




**NATIONAL EMS  
SCOPE OF PRACTICE MODEL  
REVISION  
2018**

**Change is Coming!  
(We Want Your Input)**

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Peter Taillac, MD, FAEMS



NAEMSP® Annual Meeting | January 8-13, 2018 | Manchester Grand Hyatt | San Diego, CA

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### Project Support

- This project is supported via cooperative agreement from the US Department of Transportation, National Highway Traffic Safety Administration (NHTSA), Office of Emergency Medical Services (OEMS) through DTNH2216C00026, with supplemental funding from the Health Resources and Services Administration (HRSA) Emergency Medical Services for Children Program.






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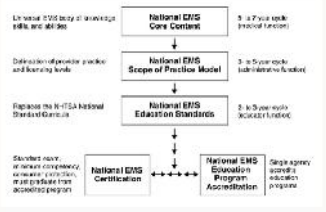
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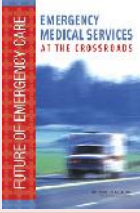
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### A Brief History of EMS Scope of Practice



**FIGURE 4-1** The five primary integrated components of the EMS education system.  
SOURCES: Adapted from NHTSA and HRSA, 2005.




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### 2007 National Scope of Practice Model

- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Paramedic (PM)



The logo features the NHTSA logo in the top left, a dark blue square with the text 'NATIONAL EMS SCOPE OF PRACTICE MODEL' in the center, and a light blue square with a vertical line of text on the right side.

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### Purpose of the Scope of Practice Model

- “The purpose of the effort is not to impose national scope of practice standards, but to encourage greater consistency across the states”
- The IOM Committee “...recommends that state governments adopt a common scope of practice for EMS personnel, with state licensing reciprocity.”

---Emergency Medical Services at the Crossroads, IOM 2007

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### A Lot Has Changed Since 2007

- Opioid epidemic
- Terrorism/Active shooter
- Natural disasters
- Community paramedicine/critical care paramedic
- Research!
- Evidence-based guidelines/Model National EMS Clinical Guidelines



The logo features a blue Star of Life with a white caduceus in the center, followed by the text 'NATIONAL EMS SCOPE OF PRACTICE MODEL REVISION 2018'.

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### Subject Matter Expert Panel

Co-Chairman	Peter Lallier, MD
Co-Chairman	Scott Bouam, PhD
American Academy of Pediatrics	Brian Moore, MD
American Ambulance Association	John Russell, MD
American College of Emergency Physicians	David LichE.H., MD
American College of Surgeons-Committee on Trauma	Mark Gessner, MD
International Association of Fire Chiefs	David Becker, M.S.
International Association of Fire Fighters	Robert McCluskey, NRP
National Association of EMS Educators	Mike Miller, NRP
National Association of EMS Physicians	John Gallucci, MD
National Association of EMTs	Dennis Rose, FMT-P
National Association of State EMS Officials	Kyle Thorsten, M.S.
International Association of Flight and Critical Care Paramedics	Aaron Boyd, NRP, FP-C
National EMS Management Association	Sean Callery, NRP
National Registry of EMTs	Ashish Panchal, MD
Unaffiliated SME (member at-large)	Leougay Barnes, NRP
Unaffiliated SME (member at-large)	Ann Bellows, EdD, NRP
Unaffiliated SME (member at-large)	Douglas Kupat, MD
Unaffiliated SME (member at-large)	Richard Kamin, MD
Unaffiliated SME (member at-large)	Jules Scadden, EMT-P

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### 2018 Scope of Practice Model Update Process

- Evaluate current SOPM for gaps and changes in practice
  - What are states/agencies doing now that is not reflected in current SOPM?
  - What societal practices/events may necessitate a change in SOP?
- NHTSA proposed five areas for immediate focus for possible update:
  - Naloxone use
  - Hemorrhage control
  - Pain management
  - Therapeutic hypothermia
  - Non-invasive ventilation (CPAP/BiPAP)

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### 2018 Scope of Practice Model Update Process

- PICO questions were formulated for each of the five topics
  - Population
  - Intervention
  - Comparison
  - Outcomes
- Extensive literature review was performed for each PICO question by research team at NREMT, led by Dr. Ashish Panchal
- Results presented to Subject Matter Expert Panel for review and incorporation

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### Urgent Update Process for SOPM

