



U.S. Department of Transportation
**National Highway Traffic Safety
Administration**



1200 New Jersey Avenue SE.
Washington, DC 20590

Date: March 29, 2021

To: State EMS Directors

From: Jon R. Krohmer, M.D., FACEP
Director, Office of Emergency Medical Services

RE: 2019 National EMS Scope of Practice Model, Change Notices

The National EMS Scope of Practice Model (model) was first published in February 2007 by the National Highway Traffic Safety Administration's (NHTSA's) Office of Emergency Medical Services (EMS). The most recent version of the model was published by NHTSA in February 2019. The model was developed by the National Association of State EMS Officials (NASEMSO) with funding provided by NHTSA and the Health Resources and Services Administration (HRSA). Over the past 14 years, the model has provided guidance for States in developing their EMS Scope of Practice legislation, rules, and regulation. While the model provides national guidance, each State maintains the authority to regulate EMS within its border, and determine the scope of practice of State-licensed EMS clinicians.

Recognizing that the model may impact States' ability to urgently update their Scope of Practice rules, in 2016 the National EMS Advisory Council (NEMSAC) recommended that NHTSA develop a standardized urgent update process for the model. The Rapid Process for Emergent Changes to the National EMS Scope of Practice Model (rapid process) was developed by NASEMSO and published by NHTSA in September 2018.

Using the rapid process, in March 2021 NHTSA convened a subject matter expert panel (panel) to respond to the following questions: 1) Should immunizations via the intramuscular (IM) route be added to the emergency medical responder (EMR) and emergency medical technician (EMT) scope of practice levels?; 2) Should monoclonal antibody (MCA) infusion be added to the advanced EMT (AEMT) and paramedic scope of practice levels?; and 3) Should specimen collection via nasal swabbing be added to the EMR, EMT, AEMT, and paramedic scope of practice levels?

The panel considered the ability of EMRs and EMTs to perform the psychomotor skill of medication administration via the IM route and recommended that IM medication administration be added only to the EMT scope of practice as part of their common daily practice.

The panel considered the ability of EMRs and EMTs to administer medical director approved immunizations and recommended that immunizations during a public health emergency be added only to the EMT scope of practice.

The panel considered the ability of EMRs, EMTs, AEMTs, and Paramedics to perform the psychomotor skill of specimen collection via nasal swab and recommended that specimen collection via nasal swab be added only to the EMT, AEMT, and Paramedic scopes of practice as part of their common daily practice.

The panel did not issue a recommendation on MCA infusion.

Based on the panel's recommendations NHTSA used the rapid process to develop the two attached change notices on IM medication administration, vaccinations during a public health emergency, and specimen collection via nasal swab.

It should be noted that, although the recommendations address the psychomotor skills associated with these specific activities, the assumption of the panel in making the recommendations was that all associated educational activities, knowledge of indications and potential contraindications, other potential skills (e.g.: drawing the appropriate dose of medication up from an ampule or vial [single or multi-dose], supervised assessment of skill competency, and quality improvement activities) would be components of the entire program.

I hope you find these change notices useful to you in meeting the urgent needs of your patients and the practitioners you regulate. In the very near future we will publish a revised version of the model which incorporates these change notices. Please feel free to contact me should you have any questions.

2019 NATIONAL EMS SCOPE OF PRACTICE MODEL CHANGE NOTICES

Change Notice 1.0

March 29, 2021

The following changes to the National EMS Scope of Practice Model (February 2019) DOT HS 812 666 are effective immediately:

Page 35. Emergency Medical Technician Skill – Medication Administration - Route. The following has been added: **Intramuscular.**

Page 36. Emergency Medical Technician Medical Director Approved Medications. The following has been added: **Immunizations during a public health emergency. ***

*Note: the addition of this Medical Director Approved Medication to the Emergency Medical Technician level scope of practice also applies to the Advanced Emergency Medical Technician and Paramedic level scopes of practice.

