(7) Perform and interpret 12-lead electrocardiograms.
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<th>State</th>
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| Texas | Tex. Health & Safety Code Ann. § 773.049 (West 1989). 25 Tex. Admin. Code § 157.40 (2006). | Both | An individual qualifies as an emergency medical technician-paramedic if the individual is certified by the department as minimally proficient to provide advanced life support that includes initiation under medical supervision of certain procedures, including intravenous therapy, endotracheal or esophageal intubation, electrical cardiac defibrillation or cardioversion, and drug therapy. (a) **Requirements for paramedic licensure.**
   (1) A currently certified paramedic may apply for a paramedic license if the candidate has at least one of the following degrees from an institution of post secondary education which has been accredited by an agency recognized by the U.S. Department of Education as an approved accrediting authority:
   (A) an associate degree in emergency medical services (EMS);
   (B) a baccalaureate degree; or
   (C) a postgraduate degree.
   (2) Initial paramedic license. A candidate for initial paramedic licensure under this section shall:
   (C) provide evidence of current active or inactive National Registry certification at the appropriate level;
   (D) have met the appropriate requirements in paragraph (1) of this subsection;
   (E) submit an official transcript from an accredited institution of post secondary education showing successful completion of at least one of the academic degrees referenced in paragraph (1) of this subsection;
   Silent, other than what is already described under “Qualifications.”

| Excluded: Anything not listed under the scope of permitted services. |

(a) successfully complete a Department-approved EMT-IA course as described in R426-12-400(2);
(b) be able to perform the functions listed in the objectives of the EMT-I Curriculum adopted in R426-12-400(2) as verified by personal attestation and successful accomplishment during the course of all cognitive, affective, and psychomotor skills and objectives;

| The scope for an EMT-Basic is modeled after the 1994 United States Department of Transportation's "EMT-Basic Training Program: National Standard Curriculum" (EMT-B Curriculum), which is incorporated by reference, with the exceptions of Module 8: Advanced Airway and Appendices C, D, J. and K. the standard for EMT-I training and competency in the state the following affective, cognitive, and psychomotor objectives for patient care and treatment from the 1998 United States | Licensed physician. |
(d) be currently certified as an EMT-B or EMT-I prior to the start of the course;
(g) maintain and submit verification of completion of a Department-approved course in CPR, adult and pediatric advanced cardiac life support and maintain current status as set by the entity sponsoring the course; and
(i) within 120 days after the official course end, the applicant must, successfully complete the Department written and practical EMT-IA examinations, or reexaminations, if necessary; Department of Transportation's "Emergency Medical Technician-Intermediate Training Program: National Standard Curriculum" (EMT-I Curriculum) which is incorporated by reference, with the exception of the following objectives: 1-1.18-24, 1-1.54, 1-3.14-15, 1-3.17, 1-4.18, 1-4.24-25, 1-4.38, 2-1.7-8, 2-1.21, 2-1.33, 2-1.82-83, 2-1.92, 2-1.94, 2-1.96, 4-2.14-16, 5-1.3-5, 5-2.6-11, 5-2.13-14, 5-2.16-18, 5-2.20, 5-2.22-33, 5-2.39, 5-2.41, 5-2.44-46, 5-3.5-16, 5-4.3-5, 5-4.8-11, 5-5.3, 5-5.8-9, and 5-5.13,
(3) In addition to the skills that an EMT-B may perform, an EMT-I may perform the adopted skills described in section R426-12-300(2). The standard for EMT-IA training and competency in the state the following affective, cognitive, and psychomotor objectives for patient care and treatment from the 1998 United States Department of Transportation's "Emergency Medical Technician-Intermediate Training Program: National Standard Curriculum" (EMT-I Curriculum) which is incorporated by reference, with the exception of the following objectives: 1-1.18-24, 1-1.54, 1-2.1-1.8, 2-1.31(f), 2-1.33, 2-1.75(c), (e), and (f), 6-3.1, 6-3.102-106.
(3) In addition to the skills that an EMT-B and an EMT-I may perform, an EMT-IA may perform the adopted skills described in section R426-12-400(2). The standard for paramedic training and competency in the state the following affective, cognitive and psychomotor objectives for patient care and treatment from the 1998 United States Department of Transportation's "EMT-Paramedic Training Program: National Standard Curriculum" (Paramedic Curriculum) which is incorporated by reference.
(3) In addition to the skills that an EMT-B, an EMT-I and an EMT-IA may perform, a Paramedic may perform the adopted skills described in section R426-12-500(2).
6.2.2.1 To be eligible for the first time for VT EMS certification at any level, a person must:
6.2.2.2 Successfully complete within the past 2 years a Department-approved course based on the current National Standard Curriculum for that level.
6.2.2.5 Complete Department-approved cognitive and NREMT psychomotor testing:
6.2.2.5.1 For the ECA, EMT-B and EMT-P levels, a person must successfully complete the NREMT cognitive and NREMT psychomotor exams approved by the Department and hold national EMS certification for that level
6.2.2.5.2 For EMT-I-90 or EMT-I-03, a person must complete the VT EMT-I-90 or EMT-I-03 cognitive and psychomotor testing | 6.3.6 Scope of practice
6.3.6.1 The National EMS Scope of Practice Model establishes a “floor” for each certification level upon which the Department may build and adjust the VT statewide scope of practice. An EMS District Board may request authorization for procedures, interventions or pharmacology that exceeds the scope of practice for a level within their District through the waiver process.
