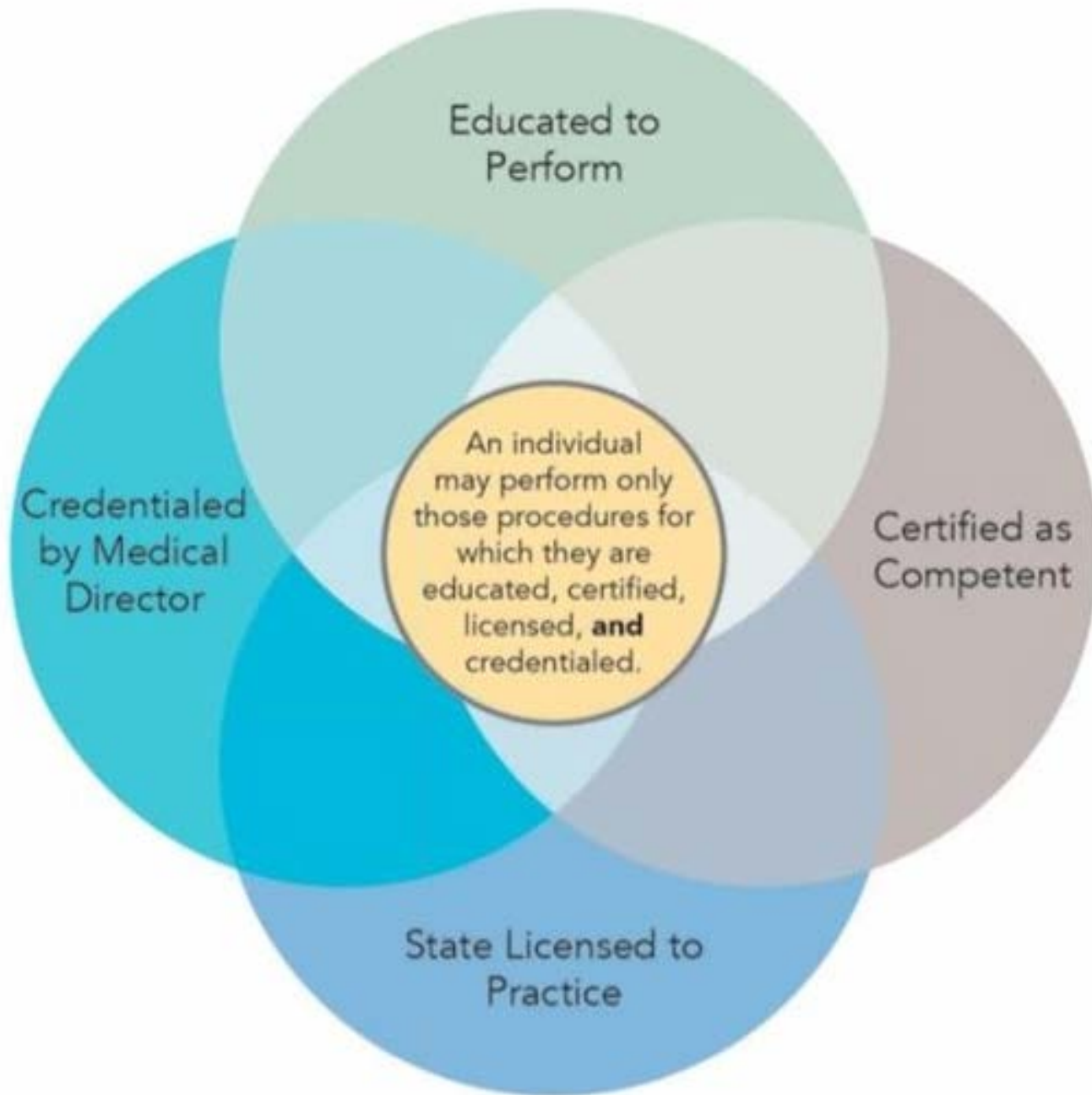




National EMS Scope
of Practice Model
Presentation for BSPC-PAC
1/15/19

NATION
EMS SCO
OF
PRACTICE
MODEL

SAFETY ADMINISTRATION



Rundown

- 2016 **evidence-based initiative** to revise the 2007 National EMS Scope of Practice Model
- Lead by the National Association of State EMS Officials (**NASEMSO**) under contract with the National Highway Traffic Safety Administration (**NHTSA**) and the Health Resources & Services Administration (**HRSA**)
- Utilizes a **Subject Matter Expert Panel** comprised of organizational representatives from EMS and fire communities, state EMS directors, EMS medical directors, EMS educators, EMS field providers and EMS researchers

Important Points

- Consensus-based document developed to improve consistency of licensure levels and nomenclature among states; it **does NOT have regulatory influence** unless adopted by the State
- States maintain the regulatory flexibility to permit licensees to exceed the Practice Model but they do so along with the need to develop learning objectives, educational content, competency measures, and a credentialing process to ensure safe practice
- **Provides a floor, not a ceiling** to EMS scope of practice

Deletions:

- Military AntiShock Trousers (MAST)/Pneumatic AntiShock Garment (PASG)
- Spinal “immobilization,” revised to “motion restriction”
- “Assisting” patient with own prescribed medications

Additions:

- EMS is not just a transport provider
- Administration of narcotic antagonists
- EMT blood glucose monitoring
- Hemorrhage control (tourniquets and wound packing)
- Administration of immunizations by EMS after the appropriate credentialing by the medical director and approval by the state

Things to Consider

- Most items listed in the document “catch up” with latest practice
- Most LEMSAs meet or exceed many of the items listed as part of the scope of practice model