

NOTICES

DEPARTMENT OF HEALTH

Scope of Practice for Emergency Medical Service Providers

[50 Pa.B. 415]

[Saturday, January 18, 2020]

Under 35 Pa.C.S. §§ 8101—8157 (relating to the Emergency Medical Services System Act) and the Department of Health's (Department) regulations in 28 Pa. Code §§ 1023.24(d)(1), 1023.25(d)(1), 1023.26(d)(1), 1023.27(d)(1), 1023.28(d), 1023.29(d) and 1023.30(e), the Department is publishing the scope of practice for emergency medical responders (EMR), emergency medical technicians (EMT), advanced emergency medical technicians (AEMT), paramedics (P), prehospital registered nurses (PHRN), prehospital physician extenders (PHPE) and prehospital physicians (PHP).

Skills identified may be performed by an emergency medical service (EMS) provider at the provider's level of certification or registration only if the provider has successfully completed the approved education (cognitive, affective and psychomotor) on the specified skill, which includes training to perform the skill on adults, children and infants, as appropriate. EMRs, EMTs, AEMTs and Ps may only perform the skills identified, through either Statewide or other Department-approved protocols, or skills that may be ordered online by a medical command physician.

As the following chart indicates, a PHRN, PHPE and PHP may perform all skills identified as within a paramedic's scope of practice. Each of these EMS providers may perform additional skills as outlined as follows.

A PHRN who is appropriately credentialed by the EMS agency medical director may perform other services authorized by The Professional Nursing Law (63 P.S. §§ 211—225.5) when authorized by a medical command physician through either online medical command or through the applicable Statewide or Department-approved EMS protocols.

A PHPE who is appropriately credentialed by the EMS agency medical director may perform services within the scope of practice of a physician assistant under the Medical Practice Act of 1985 (63 P.S. §§ 422.1—422.53) or the Osteopathic Medical Practice Act (63 P.S. §§ 271.1—271.18) when authorized by a medical command physician through either online medical command or through applicable Statewide or Department-approved EMS protocols. When a PHPE functions as an EMS provider, the physician supervision requirements applicable to a physician assistant under the Medical Practice Act of 1985 and the Osteopathic Medical Practice Act do not apply.

A PHP who is appropriately credentialed by the EMS agency medical director may perform skills within a paramedic's scope of practice and other skills within the practice of medicine or osteopathic medicine. A PHP may not perform a skill that the PHP has not been educated and trained to perform.

Under 28 Pa. Code § 1023.1(a)(1)(vi) and (vii) (relating to EMS agency medical director), the EMS agency medical director must make an initial assessment of each EMS provider at or above the AEMT level, and then within 12 months of each prior assessment, to determine whether the EMS provider has the knowledge and skills to competently perform the skills within the EMS

provider's scope of practice, and a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level. EMS providers at or above the AEMT level may only perform skills that the EMS agency medical director has credentialed them to perform.

The Department wishes to highlight the following change to the scope of practice for all EMS providers: Effective November 29, 2014, administration of Naloxone in intranasal or auto-injector form is approved for all levels of EMS providers and is listed under the "Medications" category of this notice. This change is under sections 13.7 and 13.8 of The Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. §§ 780-113.7 and 780-113.8), which requires the Department, by December 31, 2014, to amend the scope of practice for EMS providers to include the administration of Naloxone. Prior to this change, Naloxone was listed on the approved drug list only for ALS ambulance services and for advanced-level EMS providers See 42 Pa.B. 4229 (July 7, 2012).

