Wyoming Office of Emergency Medical Services and Trauma

Scope of Practice for EMS Personnel

This document is an interpretive guideline regarding the authorized skills, interventions and medications for all levels of licensed EMS providers. It is not a "stand-alone" document. This guidance is subordinate to the provisions of the *Wyoming Emergency Medical Services Act of 1977*, and the Wyoming Department of Health's *Rules and Regulations for Emergency Medical Services*. This document should also be read in conjunction with the National EMS Education Standards, the National EMS Scope of Practice Model, and other guidance provided by the Wyoming Office of EMS.

EMS personnel may not exceed the scope of practice for their license level as established by the *Rules and Regulations for Emergency Medical Services*. A physician medical director must authorize the individual's scope of practice through standing orders and written protocols. The physician medical director may also limit an individual's the scope of practice. However, a medical director or supervising physician **cannot authorize an EMS provider to perform skills or administer medications above the level of education and licensure.**

An individual may only perform a skill or role for which that person is:
- **Educated (has been trained to do the skill or role), AND**
- **Certified (has demonstrated minimal competence as established by a training program), AND**
- **Licensed (has the legal authority issued by the State to perform the skill or role), AND**
- **Credentialed (has been authorized according to locally established standards in the skill or role).**

Any skill performed or medication administered above the EMS provider's level of education and licensure is a violation of W.S. §§ 33-36-101, the *Rules and Regulations for Wyoming Emergency Medical Services*, and is a ***prosecutable offense under Wyoming Law***.

Key to Provider Levels		
EMR	R	Emergency Medical Responder
EMT	E	Emergency Medical Technician
AEMT	A	Advanced Emergency Medical Technician
IEMT	I	Intermediate Emergency Medical Technician
PMDC	P	Paramedic
		NOT AUTHORIZED

NOTE: If a provider code (the single letter code from the table above) is listed for a skill, then that level of EMS Provider is permitted to perform the skill. An asterisk (*) or a plus sign (+) indicates a modification or clarification to the skill for that provider level.

Airway and Breathing Skills	Levels					Interpretive Guidelines
1. Supplemental oxygen therapy						
a. Oxygen delivery devices	R	E	A	I	P	*This includes any type of cannula or mask designed for the delivery of supplemental oxygen.*
b. Humidified oxygen	R	E	A	I	P	
2. Basic airway management						
a. Manual maneuvers to open and control the airway	R	E	A	I	P	*This includes procedures such as: head-tilt, chin-lift; tongue-jaw lift; modified chin lift; jaw thrust; Sellick's maneuver.*
b. Manual maneuvers to remove an airway obstruction	R	E	A	I	P	
c. Insertion of airway adjuncts intended to go into the oropharynx	R	E	A	I	P	
d. Insertion of airway adjuncts intended to go into the nasopharynx	R	E	A	I	P	
3. Ventilation management						
a. Mouth to barrier devices	R	E	A	I	P	
b. Bag-valve-mask	R	E	A	I	P	
c. Manually triggered ventilators	R	E	A	I	P	
d. Automatic Transport Ventilators			A	I	P	
e. Ventilators					P	*Includes the use of Positive End-Expiratory Pressure (PEEP).*
4. Suctioning						
a. Upper airway suctioning	R	E	A	I	P	
b. Tracheobronchial suctioning			A	I	P	
5. Advanced airway management						
a. Continuous Positive Airway Pressure(CPAP) and Bilevel Positive Airway Pressure(BiPAP) administration and management			A[1]	I[1]	P	*[1]AEMT and IEMT may only perform CPAP.*
b. Supraglottic Airway			A[1]	I	P	*[1]Insertion of devices that do not require direct laryngoscopy.*
c. Endotracheal intubation				I[1]	P	*[1]This includes nasal and oral endotracheal intubation at the paramedic level *IEMTs may perform only oral intubation.*
d. Airway obstruction removal by direct laryngoscopy				I	P	

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Airway and Breathing Skills	Levels					Interpretive Guidelines
e. Percutaneous or Surgical Cricothyrotomy					P	
f. Gastric decompression					P	
g. Pleural decompression via needle thoracotomy				I	P	
h. Chest tube monitoring					P	

