THIS VERSION CONTAINS TWO PARTS:

I. EMS LEVEL DESCRIPTIONS

II. RAPID PROCESS FOR EXPEDITED CHANGES TO THE NATIONAL EMS SCOPE OF PRACTICE MODEL

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

DRAFT – December 12, 2017


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Invitation for Public Comment

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

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

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

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

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

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

Proposed Description

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

Emergency Medical Responders:

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

Other Attributes

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

Education Requirements:

Successful completion of an EMR training program that is:

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

Primary Role:

Initiate patient care within the emergency medical services system.

Program Level:

Vocational/Technical

Critical Thinking:

Basic, protocol-driven.

Level of Supervision:

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

Other Considerations:

- When practicing in less populated areas, may have low call volume coupled with being the only care provider for prolonged periods awaiting arrival of higher levels of care.
- EMRs are generally not the highest-level person caring for a patient during ambulance transport.
Part I - Section II: Emergency Medical Technician (EMT)

Proposed Description

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

Emergency Medical Technicians:

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

Other Attributes

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

Education Requirements:

Successful completion of an EMT training program that is:

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

Primary Role:

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

Program Level:

Vocational/Technical

Critical Thinking:

Basic, fundamental, protocol driven.

Level of Supervision:

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

Other Considerations:

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

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

Advanced Emergency Medical Technicians:

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

Other Attributes

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

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

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

Program Level:
Vocational/Technical with Academic Affiliation
Diploma, certificate, or associates degree awarded for successful completion.

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

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

Other Considerations

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

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

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

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

Education Requirements:
Successful completion of a nationally accredited Paramedic program that meets all other state requirements.

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

Program Level:
Academic. Diploma, Certificate, Associate, Baccalaureate, or Masters Degree awarded for successful completion.

Critical Thinking
Advanced/complex decision making, protocol assisted.

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

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

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

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

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

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

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

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

NHTSA should seek stakeholder input prior to implementing an emergent change to the SoPM. It will not be appropriate to issue an emergent change for, or in anticipation of, every emergency scenario.

III. Proposed Rapid Process for Emergent Changes to the SoPM:
While the SoPM is a national consensus document guided by data and expert opinion that reflects the skills representing the minimum competencies of the levels of EMS personnel, it is implemented and supervised by the authority of the states and its medical directors. The following suggested timeline is provided when critical/time sensitive decisions are needed between SoPM revision cycles:

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

IV. State Requirements Related to the Implementation of Changes to the SoPM: States will determine cognitive and psychomotor objectives and credentialing requirements for its licensees when disseminating changes to the SoPM.