| Category | Skill | EMR | EMT | AEMT | P* |
|-----------------------------------|--|------------------|------------------|-------------|-----------|
| 1 Airway/Ventilation/Oxygenation | Airway—Nonsurgical Alternative/Rescue Airway—CombiTube™, iGel® Supraglottic, King LT-D Airway™ or King LTS-D Airway™ | No | No | Yes | Yes |
| 2 Airway/Ventilation/Oxygenation | Airway—Oropharyngeal (OPA) and Nasopharyngeal (NPA) | Yes | Yes | Yes | Yes |
| 3 Airway/Ventilation/Oxygenation | Airway—Pharyngeal tracheal lumen (PTL) | No | No | No | No |
| 4 Airway/Ventilation/Oxygenation | Bag-valve-ETT/Nonsurgical alternative airway ventilation | Yes ² | Yes ² | Yes | Yes |
| 5 Airway/Ventilation/Oxygenation | Bag-valve-ventilation—with in-line small-volume nebulizer | No | Yes ² | Yes | Yes |
| 6 Airway/Ventilation/Oxygenation | Bag-valve-mask (BVM) ventilation | Yes | Yes | Yes | Yes |
| 7 Airway/Ventilation/Oxygenation | Chest decompression—needle | No | No | No | Yes |
| 8 Airway/Ventilation/Oxygenation | Chest tube thoracostomy, monitoring of existing tube in a closed system (for example water seal or suction) | No | No | No | No |
| 9 Airway/Ventilation/Oxygenation | Chest tube thoracostomy, monitoring of existing tube in a open system (for example vented, Heimlich valve) | No | No | No | Yes |
| 10 Airway/Ventilation/Oxygenation | Chest tube thoracostomy, acute insertion | No | No | No | No |
| 11 Airway/Ventilation/Oxygenation | Continuous positive airway pressure (CPAP) | No | Yes ¹ | Yes | Yes |
| 12 Airway/Ventilation/Oxygenation | Biphasic positive airway pressure (BiPAP) for patients chronically on BiPAP for >48 hours | No | No | No | Yes |
| 13 Airway/Ventilation/Oxygenation | Biphasic positive airway pressure (BiPAP) for patients on BiPAP for <48 hours | No | No | No | No |

| | | | | | | |
|----|--------------------------------|--|-----|-----|------------------|-----|
| 14 | Airway/Ventilation/Oxygenation | Cricothyrotomy—needle | No | No | No | Yes |
| 15 | Airway/Ventilation/Oxygenation | Cricothyrotomy—open/surgical | No | No | No | Yes |
| 16 | Airway/Ventilation/Oxygenation | Cricothyrotomy—overwire (Seldinger) technique | No | No | No | Yes |
| 17 | Airway/Ventilation/Oxygenation | End tidal CO ₂ monitoring/capnography | No | No | Yes | Yes |
| 18 | Airway/Ventilation/Oxygenation | Esophageal obturator airway (EOA)/esophageal gastric tube airway (EGTA) | No | No | No | No |
| 19 | Airway/Ventilation/Oxygenation | Extubation—removal of ETT | No | No | No | Yes |
| 20 | Airway/Ventilation/Oxygenation | Gastric decompressions—Orogastric or nasogastric tube insertion | No | No | No | Yes |
| 21 | Airway/Ventilation/Oxygenation | Gastric decompression by alternative/rescue airway (CombiTube™ or King LTS-D™) | No | No | Yes | Yes |
| 22 | Airway/Ventilation/Oxygenation | Head-tilt/chin lift | Yes | Yes | Yes | Yes |
| 23 | Airway/Ventilation/Oxygenation | Inspiratory Impedance Threshold Device (ITD) | No | No | Yes ¹ | Yes |
| 24 | Airway/Ventilation/Oxygenation | Endotracheal Intubation—by direct laryngoscopy (including video intubation devices), nasotracheal, digital and transillumination/lighted stylet techniques | No | No | No | Yes |
| 25 | Airway/Ventilation/Oxygenation | Endotracheal Intubation—paralytic assisted, rapid sequence induction (RSI) | No | No | No | No |
| 26 | Airway/Ventilation/Oxygenation | Ventilation—maintenance of previously initiated neuromuscular blockade | No | No | No | No |
| 27 | Airway/Ventilation/Oxygenation | Endotracheal Intubation—retrograde technique | No | No | No | No |
| 28 | Airway/Ventilation/Oxygenation | Laryngeal mask airway (LMA) | No | No | No | No |
| 29 | Airway/Ventilation/Oxygenation | Mouth-to-mouth, nose, stoma, barrier and pocket mask | Yes | Yes | Yes | Yes |
| 30 | Airway/Ventilation/Oxygenation | Obstruction—direct laryngoscopy (remove with forceps) | No | No | No | Yes |
| 31 | Airway/Ventilation/Oxygenation | Obstruction—manual (abdominal thrusts, finger sweep, chest thrusts) upper airway | Yes | Yes | Yes | Yes |
| 32 | Airway/Ventilation/Oxygenation | Oxygen therapy—blow-by delivery | Yes | Yes | Yes | Yes |
| 33 | Airway/Ventilation/Oxygenation | Oxygen therapy—humidifiers | No | Yes | Yes | Yes |
| 34 | Airway/Ventilation/Oxygenation | Oxygen therapy—nasal cannula | Yes | Yes | Yes | Yes |
| 35 | Airway/Ventilation/Oxygenation | Oxygen therapy—non-rebreather | Yes | Yes | Yes | Yes |
| 36 | Airway/Ventilation/Oxygenation | Oxygen therapy—partial | No | Yes | Yes | Yes |