Assessment Skills	Levels					Interpretive Guidelines
1. Assessment skills						
a. Perform patient assessments	R	E	A	I	P	
b. Obtaining vital signs manually and electronically	R[1]	E	A	I	P	*This includes manual measurements and the use of non-invasive blood pressure monitoring devices, pulse oximetry measurement, blood glucose monitoring.* *[1]EMR does not measure blood glucose.*

Pharmacological Intervention Skills	Levels					Interpretive Guidelines
1. Fundamental pharmacological skills						
a. Use of unit dose commercially pre-filled containers or auto-injectors for the administration of life saving medications intended for self, peer, or patient rescue after exposure to nerve agents	R	E	A	I	P	Mark I kits.
b. Assist patients in taking their own prescribed medications as approved by medical direction		E	A	I	P	*Prescribed medications include the patient's Albuterol Inhaler; Nitroglycerine tablet, spray, or patch.*
c. Administration of ***oral glucose*** *(for hypoglycemia)* and ***aspirin*** *(*for chest pain of suspected ischemic origin) with the approval of medical direction	R[1]	E	A	I	P	*[1]EMRs may not administer oral glucose.*
2. Advanced pharmacological skills: venipuncture/vascular access						
a. Obtaining peripheral venous blood specimens			A	I	P	*This is either through direct venipuncture or through an existing peripheral IV catheter.*
b. Peripheral IV insertion and maintenance (includes removal as needed)			A	I	P	*This includes placement of a saline lock. Peripheral lines include external jugular veins, but does not include placement of umbilical catheters.*
c. Intraosseous(IO) device insertion (includes removal as needed)			A	I	P	
d. Access indwelling catheters and implanted central IV ports for fluid and medication administration.					P	
e. Central line monitoring					P	

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Pharmacological Intervention Skills	Levels					Interpretive Guidelines
3. Administration of medications/fluids						
a. Crystalloid IV solutions			A	I	P	*IV solutions include 5% Dextrose in Water; Lactated Ringers; 0.9% Sodium Chloride Solution.*
b. Administration of hypertonic dextrose solutions for hypoglycemia			A	I	P	
c. Administration of glucagon for hypoglycemia			A	I	P	
d. Administration of SL nitroglycerine to a patient experiencing chest pain of suspected ischemic origin		E[1]	A	I	P	*[1]EMTs only administer Nitroglycerin prescribed for the patient and with verbal orders from medical control.*
e. Parenteral administration of epinephrine for anaphylaxis	R[1]	E[2]	A	I	P	*[1]EMRs may administer epinephrine via an auto-injector only. Auto-injector may be the patient's or supplied by the ambulance service.* *[2]EMTs may utilize a syringe and needle to administer epinephrine in the treatment of anaphylaxis by IM route.*
f. Inhaled (nebulized) medications to patients with difficulty breathing and/or wheezing			A[1]	I	P	*Inhaled (nebulized) means atomization of the medication through an oxygen/air delivery device with a medication chamber or through use of metered dose inhaler.* ***[1]AEMT may administer Albuterol; Atrovent; or Duo-Neb.***
g. Administration of naloxone (Narcan) to a patient suspected of narcotic overdose	R[1]	E[1]	A	I	P	*EMRs & EMTs – unit-dose auto injector or unit-dose premeasured commercial nasal spray*
h. Administration of nitrous oxide (50% nitrous oxide, 50% oxygen mix) for pain relief			A	I	P	
i. Paralytic administration					P	
j. Administration of medications by Paramedics					P	*Paramedics may administer any medication if they have been:*
**All other levels shall refer to Appendix A.*						***Educated (has been trained to use the medication), AND*** ***Certified (has demonstrated competence in its proper use and side effects), AND*** ***Licensed (has legal authority issued by the State to use or perform), AND*** ***Credentialed (has been authorized by medical director to use or perform the skill or medication).***
k. Maintain an infusion of blood or blood products					P	

Cardiac/Medical Skills	Levels					Interpretive Guidelines
1. Fundamental cardiac skills						
a. Manual external CPR	R	E	A	I	P	
b. Use of an automated external defibrillator	R	E	A	I	P	