- NHTSA-OEMS requested the development of a Urgent Update Process for the SOPM
  - Designed to allow urgent modification of the Model to allow for EMS response to unanticipated national needs
  
- This model was used to publish Rapid Action Updates for the 2007 SOPM for:
  - Naloxone use at all EMS provider levels
  - Hemorrhage control (including wound packing) at all EMS provider levels

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### Revision of the Descriptions of EMS Provider Levels

<http://www.nasem.org/Projects/EMSScopeOfPractice/>  
 Comments due by Feb. 10, 2017

5 National EMS Scope of Practice Model Revision  
 6 2018

7 THIS VERSION CONTAINS TWO PARTS:  
 8 I. EMS LEVEL DESCRIPTIONS  
 9 II. RAPID PROCESS FOR EXPEDITED CHANGES TO THE NATIONAL EMS SCOPE OF PRACTICE MODEL.

11 Note: All EMS service providers are required to adhere to the national standards and will be held to the same standards. It is important to note that the content of this document is intended to be used as a guide for the development of state EMS scope of practice rules. Each state should be responsible for its own regulatory process.

16 DRAFT – December 12, 2017  
 17 v.2017.12.12

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 19 Table of Contents

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22 Part I - Section I: Emergency Medical Responder (EMR)

24 Proposed Description

25 The primary focus of the EMR is to obtain immediate life-saving care to patients with life-threatening medical conditions. The EMR provides the basic knowledge and skills necessary to provide emergency medical services. EMR response and only on an EMS or public safety agency or other emergency response that includes other higher-level medical personnel.

27 Emergency Medical Responder

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- 30 • Provide support to a comprehensive EMS response which lacks defined clinical protocols and medical oversight.
- 31 • Perform basic life support on patients with medical emergencies, transport BLS patients with medical resources, and other patient care duties.
- 32 • Act as responder link with a 911 and emergency medical services system.

34 Other Attributes

35 EMRs often work in settings where emergency medical care is not their primary job function. Examples include fire departments, hospitals, law enforcement, public safety agencies, correctional facilities, industrial settings and other public sites.

37 Education Requirements

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- 39 • Minimum education of an EMR must include the following:
  - 40 • Completion with a uniform national standard for quality, and
  - 41 • Approval by the state or US territory.

43 Primary Role

44 EMRs are not authorized to provide emergency medical services.

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51 Other Considerations

52 • While providing life-saving care, EMRs will follow a protocol with being only one provider or one responder providing critical life-saving care.

53 • EMRs are generally not the highest level of emergency response or patient care.

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	Description	Education	Primary Role	Program	Critical Thinking	Supervision
<b>EMR</b>	First response	Complies with regulation	First response	Vocational/ Technical	Protocol driven	Very limited autonomy
<b>EMT</b>	First response, assessment, basic care	Complies with regulation	Basic care & transport	Vocational/ Technical	Simple, fundamental, protocol driven	Limited autonomy, may assist higher levels
<b>AEMT</b>	First response, assessment, basic & some adv care	Nationally accredited program	Basic/advanced care, determine transport need, transport	Vocational/ Technical with academic affiliation	Limited advanced, participate with decisions	Some autonomy, limited supervision lower levels
<b>Paramedic</b>	Licensed professional, implement treatments, interpret dx, facilitate referrals	Nationally accredited program	Advanced care, multiple settings	Academic, degree at some level	Advanced complex, care coordination	Greater autonomy, supervision of lower levels

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### What's next?

- **Focus on skills: Who should be doing what?**
- Public input 4<sup>th</sup> quarter last year
  - Robust(!) participation
- Pain meds
- Airway management
- CPAP
- Epinephrine, bronchodilators
- Blood glucose evaluation
- Medication administration
- Prehospital ultrasound
- Decisions, supervision and independence visual of smart phone. SEPARATE SLIDE
- And more!



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### What's next?

- **Focus on decisions, supervision & independence**
- Decisions like: cancel ALS support, non-transport, destination, termination of resuscitation
- Supervision: independent, paramedic supervision, online guidance, direct video
- Independence: should all decisions be made independently within all levels?
- And more!



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Please let us know your thoughts!

<http://www.nasemso.org/Projects/EMSScopeOfPractice/>  
**Comments due by Feb. 10, 2017**

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