| | | rebreather | | | | |
|----|--------------------------------|---|-----|------------------|------------------|------------------|
| 37 | Airway/Ventilation/Oxygenation | Oxygen therapy—regulators | Yes | Yes | Yes | Yes |
| 38 | Airway/Ventilation/Oxygenation | Oxygen therapy—simple face mask | No | Yes | Yes | Yes |
| 39 | Airway/Ventilation/Oxygenation | Oxygen therapy—Venturi mask | No | Yes | Yes | Yes |
| 40 | Airway/Ventilation/Oxygenation | Peak expiratory flow assessment | No | No | Yes | Yes |
| 41 | Airway/Ventilation/Oxygenation | Suctioning—meconium aspiration | No | No | No | Yes |
| 42 | Airway/Ventilation/Oxygenation | Suctioning—stoma/tracheostomy | Yes | Yes | Yes | Yes |
| 43 | Airway/Ventilation/Oxygenation | Suctioning—tracheobronchial by advanced airway | No | Yes ² | Yes | Yes |
| 44 | Airway/Ventilation/Oxygenation | Suctioning—upper airway (nasal) | Yes | Yes | Yes | Yes |
| 45 | Airway/Ventilation/Oxygenation | Suctioning—upper airway (oral) | Yes | Yes | Yes | Yes |
| 46 | Airway/Ventilation/Oxygenation | Transtracheal jet ventilation | No | No | No | Yes |
| 47 | Airway/Ventilation/Oxygenation | Single mode, volume controlled automated ventilator (without blender) | No | No | Yes ¹ | Yes ¹ |
| 48 | Airway/Ventilation/Oxygenation | Ventilator, transport—single or multi-modal, with or without blender, using volume control mode only, on patients >1 year of age with no anticipated need to actively titrate ventilator settings during transport | No | No | No | Yes ¹ |
| 49 | Airway/Ventilation/Oxygenation | Ventilator, transport of patients with tracheostomy and pressure support ventilation—for patients >1 year of age with tracheostomy who are stable on ventilator setting without acute respiratory issue where crew can replicate ventilator settings without anticipated ventilator setting changes during transport | No | No | No | Yes |
| 50 | Airway/Ventilation/Oxygenation | Ventilators that are portable and capable of being transported with a patient and are multi-modal, with a blender, that are used on patients requiring pressure control, pressure support or other advanced setting, or when there is an anticipated need by a healthcare provider involved with the care of the patient to actively titrate ventilator settings during transport, regardless of ventilation mode | No | No | No | No |
| 51 | Cardiovascular/Circulation | Blood pressure—auscultation | Yes | Yes | Yes | Yes |
| 52 | Cardiovascular/Circulation | Blood pressure—electronic non-invasive | Yes | Yes | Yes | Yes |
| 53 | Cardiovascular/Circulation | Blood pressure—palpation | Yes | Yes | Yes | Yes |

