NEW YORK STATE | Bureau of Emergency Medical Services and Trauma Systems

Policy Statement

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Scope of Practice by Level of EMS Provider

This document is prepared to provide guidance of the skills EMS providers are capable of providing based on their level of certification and training received.

Definition:

Scope of Practice - The clinical skills or functions that are defined by applicable state laws and regulations governing certification, or licensure of individuals providing services or treatment based on their level of training.

Certified First Responder - (CFR) Scope of Practice (approximately 54 hours of training):

For CFR's certified, care may include, but is not limited to vitals, narcotic overdose reversal administration, bleeding control, AED, oxygen administration, in-facility transportation to tests and other units, lifting and moving of patients, basic airway management using oral/nasal airways, suction of airway, use of a BVM, CPR. Additional skills may be added with Department of Health approval.

Emergency Medical Technician – Basic (EMT-B) Scope of Practice (approximately 180 hours of training):

For EMT-Basic certified Providers, care may include, but is not limited to basic medical assessments, vitals, anaphylaxis treatment using IM Epinephrine via autoinjector or syringe, narcotic overdose reversal administration, fracture management/traction splinting, AED, oxygen administration, internal facility transport, lifting and moving of patients, basic airway management using oral/nasal airways, suction of airway, use of a Nebulized Albuterol, BVM, CPR, CPAP administration (if trained), 12 Lead EKG acquisition (obtain only, cannot interpret). Additional skills may be added with Department of Health approval.

Advanced Emergency Medical Technician (AEMT) Scope of Practice (additional 160 hours of training, must be EMT prior):

For AEMT certified Providers, care may include all skills listed for the EMT-Basic, plus: IV/ IO placement, blood draws, EKG placement, IV fluids: Normal Saline, Lactated Ringers and D10 only, glucose monitoring, cardiac arrest management using an automated monitor/AED, Epi 1:10,000 IV administration during cardiac arrest, CPAP

administration, airway management using a supraglottic device. Additional skills may be added with Department of Health approval.

Advanced Emergency Medical Technician - Critical Care (AEMT-CC) (formally was approximately 700 hours - Transitioning, No longer accepting new original applications, Bureau of Emergency Medical Services And Trauma Systems, POLICY STATEMENT No. 17 - 07, Date: August 31, 2017, Re: EMT-Critical Care Certification Sunset/Transition (ny.gov)**)**

For certified AEMT-CC Providers, care may include all skills listed for EMT-Basic and EMT-Advance plus: fluids administration, ACLS/PALS medications, cardiac arrest management using a manual mode monitor, IM/SQ/IO/IN/IV/PO/PR and nebulized medication administration, administration of controlled substances, advanced airway management (including oral intubation), management of patient having respiratory, cardiac, diabetic, endocrine, immune, infectious disease, neurological, pediatric, OB, trauma or mental health incident that requires medical intervention within their scope of practice and skills used in pre-hospital setting. Monitor ongoing IV medication drips, and documentation of patient assessments. Additional skills may be added with Department of Health approval.

Paramedic Scope of Practice (1600 hours of training):

For certified Paramedics, care may include all skills listed for EMT-Basic and EMT-Advance plus: fluids administration, blood products (may be utilized with NYSDOH approval), ACLS/PALS medications, cardiac arrest management using a manual mode monitor, IM/SQ/IO/IN/IV/PO/PR/NG and nebulized medication administration, administration of controlled substances, advanced airway management (including oral and nasal intubation/ rapid sequence intubation, see regional requirements), management of patient having respiratory, cardiac, diabetic, endocrine, immune, infectious disease, neurological, pediatric, neonatal, OB, trauma or mental health incident that requires medical intervention within their scope of practice and skills used in pre-hospital setting. Monitor ongoing IV medication drips, ventilator (if trained) and documentation of patient assessments. Additional skills may be added with Department of Health approval.

While working inside alternative work environments, Emergency Medical Service Providers must:

- Be identified as Emergency Medical Services (EMS) provider with the level of certification in large letters on the ID. EMS providers must have an ID on at all times.
- Operate only within the scope of their Certification.
- Document all patient assessments, skills performed, medications administered.
- If a physician or provider asks the EMS provider to operate outside their scope of practice, the EMS provider is responsible to explain that to the physician or provider that they are unable to complete this task and why.

If the EMS provider are not authorized to give the medication under the Statewide Protocols, then you cannot give the medication in a non-traditional EMS environment.

Health Care Facility is responsible for training providers on any equipment in which the EMS Provider does not frequently utilize and maintain provider file showing competency of equipment.

Attachment: New York State EMS Providers Skills List based on level of certification

Skill - Airway/Ventilation/Oxygenation	NYS CFR	NYS EMT	NYS AEMT	NYS EMT-Critical Care	NYS Paramedic
Airway - esophageal			X	X	X
Airway – supraglottic			X	X	X
Airway – nasal	X	X	X	X	X
Airway – oral	X	X	X	X	X
Bag-valve-mask (BVM)	X	X	X	X	X
BiPAP/CPAP		X	X	X	X
Chest decompression - needle			A	X	X
Cricothyrotomy – needle				X	X
Cricothyrotomy – percutaneous					X
Demand valve – manually triggered ventilation	X	X	X	X	X
End tidal CO2 monitoring/capnography			X	X	X
Gastric decompression – NG Tube			A	X	X
Gastric decompression – OG Tube			A	X	X
Head tilt - chin lift	X	X	X	X	X
Intubation – nasotracheal					X
Intubation - orotracheal				X	X
Jaw-thrust	X	X	X	X	X
Jaw-thrust - Modified (trauma)	X	X	X	X	X
Mouth-to-barrier	X	X	X	X	X
Mouth-to-mask	X	X	X	X	X
Obstruction – direct laryngoscopy				X	X
Obstruction – Manual	X	X	X	X	X
Oxygen therapy – Humidifiers		X	X	X	X
Oxygen therapy – Nasal cannula	X	X	X	X	X
Oxygen therapy – non-rebreather mask	X	X	X	X	X
Oxygen therapy – Venturi mask		X	X	X	X

