

FROM DR. KAUFMANN



Tuesday, December 17, 2019

To: All EMS Providers (Individuals and Organizations)

From: Dr. Michael Kaufmann, Indiana EMS Medical Director
Lee Turpen II, Chairperson, Indiana EMS Commission

Re: Scope of Practice Modifications

Changes are coming for the Indiana EMS Scope of Practice (SOP) for all provider levels. The SOP for individual EMS providers is a mixture of state law and what is approved at the local level by the affiliated provider organization and the affiliated EMS medical director. It delineates the different certification licensure/certification and sets the minimum competencies for each level.

The current Indiana SOP was developed on 2007 national standards. The National EMS Scope of Practice Model was updated by NHTSA in 2018. While the national SOP is not binding, it helps set consistency across the nation if adopted by individual states.

The SOP levels adopted by the Indiana EMS Commission define the parameters for each level of certification but still require local organizations and their EMS medical directors to ensure education and credentialing are performed for the skills that are approved. Credentialing is left to the medical director and provider organization as to what type of qualifications, training or other form of verification will be required for each approved individual skill or procedure. This can include classroom setting education, online training (including IDHS Acadis offerings), skills sessions or even a period of mentorship.

At its Nov. 14, 2019, meeting the Indiana EMS Commission reviewed the recommendations of IDHS EMS staff and approved revisions to the Indiana EMS Scope of Practice, effective March 1, 2020. Some of these changes will require additional training at all EMS provider levels. IDHS will make education available for many of these changes through the state Acadis training portal. Each EMS provider organization and its medical director should review the changes and determine what is applicable to their respective organization. Appropriate training and credentialing for each new additional skill should be provided.

Included with this notice is a spreadsheet providing a breakdown of skills by each level of provider. The spreadsheet delineates what is part of the national scope of practice as well as what Indiana has approved as a local variation. The EMS Commission did not remove any skills that currently exist when adopting the new SOP.

Here are some of the more substantial changes that were approved at each level, **EFFECTIVE MARCH 1, 2020.**

EMR-Emergency Medical Responder

- *NP Airways:* The EMR level will now include nasopharyngeal (NP) airways. The utilization of NP airways has been in textbooks and taught for several years, but it was technically not part of the EMR SOP.
- *Pulse Oximetry:* The EMR level will now include pulse oximetry monitoring. There will be an Acadis course developed and available for all EMRs as an educational offering. In order to authorize performance of this skill/procedure, the provider organization and medical director must approve in written protocol and then provide skills training and credentialing.
- *Oral glucose:* The EMR level will now include oral glucose administration. In order to authorize performance of this skill/procedure, the provider organization and medical director must approve in written protocol and then provide skills training and credentialing.

EMT-Emergency Medical Technician

- *CPAP:* The EMT and AEMT levels will now include CPAP ventilatory assistance. There will be an Acadis course developed and available for all EMTs and AEMTs as an educational offering. In order to authorize performance of this skill/procedure, the provider organization and medical director must approve in written protocol and then provide skills training and credentialing.
- *End tidal CO₂ / Waveform Capnography:* The EMT and AEMT levels will now include end tidal CO₂ monitoring and interpretation. There will be an Acadis course developed and available for all EMTs and AEMTs as an educational offering. In order to authorize performance of this skill/procedure, the provider organization and medical director must approve in written protocol and then provide skills training and credentialing.
- *Nebulized bronchodilators:* The EMT level will now include nebulized bronchodilators, beta agonists and anticholinergics (albuterol, atrovent). There will be an Acadis course developed and available for all EMTs as an educational offering. In order to authorize performance of this skill/procedure, the provider organization and medical director must approve in written protocol and then provide skills training and credentialing.
- *OTC Pain Medication:* The EMT and AEMT levels will now include OTC pain management. In order to authorize performance of this skill/procedure, the provider organization and medical director must approve in written protocol and then provide skills training and credentialing.

AEMT-Advanced EMT

- *CPAP:* The EMT and AEMT levels will now include CPAP ventilatory assistance. There will be an Acadis course developed and available for all EMTs and AEMTs as an educational offering. In order to authorize performance of this skill/procedure, the provider organization and medical director must approve in written protocol and then provide skills training and credentialing.
- *End tidal CO₂ / Waveform Capnography:* The EMT and AEMT levels will now include end tidal CO₂ monitoring and interpretation. There will be an Acadis course developed and available for all EMTs and AEMTs as an educational offering. In order to authorize

performance of this skill/procedure, the provider organization and medical director must approve in written protocol and then provide skills training and credentialing.

- *OTC Pain Medication:* The EMT and AEMT levels will now include OTC pain management. However, in order to authorize performance of this skill/procedure, the provider organization and medical director must approve in written protocol and then provide skills training and credentialing.
- *Medications:* The AEMT medication levels were increased to include additional IV medications. The national scope of practice includes analgesia, anti-nausea/antiemetic, dextrose, epinephrine, glucagon and naloxone. The specific medications/medication classifications allowed in Indiana will be determined at the January 2020 EMS Commission meeting. In order to authorize performance of this skill/procedure, the provider organization and medical director must approve in written protocol and then provide skills training and credentialing.
- *Parenteral Pain Management:* The AEMT medication level will now include parenteral pain management. The specific medications/medication classifications will be determined at the January 2020 EMS Commission meeting.