| | | | | | | |
|----|-------------------------------------|---|-----|------------------|------------------|------------------|
| 54 | Cardiovascular/Circulation | Electrocardiogram (ECG) monitoring—apply electrodes for single leads | No | Yes ² | Yes ² | Yes |
| 55 | Cardiovascular/Circulation | Electrocardiogram (ECG) monitoring—obtain and transmit 12-lead ECG | No | Yes | Yes | Yes |
| 56 | Cardiovascular/Circulation | Electrocardiogram (ECG) monitoring—12-lead (interpret) | No | No | No | Yes |
| 57 | Cardiovascular/Circulation | Cardiac monitoring—single lead (interpret) | No | No | No | Yes |
| 58 | Cardiovascular/Circulation | Manual chest compressions—adult, child, infant | Yes | Yes | Yes | Yes |
| 59 | Cardiovascular/Circulation | Cardioversion—synchronized | No | No | No | Yes |
| 60 | Cardiovascular/Circulation | Defibrillation—counter shock—manual | No | No | No | Yes |
| 61 | Cardiovascular/Circulation | Transcutaneous cardiac pacing | No | No | No | Yes |
| 62 | Cardiovascular/Circulation | Transvenous or Epicardial pacing, Management of | No | No | No | No |
| 63 | Cardiovascular/Circulation | Defibrillation—automated external defibrillator (AED) | Yes | Yes | Yes | Yes |
| 64 | Cardiovascular/Circulation | Hemodynamic monitoring/assist (Swan Ganz, central venous pressure) | No | No | No | No |
| 65 | Cardiovascular/Circulation | Intra-aortic balloon pump or invasive cardiac assist device monitoring/assist | No | No | No | No |
| 66 | Cardiovascular/Circulation | Mechanical chest compression device use | No | Yes ¹ | Yes ¹ | Yes ¹ |
| 67 | Cardiovascular/Circulation | Thrombolytic therapy—initiation | No | No | No | No |
| 68 | Cardiovascular/Circulation | Thrombolytic therapy—monitoring | No | No | No | No |
| 69 | IV Initiation/Maintenance/Fluids | Central venous cannulation/insertion | No | No | No | No |
| 70 | IV Initiation/Maintenance/Fluids | Central venous line—access of existing catheters with external ports | No | No | No | Yes |
| 71 | IV Initiation/Maintenance/Fluids | External jugular vein cannulation | No | No | No | Yes |
| 72 | IV Initiation/Maintenance/Fluids | Saline lock insertions as no-flow IV | No | No | Yes | Yes |
| 73 | IV Initiation/Maintenance/Fluids | Intraosseous—needle placement and infusion—tibia, femur and humerus | No | No | Yes | Yes |
| 74 | IV Initiation/Maintenance/Fluids | IV insertion, peripheral venous—initiation (cannulation) | No | No | Yes | Yes |
| 75 | IV Initiation/Maintenance/Fluids | Sub-cutaneous indwelling catheters—access of existing catheters | No | No | No | No |
| 76 | IV | Venous blood sampling, | No | No | Yes | Yes |

| | | | | | | |
|----|-------------------------------------|--|-----|-----|-----|-----|
| | Initiation/Maintenance/Fluids | peripheral—for clinical diagnostic purposes only | | | | |
| 77 | IV Initiation/Maintenance/Fluids | Venous blood sampling, peripheral—for legal purposes only (Applies to Ps only, as defined and permitted by Act 142 of 2016) | No | No | No | Yes |
| 78 | IV Initiation/Maintenance/Fluids | Venous central line (blood sampling)—obtaining | No | No | No | No |
| 79 | IV Initiation/Maintenance/Fluids | Arterial line—capped—transport | No | Yes | Yes | Yes |
| 80 | IV Initiation/Maintenance/Fluids | Arterial line—monitoring/assist | No | No | No | No |
| 81 | IV Initiation/Maintenance/Fluids | Blood/Blood-by-products administration (initiation and continuation) | No | No | No | No |
| 82 | Lifting and Moving | Patient lifting, moving and transfers | Yes | Yes | Yes | Yes |
| 83 | Lifting and Moving | Patient restraints on transport devices | Yes | Yes | Yes | Yes |
| 84 | Medication administration routes | Endotracheal (ET) | No | No | No | Yes |
| 85 | Medication administration routes | Inhalation (aerosolized/nebulized) | No | Yes | Yes | Yes |
| 86 | Medication administration routes | Intramuscular (IM) | No | No | Yes | Yes |
| 87 | Medication administration routes | Intranasal (IN) | No | No | Yes | Yes |
| 88 | Medication administration routes | Intraosseous (IO)—tibia, humerus or femur | No | No | Yes | Yes |
| 89 | Medication administration routes | Intravenous (IV)—fluid bolus | No | No | Yes | Yes |
| 90 | Medication administration routes | Intravenous (IV)—monitoring or maintaining existing intravenous infusion (crystalloid fluid as published in the EMS medication list in the <i>Pennsylvania Bulletin</i>) during interfacility transport | No | No | Yes | Yes |
| 91 | Medication administration routes | Intravenous (IV) infusion, with added medication, including by intravenous pump | No | No | No | Yes |
| 92 | Medication administration routes | Nasogastric | No | No | No | Yes |
| 93 | Medication administration routes | Enteral feeding devices, Management of | No | No | No | No |
| 94 | Medication administration routes | Oral—over-the-counter medications for pain, fever and hypoglycemia (as listed in the approved medication list) | No | Yes | Yes | Yes |
| 95 | Medication administration | Rectal | No | No | No | Yes |