BACKGROUND: At the request of the National Highway Traffic Safety Administration’s (NHTSA’s) Office of Emergency Medical Services (OEMS) a subject matter expert panel (the panel) considered the following questions to facilitate urgent changes to the 2019 National EMS Scope of Practice Model (Model) to add the intramuscular (IM) administration of immunizations to the Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) scopes of practice:

1. Is there evidence that the procedure or skill is beneficial to public health?
2. What is the clinical evidence that the new skill or medication as used by EMS clinicians will promote access to quality healthcare or improve patient outcomes?
3. Should the new skill or administration be specific to a public health emergency versus common daily practice?

METHODS: NHTSA convened the panel over the course of three meetings to review and discuss the available evidence.

DISCUSSION: The Food and Drug Administration (FDA) has issued emergency use authorizations (EUAs) for COVID-19 vaccines. Currently authorized COVID-19 vaccines are administered intramuscularly (IM). All COVID-19 vaccines currently available in the United States are effective at preventing severe illness or hospitalization from COVID-19.

The panel considered the ability of EMRs and EMTs to perform the psychomotor skill of medication administration via the IM route and recommended that IM medication administration be added only to the EMT scope of practice as part of their common daily practice.

The panel considered the ability of EMRs and EMTs to administer medical director approved immunizations and recommended that immunizations during a public health emergency be added only to the EMT scope of practice. EMTs shall only undertake this practice if they possess the necessary educational preparation, experience and knowledge to properly administer a medical director approved vaccine during a declared public health emergency. The execution of the procedures shall include the ability to identify an allergic reaction and the post-treatment management of administering a vaccine.

Information on current state EMS scopes of practice regarding vaccination can be accessed through a report published by the National Association of State EMS Officials, *EMS Personnel as Vaccinators: Status by State*, available at: <https://nasmso.org/wp-content/uploads/COVID-Vaccination-Report.pdf>.

2019 NATIONAL EMS SCOPE OF PRACTICE MODEL CHANGE NOTICES

Change Notice 2.0

March 29, 2021

The following changes to the National EMS Scope of Practice Model (February 2019) DOT HS 812 666 are effective immediately:

Page 37. Emergency Medical Technician Skill - Miscellaneous. The following has been added: **Specimen Collection via Nasal Swab.** *

*Note: the addition of this skill to the Emergency Medical Technician level scope of practice also applies to the Advanced Emergency Medical Technician and Paramedic level scopes of practice.

BACKGROUND: At the request of the National Highway Traffic Safety Administration's (NHTSA's) Office of Emergency Medical Services (OEMS) a subject matter expert panel (the panel) considered the following questions to facilitate urgent changes to the 2019 National EMS Scope of Practice Model (Model) to add specimen collection via nasal swabbing to the Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and Paramedic level scopes of practice:

1. Is there evidence that the procedure or skill is beneficial to public health?
2. What is the clinical evidence that the new skill or medication as used by EMS practitioners will promote access to quality healthcare or improve patient outcomes?
3. Should the new skill or administration be specific to a public health emergency versus common daily practice?

METHODS: NHTSA convened the panel over the course of three meetings to review and discuss the available evidence.

DISCUSSION: The panel considered the ability of EMRs, EMTs, AEMTs, and Paramedics to perform the psychomotor skill of specimen collection via nasal swab and recommended that specimen collection via nasal swab be added only to the EMT, AEMT, and Paramedic scopes of practice as part of their common daily practice.

EMTs shall only undertake the practice if they possess the necessary educational preparation, experience and knowledge to properly conduct specimen collection via nasal swab.

Information on anterior nasal swab specimen collection for COVID-19 testing can be accessed through the Centers for Disease Control and Prevention (CDC) at: <https://www.cdc.gov/coronavirus/2019-ncov/testing/How-To-Collect-Anterior-Nasal-Specimen-for-COVID-19.pdf>.

Information on nasal mid-turbinate specimen collection for COVID-19 testing can be accessed through the CDC at <https://www.cdc.gov/coronavirus/2019-ncov/testing/How-To-Collect-NMT-Specimen-for-COVID-19.pdf>.