Paramedic

- Although a few specific paramedic level skills were discussed, ultimately the EMS Commission reiterated that there is no cap on the paramedic skill, so long as the provider organization and medical director have an approved written protocol and then provide skills training and credentialing.

In conclusion, this letter lays the framework for some major changes, particularly at the BLS levels of EMR and EMT. The changes will take effect March 1, 2020, and are not authorized until after that date. Furthermore, changes must generally be adopted by the provider organization and medical director via written protocol with some form of credentialing. The base knowledge for many of these changes will be made available through the state Acadis training portal for responders at the affected skills certification level.



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State EMS Medical Director





IDHS 2020 EMS SCOPE OF PRACTICE FOR ALL LEVELS OF EMS PROVIDER

Adopted by the EMS Commission during the November 2019 meeting. Effective March 1, 2020

KEY/LEGEND

X = NHTSA 2018 EMS Scope of Practice

 Blue = Current Indiana EMS Scope of Practice

 Red = To be discussed by the EMS Commission at the January 2020 meeting.



| I. Skill – Airway / Ventilation / Oxygenation | EMR | EMT | AEMT | Paramedic |
|---|-----|-----|------|-----------|
| Airway – nasal | | X | X | X |
| Airway – oral | X | X | X | X |
| Airway – supraglottic | | | X | X |
| Bag-valve-mask (BVM) | X | X | X | X |
| CPAP | | X | X | X |
| Chest decompression - needle | | | | X |
| Chest tube placement – assist only | | | | X |
| Chest tube – monitoring and management | | | | X |
| Cricothyrotomy | | | | X |
| End tidal CO ₂ monitoring and interpretation of waveform capnography | | | X | X |
| Gastric decompression – NG Tube | | | | X |
| Gastric decompression – OG Tube | | | | X |
| Head tilt - chin lift | X | X | X | X |
| Endotracheal intubation | | | | X |
| Jaw-thrust | X | X | X | X |
| Mouth-to-barrier | X | X | X | X |
| I. Skill – Airway / Ventilation / Oxygenation | | | | |
| Mouth-to-mask | X | X | X | X |
| Mouth-to-mouth | X | X | X | X |
| Mouth-to-nose | X | X | X | X |
| Mouth-to-stoma | X | X | X | X |
| Airway Obstruction – dislodgement by direct laryngoscopy | | | | X |
| Airway Obstruction – manual dislodgement techniques | X | X | X | X |
| Oxygen therapy – High flow nasal cannula | | | | X |
| Oxygen therapy – Humidifiers | | X | X | X |
| Oxygen therapy – Nasal cannula | X | X | X | X |
| Oxygen therapy – Non-rebreather mask | X | X | X | X |
| Oxygen therapy – partial rebreather mask | | X | X | X |
| Oxygen therapy – simple face mask | | X | X | X |
| Oxygen therapy – Venturi mask | | X | X | X |
| Pulse oximetry | | X | X | X |
| Suctioning – Upper airway | X | X | X | X |
| Suctioning – tracheobronchial of an intubated patient | | | X | X |

Notes

Nasal Airways were added at the EMR level. This is already being taught. IDHS to provide education at the EMR level.

CPAP was added at the EMT and AEMT level. IDHS to provide education at these provider levels.

ETCO₂ monitoring and waveform capnography added at the EMT and AEMT level. IDHS to provide education at these provider levels.

Clarification that this was listed for purposes of high flow respiratory support systems.

Pulse oximetry was added at the EMR level. IDHS to provide education at this provider level.

| II. Skill – Cardiovascular / Circulation | EMR | EMT | AEMT | Paramedic |
|---|------------|------------|-------------|------------------|
| Cardiopulmonary resuscitation (CPR) | X | X | X | X |
| 12 lead ECG acquisition and transmission | | X | X | X |
| 12 lead electrocardiogram (interpretive) | | | | X |
| Cardiac monitoring (3 lead - continuous) | | | | X |

| II. Skill – Cardiovascular / Circulation | EMR | EMT | AEMT | Paramedic |
|---|------------|------------|-------------|------------------|
| Cardioversion – electrical | | | | X |
| Defibrillation – automated / semi- automated | X | X | X | X |
| Defibrillation – manual | | | | X |
| Hemorrhage control – direct pressure | X | X | X | X |
| Hemorrhage control – tourniquet | X | X | X | X |
| Hemorrhage control – wound packing | X | X | X | X |
| Transvenous cardiac pacing – monitoring and maintenance | | | | X |
| Mechanical CPR device | | X | X | X |
| Telemetric monitoring devices transmission of clinical data including video | | X | X | X |
| Transcutaneous pacing | | | | X |