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Cardiac/Medical Skills	Levels					Interpretive Guidelines
2. Advanced cardiac skills						
a. Use of mechanical CPR assist devices	R	E	A	I	P	
b. 4 lead ECG monitoring and interpretation		E[1]	A[1]	I	P	*[1]Obtaining and transmitting at EMT and AEMT level only.*
c. 12 lead monitoring		E[1]	A[1]	I	P	*[1]Obtaining and transmitting at EMT and AEMT level only.*
d. 12 lead interpretation				I[1]	P	*[1]It is not expected that IEMTs be capable of interpreting and providing interventions for all possible arrhythmias. Rather, the focus of the Intermediate program is the identification of lethal arrhythmias and providing appropriate interventions with their scope of practice.*
e. Manual cardiac defibrillation				I[1]	P	*[1]IEMT may only defibrillate a pulseless and apneic patient.*
f. Emergency cardioversion, including vagal maneuvers					P	
g. Transcutaneous cardiac pacing					P	
3. Emergency childbirth management						
a. Assist in the emergency delivery of a newborn	R	E	A	I	P	
4. Behavioral emergency skills						
a. Manual and mechanical patient restraints for behavioral emergencies	R	E	A	I	P	*Includes soft disposable restraints and leather restraints, as approved by the local EMS medical Director; with appropriate patient monitoring.*
b. Chemical restraint of combative patients					P	*See pharmacological intervention skills.*

Trauma Care Skills	Levels					Interpretive Guidelines
1. Managing injuries, including, but not limited to:						
a. Manual cervical stabilization and cervical collar use	R	E	A	I	P	
b. Manual stabilization of orthopedic trauma	R	E	A	I	P	
c. Spinal motion restriction	R	E	A	I	P	*Includes the use of commercial spinal motion restriction devices such as the KED®.*
d. Splinting	R	E	A	I	P	*This includes the use of traction splints.*
e. MAST/PASG Use (only for the purpose of splinting)		E	A	I	P	
2. Managing other traumatic injuries, including, but not limited to:						
a. Bleeding control	R	E	A	I	P	*Includes use of tourniquets.*
b. Wound packing	R	E	A	I	P	
c. Non-invasive eye irrigation	R	E	A	I	P	
d. Complex eye irrigation with the Morgan® lens					P	
3. Movement/extrication of patients, including, but not limited to:						
a. Emergency moves for endangered patients	R	E	A	I	P	
b. Rapid extrication of patients	R	E	A	I	P	

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APPENDIX A – MEDICATION LIST FOR WYOMING EMS PROVIDER LEVELS: EMR, EMT, AEMT, IEMT

Albuterol		E[1]	A	I	*[1]EMTs only administer Albuterol Inhaler prescribed for the patient and with orders from medical control.*
Amiodarone				I	
Aspirin	R[1]	E[1]	A	I	*[1]For patients with chest pain of suspected cardiac origin.*
Ativan				I	
Atropine				I	
Dextrose			A	I	
Diazepam				I	
Diphenhydramine				I	
Epinephrine 1:1000	R[1]	E[2]	A	I	*[1]EMRs Epi-Pen only. [2]EMTs may utilize a syringe and needle to administer epinephrine in the treatment of anaphylaxis by IM route.*
Epinephrine 1:10,000				I	
Fentanyl				I	
Furosemide				I	
Glucagon			A	I	
Glucose (oral)		E	A	I	
Heparin Sodium				I	*monitoring, titrating, and discontinuing of infusion drips initiated by a hospital or healthcare facility*
Ipatroprium			A	I	
IV Crystalloid Solutions			A	I	
Lidocaine (bolus)			A[1]	I	*[1]AEMT may use with IO for local anesthetic*
Lidocaine (drip)				I	
Mark I Kit	R	E	A	I	*Approved for all levels for self and peer administration.*
Morphine Sulfate				I	
Naloxone	R[1]	E[1]	A	I	*[1]EMRs & EMTs – unit-dose auto injector or unit-dose premeasured commercial nasal spray*
Nitroglycerin (tablet, spray)		E[1]	A	I	*[1]EMTs only administer Nitroglycerin prescribed for the patient and with verbal orders from medical control.*
Nitroglycerine Drip				I*	*monitoring, titrating, and discontinuing of infusion drips initiated by a hospital or healthcare facility*
Nitrous Oxide			A	I	
Ondansetron				I	
Sodium Bicarbonate				I	
Thiamine				I	
Vasopressin				I	
Xopenex				I	
Monitoring other existing medications		E[1]	A[1]	I	*[1]Individuals may only monitor medications that they are otherwise authorized to administer.*

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