PEEP – therapeutic			A	X	X
Pulse oximetry		X	X	X	X
Suctioning – Upper airway	X	X	X	X	X
Suctioning – tracheobronchial			X	X	X
Skill - Airway/Ventilation/ Oxygenation	**NYS CFR**	**NYS EMT**	**NYS AEMT**	**NYS EMT-Critical Care**	**NYS Paramedic**
Ventilator – Automated transport (ATV)		*	*	X	X
Skill-Cardiovascular/Circulation	**NYS CFR**	**NYS EMT**	**NYS AEMT**	**NYS EMT-Critical Care**	**NYS Paramedic**
Cardiac monitoring – 12-Lead (acquire/transmit)		A	A	X	X
Cardiac monitoring – 12-Lead (interpretation)				X	X
Cardiac monitoring – single lead (interpretive)				X	X
Cardiopulmonary resuscitation (CPR)	X	X	X	X	X
Cardioversion – electrical				X	X
Defibrillation – automated / semi-automated	X	X	X	X	X
Hemorrhage control – direct pressure	X	X	X	X	X
Hemorrhage control – tourniquet	X	X	X	X	X
Internal; cardiac pacing – monitoring only				X	X
Mechanical CPR device		X	X	X	X
Transcutaneous pacing - manual				X	X
Skill-Immobilization	**NYS CFR**	**NYS EMT**	**NYS AEMT**	**NYS EMT-Critical Care**	**NYS Paramedic**
Spinal immobilization – Spinal Motion Restriction	X	X	X	X	X
Extremity stabilization - manual	X	X	X	X	X
Extremity splinting		X	X	X	X
Splint – traction		X	X	X	X
Mechanical patient restraint		X	X	X	X
Emergency moves for endangered patients	X	X	X	X	X
Skill-Medication Administration - Routes	**NYS CFR**	**NYS EMT**	**NYS AEMT**	**NYS EMT-Critical Care**	**NYS Paramedic**

Assisting a patient with his/her own prescribed medications (aerosolized/nebulized)		X	X	X	X
Aerosolized/nebulized (beta agonist)		X	X	X	X
Buccal		X	X	X	X
Endotracheal tube				X	X
Skill-Medication Administration - Routes	**NYS CFR**	**NYS EMT**	**NYS AEMT**	**NYS EMT-Critical Care**	**NYS Paramedic**
Inhaled – self-administered (nitrous oxide)		A	A	A	A
Intramuscular (epinephrine or glucagon)		Epi Only	X	X	X
Intranasal (naloxone)	X	X	X	X	X
Intravenous push (naloxone, dextrose 50%)			X	X	X
Intravenous push (epinephrine)			X	X	X
Intravenous piggyback				X	X
Nasogastric					X
Oral (glucose)		X	X	X	X
Oral (aspirin)		X	X	X	X
Rectal		A	A	X	X
Subcutaneous (epinephrine)		X	X	X	X
Sublingual (nitroglycerin)		X	X	X	X
Auto-injector (self or peer care)	X	X	X	X	X
Auto-injector (patient's own prescribed meds)	X	X	X	X	X
Skill - – IV Initiation/Maintenance Fluids	**NYS CFR**	**NYS EMT**	**NYS AEMT**	**NYS EMT-Critical Care**	**NYS Paramedic**
Access indwelling catheters and implanted central IV ports				X	X
Central line – monitoring					A
Intraosseous – initiation			X	X	X
Intravenous access			X	X	X
Intravenous initiation - peripheral			X	X	X
Intravenous – maintenance of non-medicated IV fluids			X	X	X

Intravenous – maintenance of medicated IV fluids				X	X
Intravenous - Intramuscular - Controlled Substance Administration				X	X
Skill - Miscellaneous	**NYS CFR**	**NYS EMT**	**NYS AEMT**	**NYS EMT-Critical Care**	**NYS Paramedic**
Assisted delivery (childbirth)	X	X	X	X	X
Assisted complicated delivery (childbirth)		X	X	X	X
Blood glucose monitoring (other blood tests pending DOH BEMS approval)		A	X	X	X
Blood pressure automated		X	X	X	X
Blood pressure – manual	X	X	X	X	X
Blood Product					A
Eye irrigation	X	X	X	X	X
Thrombolytic therapy – monitoring					A
Venous blood sampling			X	X	X
Nasal Swabbing		A / EO	A / EO	A / EO	A / EO
Vaccine Administration (Flu, COVID-19)		A / EO	A / EO	A / EO	A / EO
Facilitated Telemedicine Visit		A	A	A	A
" * " = pending determination					
A = Requires additional specialty training – May require State or local approval/authorization.					
EO = Requires Executive Order to be in place allowing skills to be done by EMS provider					