6.3.6.2 Under transitional provisions from the EMT-P to the Paramedic level, VT EMS certified Paramedics may provide specialty care interfacility transfer services that exceed the Paramedic scope of practice as described in the National EMS Scope of Practice Model subject to the following:
6.3.6.2.1 Successful completion of a Department-approved program of education relating to the interfacility transfer needs of critically ill or injured patients beyond initial Paramedic education. These education programs shall include subjects relating to cardiovascular care, respiratory care, IV pumps, administration of blood or blood products, and pharmacology related to the needs of specialty care transfer patients.
6.3.6.2.2 Credentialing by their affiliating EMS agency under a system approved by the EMS District Medical Advisor. The specific procedures, technologies, pharmacology and other interventions the Paramedic is approved for must be in writing and maintained on file by the EMS agency. This written credentialing policy must include sign-off by the credentialing agency and provisions on criteria for de-credentialing a Paramedic for the specialty care transfer services being authorized.
6.3.6.2.3 Acting under protocols describing procedures, technologies, pharmacology and interventions approved by the EMS agency, the EMS District Medical Advisor and the Department that extend beyond what Paramedics are otherwise authorized to perform in the VT Statewide EMS protocols and or other EMS District protocols and may as a subset be used for determination of medical necessity by the Center for Medicare and Medicaid Services for eligible reimbursement at the
| Physician or credentialed preceptor when in charge of students in training. |
6.3.6.2.4 A written EMS agency quality improvement program approved by the EMS District Medical Advisor and the Department.
6.3.6.2.5 An EMS agency continuing education program approved by the EMS District Medical Advisor and the Department that focuses on the critical care services to be provided and is required by the EMS agency and the EMS District Medical Advisor to maintain credentialing.
6.3.6.3 After the transition from EMT-P to Paramedic as described in Section 6.4.1 has been completed, the provisions of Section 6.2.6.5.5.1 shall expire.

| Washington | Certification | To apply for initial EMS provider certification following the successful completion of a Washington state approved EMS course, an applicant must submit to the department: <br> (2) Proof of meeting the requirements identified in Table A of this section. <br><br> REQUIREMENTS <br> EMS education: <br> Candidate must provide proof of successful EMS course completion from a department-approved EMS training program. For paramedic applicants, this proof must be from a training program accredited by a department-approved national accrediting organization. <br> Certification examination: <br> Provide proof of a passing score on the department-approved certification examination for the level of certification. Applicants will have three attempts within twelve months of course completion to pass the examination.: <br> High school diploma or GED: Required for EMT, AEMT and paramedic only. <br> Provide proof of identity - state or federal photo I.D. (military ID, driver's license, passport). | Administration of epinephrine (does not extend to first responders), among other life support functions. Certified EMS personnel are only authorized to provide patient care: <br> (a) When performing in a prehospital emergency setting or during interfacility ambulance transport; and <br> (b) When performing for a licensed EMS agency or an organization recognized by the secretary; and <br> (c) Within the scope of care that is: <br> (i) Included in the approved instructional guidelines/curriculum for the individual's level of certification; or <br> (ii) Included in approved specialized training; and <br> (iii) Included in state approved county MPD protocols. <br> (2) If protocols and regional patient care procedures do not provide off-line direction for the situation, the certified person in charge of the patient must consult with their on-line medical control as soon as possible. Medical control can only authorize a certified person to perform within their scope of practice. <br> (3) All prehospital providers must follow state approved triage procedures, regional patient care procedures and county MPD patient care protocols. | Physician or medical director. |
|---|---|---|---|
| West Virginia | Certification | 14.2. Emergency Medical Technician-Basic (EMT-B). <br> 14.2.a. Certification EMT-B. -- The OEMS shall certify as an EMT-B an individual who: <br> 14.2.a.1. Completes an application on a form as prescribed by the commissioner and meets the EMS personnel requirements of Sections 9 and 10 of this rule; <br> 14.2.a.2. Successfully completes an EMT-Basic training course following the DOT National Standard Curriculum for EMT-Basics as approved by the commissioner; <br> 14.2.a.3. Successfully completes EMT-B written and practical skills examination approved by the commissioner; <br> 14.2.a.4. Successfully completes a CPR course approved by the commissioner and possesses valid and current credentials; | EMT-B: basic life support services. [Basic Life Support (BLS). -- A basic level of out-of-hospital and interfacility emergency medical services provided when a patient requires BLS services or continual medical supervision. Basic life support can be performed by ALS personnel as well as an EMT-B, EMSA-FR or as stated in this rule.] EMT-I and EMT-paramedic: advanced life support services [Advanced Life Support (ALS). -- A sophisticated level of emergency medical services provided by the following levels of EMS personnel: EMT-P, EMSA-RN, EMSA-PA, EMSA-FN, EMSA-I, EMSA-DO, EMSA-MD, or as stated in this rule, which includes, but is not limited to, transportation of incapacitated individuals, basic life support procedures and ALS assessment, supervision, and interventions.] |  |
and
14.2.a.6. Completes other requirements specified by the commissioner.
and
14.2.b.5. Completes other requirements as specified by the commissioner.