| | | | | | | |
|-----|----------------------------------|--|--------------------|--------------------|------------------|-----|
| | routes | | | | | |
| 96 | Medication administration routes | Subcutaneous | No | No | Yes | Yes |
| 97 | Medication administration routes | Sublingual (<i>Note:</i> EMT may only assist patient with his/her prescribed Nitroglycerin (NTG)) | No | Yes | Yes | Yes |
| 98 | Medication administration routes | Topical | No | No | No | Yes |
| 99 | Medications | Auto-injector benzodiazepine for seizure | No | No | No | Yes |
| 100 | Medications | Auto-injector epinephrine (assist patient with his/her prescribed medication) | No | Yes | Yes | Yes |
| 101 | Medications | Auto-injected epinephrine—primary use—not patient's own prescription | No | Yes ¹ | Yes | Yes |
| 102 | Medications | Medications as published in <i>Pennsylvania Bulletin</i> by the Department | Yes | Yes | Yes | Yes |
| 103 | Medications | Immunizations as published in the <i>Pennsylvania Bulletin</i> by the Department | No | No | No | Yes |
| 104 | Medications | Over-the-counter (OTC) medications (except as listed elsewhere for pain, fever and hypoglycemia) | No | No | No | No |
| 105 | Medications | Oxygen | Yes ¹ | Yes | Yes | Yes |
| 106 | Medications | Auto-injector nerve agent antidote—self or peer rescue | Yes | Yes | Yes | Yes |
| 107 | Medications | Auto-injector nerve agent antidote—patient treatment | No | Yes ³ | Yes ³ | Yes |
| 108 | Medications | Metered-dose inhaler (MDI) bronchodilator (<i>Note:</i> EMT may only assist patient with his/her own prescribed medication) | No | Yes | Yes | Yes |
| 109 | Medications | Naloxone—Intranasal or auto-injector | Yes ^{1,6} | Yes ^{1,6} | Yes | Yes |
| 110 | Patient assessment/management | Behavioral—Restrain violent patient | Yes ¹ | Yes | Yes | Yes |
| 111 | Patient assessment/management | Blood glucose assessment | No | Yes ¹ | Yes | Yes |
| 112 | Patient assessment/management | Portable blood analysis devices, use of (glucometer covered elsewhere) | No | No | No | No |
| 113 | Patient assessment/management | Childbirth—umbilical cord cutting | Yes | Yes | Yes | Yes |
| 114 | Patient assessment/management | Childbirth (abnormal/ complications) | No | Yes | Yes | Yes |
| 115 | Patient assessment/management | Childbirth (normal)—cephalic delivery | Yes | Yes | Yes | Yes |