| III. Skill – Splinting, Spinal Motion Restriction (SMR), and Patient Restraint | EMR | EMT | AEMT | Paramedic |
|---|------------|------------|-------------|------------------|
| Cervical collar | X | X | X | X |
| Long spine board | | X | X | X |
| Manual cervical stabilization | X | X | X | X |
| Seated SMR (KED, etc.) | | X | X | X |
| Extremity stabilization - manual | X | X | X | X |
| Extremity splinting | X | X | X | X |
| Splint – traction | | X | X | X |
| Mechanical patient restraint | | X | X | X |

| III. Skill – Splinting, Spinal Motion Restriction (SMR), and Patient Restraint | EMR | EMT | AEMT | Paramedic |
|---|------------|------------|-------------|------------------|
| Emergency moves for endangered patients | X | X | X | X |

| IV. Skill – Medication Administration – Routes | EMR | EMT | AEMT | Paramedic |
|---|------------|------------|-------------|------------------|
| Aerosolized/nebulized | | X | X | X |
| Endotracheal tube | | | | X |
| Inhaled | X | X | X | X |
| Intradermal | | | | X |
| Intramuscular | | X | X | X |
| Intramuscular – auto-injector | X | X | X | X |
| Intranasal | | | X | X |
| Intranasal - unit-dosed, premeasured | X | X | X | X |
| Intraosseous – initiation, peds or adult | | | X | X |
| Intravenous | | | X | X |
| Mucosal/Sublingual | | X | X | X |



Long spine board was added at the EMR level.

Must be within scope of practice

Nebulized route of medication administration added at the EMT level for scope of practice approved medications. IDHS to provide education at the EMT level.

IM Route of medication administration was added last year for IM Epinephrine for anaphylaxis. No additional education needed.

| | | | | |
|--|------------|------------|-------------|------------------|
| Nasogastric | | | | X |
| Oral | X | X | | X |
| Rectal | | | | X |
| Subcutaneous | | X | | X |
| Topical | | | | X |
| Transdermal | | | | X |
| V. Medical Director Approved Medications | | | | |
| | EMR | EMT | AEMT | Paramedic |
| Use of epinephrine (auto-injector) for anaphylaxis (supplied and carried by the EMS agency) | | X | X | X |
| Use of auto-injector antidotes for chemical/hazardous material exposures | X | X | X | X |
| Use of opioid antagonist auto-injector for suspected opioid overdose | X | X | X | X |
| Immunizations | | | X | X |
| Inhaled – beta agonist/bronchodilator and anticholinergic for dyspnea and wheezing | | X | X | X |
| Inhaled – monitor patient administered (i.e., nitrous oxide) | | | X | X |
| Intranasal - opioid antagonist for suspected opioid overdose | X | X | X | X |
| Intravenous | | | X | X |
| Maintain an infusion of blood or blood products | | | | X |
| Oral aspirin for chest pain of suspected ischemic origin | | X | X | X |
| Oral glucose for suspected hypoglycemia | | X | X | X |
| Oral over the counter (OTC) analgesics for pain or fever | | X | X | X |
| OTC medications, oral and topical | | | | X |
| Parenteral analgesia for pain | | | X | X |
| Sublingual nitroglycerin for chest pain of suspected ischemic origin – limited to <i>patient's own prescribed medication</i> | | X | X | X |
| Sublingual nitroglycerin for chest pain of suspected ischemic origin | | | X | X |
| Thrombolytics | | | | X |
| VI. Skill – IV Initiation/Maintenance Fluids | | | | |
| | EMR | EMT | AEMT | Paramedic |
| Access indwelling catheters and implanted central IV ports | | | | X |
| Central line – monitoring | | | | X |
| Intraosseous – initiation, peds or adult | | | X | X |
| Intravenous access | | | X | X |
| Intravenous initiation - peripheral | | | X | X |
| Intravenous – maintenance of non- medicated IV fluids | | X | X | X |
| Intravenous – maintenance of medicated IV fluids | | X | X | X |
| VII. Skill – Miscellaneous | | | | |
| | EMR | EMT | AEMT | Paramedic |
| Assisted delivery (childbirth) | X | X | X | X |
| Assisted complicated delivery (childbirth) | | X | X | X |
| Blood chemistry analysis | | | | X |
| Blood pressure automated | | X | X | X |
| Blood pressure – manual | X | X | X | X |
| Blood glucose monitoring | | X | X | X |
| Eye irrigation | X | X | X | X |
| Eye irrigation –hands free irrigation using sterile eye irrigation device | | | | X |
| Patient transport | | X | X | X |
| Venous blood sampling | | | X | X |



AEMT currently limited to only Albuterol, this would add anticholinergic to AEMT and beta agonist and anticholinergic to the EMT level. IDHS to provide education at this level of provider.

Current medications for advanced EMT limited to D50 and saline. EMS Commission to discuss expanded scope/formulary at the January 2020 Commission Meeting.

Oral Glucose was added at the EMR level. IDHS to provide education at this provider level.

Medication administration is already taught, education to be provided locally. Would still require local protocol and medical director approval for the new EMT and AEMT levels.

Currently specified in 836 code for EMT

Some limited and allowed by current Indiana Scope of practice at EMT and AEMT level