14.2.c. Legal Recognition EMT-B. -- An individual who possesses EMT-B certification from another state may qualify for legal recognition as an EMT-B in West Virginia. Applications shall be submitted to the OEMS which has final authority to make the decision. Legal recognition may be granted to EMT-Bs from states that the OEMS has formal agreement with if:
14.2.c.1. The applicant is currently certified in a state with an agreement on file at the OEMS;
14.2.c.2. The applicant completes the written and practical exams or equivalents as specified by the commissioner;
14.2.c.4. The applicant successfully completes a CPR courses approved by the commissioner and possesses valid and current credentials;
and
14.2.c.6. The individual meets other requirements as specified by the commissioner.
14.3. EMSA-Intermediate(EMSA-I).
14.3.a.2. Possesses current West Virginia certification as an EMT-B;
14.3.a.3. Successfully completes an EMSA-I training course following the DOT National Standard Curriculum for EMT-I as approved by the commissioner;
14.3.a.4. Successfully completes a practical examination of EMSA-I skills as approved by the commissioner;
14.3.a.5. Successfully completes a written examination as approved by the commissioner;
14.3.a.6. Successfully completes a CPR course approved by the commissioner and possesses valid and current credentials;
14.3.a.8. Completes other requirements as specified by the commissioner. 14.4. Emergency Medical
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<th>Technician-Paramedic (EMT-P)</th>
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<td>14.4.a. Certification EMT-P. -- The OEMS shall certify as an EMT-P an individual who: 14.4.a.1. meets the EMS personnel requirements of Sections 9 and 10 of this rule; 14.4.a.2. Possesses current West Virginia certification as an EMT-B; 14.4.a.3. Successfully completes an EMT-P training program following the DOT National Standard Curriculum for EMT-Paramedic as approved by the commissioner; 14.4.a.4. Successfully completes a practical examination of EMT-P skills as approved by the commissioner; 14.4.a.5. Successfully completes a written examination as approved by the commissioner; 14.4.a.6. Successfully completes a CPR course approved by the commissioner and possesses valid and current credentials; 14.4.a.7 and 14.4.a.8. Completes other requirements as specified by the commissioner.</td>
<td>Wis. Stat. Ann. § 256.15 (West 1995). [Under Chapter 256-57 “Emergency Medical Services.”] Wis. Admin. Code DHS § 110.12 (2011). Both To be eligible for a license as an EMT, an individual must: 1. be capable of performing the actions authorized in rules promulgated under sub. (13)(c) for an emergency medical technician--basic, an emergency medical technician--intermediate or an emergency medical technician--paramedic, for which licensure is sought; and, subject to ss. 111.321, 111.322 and 111.335., 2. Have satisfactorily completed a course of instruction and training, including training for response to acts of terrorism, prescribed by the department or have presented evidence satisfactory to the department of sufficient education and training in the field of emergency care. 3. Have passed an examination approved by the department. 4. Have such additional qualifications as may be required by the department. An EMT or first responder may only perform the skills, use the equipment, and administer the medications that are specified by the department in the Wisconsin scope of practice for the level to which the individual is licensed, certified, or credentialed.</td>
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(iv) Complete the required orientation listed on the attendant application;  
(vii) Be judged physically, mentally, and emotionally sound in the estimation of the physician medical director. | A certified EMT Basic attendant is authorized to:  
(i) Render emergency care, rescue and resuscitation service consistent with formal training through the EMT basic course;  
(ii) Provide emergency transportation;  
(iii) Perform cardiopulmonary resuscitation in accordance with the Healthcare Provider standards of the American Heart Association, or its equivalent;  
(iv) Administer oxygen and assist a patient with self administered medications as authorized by the Division for the EMT basic;  
(v) Perform defibrillation using an AED according to the recommended guidelines of the Division;  
(e) A certified EMT Intermediate attendant with authorization is allowed to:  
(i) Perform skills listed in Section 11 (d) of this Chapter and may when appropriately certified:  
(ii) At the scene of an emergency or during transportation administer any medication on the list of EMT Intermediate medications as approved by the Board and the Division.  
(iii) At the scene of an emergency or during transportation perform any skill on the list of EMT Intermediate skills as approved by the Board and Division.  
(iv) Personnel certified under these rules may with prior approval from the Division and the Board, perform such other acts as expressly approved by the Division and the Board.  
(f) A certified Paramedic attendant:  
(i) Is authorized to perform the skills listed in Section 11 (d) and (e) of this Chapter; and may when appropriately certified:  
(ii) At the scene of an emergency or during transportation administer any medication on the list of Paramedic medications as approved by the Board and Division.  
(iii) At the scene of an emergency or during transportation perform any skill on the list of Paramedic skills as approved by the Board and Division. | Physician or medical director. |