

Chapter 17 Scopes of Practice

Section 1. Authorized Acts or Scope of Practice, Generally.

(a) Except as otherwise provided in these rules, the authorized acts or scope of practice for an EMR, EMT, AEMT, IEMT, or Paramedic in this state are those described in United States Department of Transportation, National Highway Traffic and Safety Administration (NHTSA), DOT HS 812 471, National EMS Scope of Practice Model (Dec. 2017), available at https://www.ems.gov/pdf/812471_2007-National-EMS-Scope-Practice-Mode_Change-Notices-1-and-2.pdf (“NHTSA National EMS Scope of Practice Model”).

(i) The Division incorporates the NHTSA National EMS Scope of Practice Model into these rules by this reference.

(ii) The Division has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of these rules.

(iii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date noted in subsection (a) of this section.

(iv) The incorporated standard is maintained at <https://health.wyo.gov/public-health/ems/> and is available for public inspection and copying at cost from the Division.

(b) An EMR, EMT, AEMT, IEMT, or Paramedic may not practice beyond the scope of practice outlined in this Chapter unless licensed or certified to do so by another professional board or agency under Wyoming Statutes.

(c) The acts an EMR, EMT, AEMT, IEMT, or Paramedic may perform within the licensee’s scope of practice are limited to the written or verbal orders of a physician. A written order from a physician must be through one of the following means:

(i) A standing order authorizing a licensee at any level to perform a skill or administer a medication;

(ii) A protocol that addresses unforeseen or unusual circumstances and authorizes the licensee to perform a skill or administer a medication not previously addressed in a standing order; or

(iii) A written order on the appropriate patient care form utilized by a medical facility.

Section 2. Duties of a Physician Medical Director.

(a) A physician medical director shall:

(i) Promulgate written protocols and standing orders as contemplated by this section; and

(ii) Indicate by signature on each written protocol and standing order that:

(A) The written protocol or standing order has been reviewed and approved at least once every two years;

(B) Any amendment to the written protocol or standing order was approved at the time of adoption; and

(C) Any pre-existing written protocol or standing order at the time a new physician medical director or supervising physician assumes responsibility has been approved by the new physician medical director.

Section 3. Authorized Acts or Scope of Practice for an EMR.

(a) An EMR may:

(i) Administer up to 324 milligrams of aspirin orally to patients complaining of chest pain;

(ii) Insert a nasopharyngeal airway;

(iii) Utilize a mechanical device approved by the Division for the provision of CPR;

(iv) Utilize an electronic device for the measurement of vital signs;

(v) Provide immobilization of the spinal column through manual means and the use of appropriate equipment;

(vi) Provide splinting of an extremity, including the use of traction splints for the femur;

(vii) Administer epinephrine intramuscularly via an auto-injection device in the treatment of an allergic reaction or anaphylaxis; and

(viii) Utilize a person's prescribed medication to treat or prevent an Addisonian Crisis.

Section 4. Authorized Acts or Scope of Practice for an EMT.

(a) An EMT may not utilize automatic transport ventilators.

- (b) An EMT may:
 - (i) Perform the authorized acts of an EMR;
 - (ii) Utilize a syringe and needle to administer epinephrine in the treatment of anaphylaxis;
 - (iii) Perform capillary blood glucose testing; and
 - (iv) Utilize twelve (12) lead electrocardiograph (ECG) machines to capture and transmit a patient's ECG to a receiving facility.

Section 5. Authorized Acts or Scope of Practice for an AEMT.

- (a) An AEMT may:
 - (i) Perform the authorized acts of an EMT;
 - (ii) Provide nebulized ipratropium (Atrovent) or combinations of albuterol and ipratropium;
 - (iii) Utilize a continuous positive airway pressure (CPAP) device; and
 - (iv) Perform intra-osseous access, with the administration of lidocaine as a local anesthetic, on adult and pediatric patients.

Section 6. Authorized Acts or Scope of Practice for an IEMT.

- (a) An IEMT may:
 - (i) Perform the authorized acts of an AEMT;
 - (ii) Administer the following additional medications in accordance with written standing orders and protocols and the prevailing standards of practice:
 - (A) Amiodarone bolus and maintenance drip infusion;
 - (B) Ativan;
 - (C) Atropine;
 - (D) Benadryl;
 - (E) Diazepam;
 - (F) Epinephrine, 1:10,000;

- (G) Fentanyl;
 - (H) Furosemide;
 - (I) Glucagon;
 - (J) Heparin, monitoring and discontinuation of infusion drips initiated by a hospital or healthcare facility;
 - (K) Lidocaine, bolus and maintenance drip infusion;
 - (L) Morphine sulfate;
 - (M) Naloxone via any appropriate route;
 - (N) Nitroglycerin administered:
 - (I) Sublingual as a tablet or spray; or
 - (II) Through the monitoring, titrating, and discontinuing of infusion drips initiated by a hospital or healthcare facility;
 - (O) Ondansetron;
 - (P) Sodium bicarbonate;
 - (Q) Thiamine;
 - (R) Vasopressin;
 - (S) Xopenex.
- (iii) Perform manual defibrillation;
 - (iv) Apply non-invasive patient monitoring devices, including the application of cardiac monitoring devices;
 - (v) Perform needle thoracotomy;
 - (vi) Perform endotracheal intubation if specifically authorized by the Division;
- and
- (vii) Monitor antibiotic infusions.

(b) An individual that was certified or licensed at an Intermediate level that exceeds the scope of practice for that of the EMT level in this section prior to the adoption of this Chapter, shall be considered to be “grandfathered” and shall retain the authorization to perform those specific skills unless one of the following occurs:

- (i) The license is revoked subsequent to a disciplinary action.
- (ii) The license is upgraded as specified in Chapter 16, Section 9 of these Rules.
- (iii) The licensee completes a Transition Course approved by the Division. Transition Courses shall not be considered to meet the entirety of the Continuing Education Requirements for license renewal under Chapter 8 of these Rules.
- (iv) The licensee is granted a voluntary downgrade under Chapter 16, Section 9 of these Rules.
- (v) The license has been expired more than one (1) year. In these circumstances, the applicant may only recover an EMT or AEMT level license as specified in Section 11(a)(i) of Chapter 16.

Section 7. Authorized Acts or Scope of Practice for a Paramedic.

- (a) A Paramedic may:
 - (i) Perform the authorized acts of an IEMT;
 - (ii) Perform urethral catheterization;
 - (iii) Perform rapid sequence intubation (RSI) with the administration of paralyzing agents if the EMS agency with which the Paramedic is affiliated has received prior written approval to implement an RSI protocol from the Division. To receive approval RSI protocols must:
 - (A) Emphasize that less invasive airway and ventilation support as preferable to RSI;
 - (B) Comport with generally accepted standards of practice in the performance of RSI;
 - (C) Specify which pharmaceutical agents are to be used;
 - (D) Mandate the continuous use of end tidal carbon dioxide monitoring for intubated patients; and

(E) Address circumstances for the performance of surgical airways or percutaneous devices that allow for adequate respiration.