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/Ventlation/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 *Pennsylvania Bulletin*) 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 (*Note*: 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 *Pennsylvania Bulletin* by the Department	Yes	Yes	Yes	Yes
103	Medications	Immunizations as published in the *Pennsylvania Bulletin* 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 (*Note*: 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 (*Note*: 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

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