| | | | | | | |
|-----|-------------------------------|---|-----|------------------|------------------|------------------|
| 116 | Patient assessment/management | Carbon Monoxide CO-oximetry monitoring | No | Yes ¹ | Yes ¹ | Yes ¹ |
| 117 | Patient assessment/management | Carbon Monoxide monitoring, with environmental surveillance devices | Yes | Yes | Yes | Yes |
| 118 | Patient assessment/management | Hemodynamic monitoring/assist (Swan Ganz, central venous pressure) | No | No | No | No |
| 119 | Patient assessment/management | Dislocation reduction | No | No | No | No |
| 120 | Patient assessment/management | Eye irrigation (<i>Note:</i> irrigation through corneal contact device limited to AEMT and P) | Yes | Yes | Yes | Yes |
| 121 | Patient assessment/management | Intracranial monitoring/assist | No | No | No | No |
| 122 | Patient assessment/management | Patient management per Statewide EMS Protocols and Department approved protocols | Yes | Yes | Yes | Yes |
| 123 | Patient assessment/management | Pulse oximetry monitoring | No | Yes | Yes | Yes |
| 124 | Patient assessment/management | Splinting, extremity—manual, rigid, soft, vacuum | Yes | Yes | Yes | Yes |
| 125 | Patient assessment/management | Splinting, femur—traction | No | Yes | Yes | Yes |
| 126 | Patient assessment/management | Urinary catheterization | No | No | No | No |
| 127 | Patient assessment/management | Wound care, dressing, bandaging | Yes | Yes | Yes | Yes |
| 128 | Patient assessment/management | Wound care, removal of Taser probe/barb | No | No | No | No |
| 129 | Patient assessment/management | Wound drainage vacuum devices, monitoring | No | Yes | Yes | Yes |
| 130 | Patient assessment/management | Wound care, hemorrhage control—direct pressure, wound packing, tourniquet, bandaging, hemostatic agents | Yes | Yes | Yes | Yes |
| 131 | Patient assessment/management | Wound care, irrigation and skin closure with tape or adhesive glue | No | No | No | No |
| 132 | Spine Care | Restrict spinal motion—Cervical collar application | Yes | Yes | Yes | Yes |
| 133 | Spine Care | Restrict spinal motion—Helmet removal or stabilization | No | Yes | Yes | Yes |
| 134 | Spine Care | Restrict spinal motion—manual cervical spine stabilization | Yes | Yes | Yes | Yes |
| 135 | Spine Care | Restrict spinal motion—rapid extrication with precautions to restrict spinal movement | No | Yes | Yes | Yes |
| 136 | Spine Care | Devices to restrict spinal motion—for example—vacuum mattress, extrication devices, scoop stretcher and spine board | No | Yes | Yes | Yes |

EMR—Emergency Medical Responder; EMT—Emergency Medical Technician; AEMT—Advanced Emergency Medical Technician; P*—Paramedic (*includes—PHRN/PHPE/PHP)

No—The skill is not in the scope of practice for the level of certification.

Yes—The skill is in the scope of practice for the level of certification.

1. Additional training and authorization by EMS agency medical director is required, and this skill may only be used when functioning with a licensed EMS agency that complies with Department requirements for providing this skill.
2. May assist a P, PHRN, PHPE or PHP with this skill only when in the physical presence of and under the direct supervision of the higher level provider.
3. May perform this skill only in the physical presence of and under the direct supervision of a P, PHRN, PHPE or PHP.
4. After July 1, 2015, Statewide ALS Protocol will include any restrictions placed upon the use of this skill.
5. This skill becomes effective July 1, 2015.
6. Department-approved Act 139 training required and approval of the EMS medical director, and this skill may only be used when functioning with a licensed EMS agency that complies with Department requirements for providing this skill.

Persons with a disability who require an alternate format of this notice (for example, large print, audiotape, Braille) should contact Aaron M. Rhone, EMS Program Manager, Department of Health, Bureau of Emergency Medical Services, 1310 Elmerton Avenue, Harrisburg, PA 17110, (717) 787-8740. Speech or hearing-impaired persons may call the Pennsylvania AT&T Relay Service at (800) 654-5984 (TDD users) or (800) 654-5988 (voice users).

RACHEL L. LEVINE, MD,
Secretary

[Pa.B. Doc. No. 20-80. Filed for public inspection January 17, 2020, 9:00 a.m.]

No part of the information on this site may be reproduced for profit or sold for profit.

This material has been drawn directly from the official *Pennsylvania Bulletin* full text database. Due to the limitations of HTML or differences in display capabilities of different browsers, this version may differ slightly from the official printed version.

Top

Bottom