

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 813 151, National EMS Scope of Practice Model 2019: Including Change Notices 1.0 and 2.0, available at https://www.ems.gov/assets/National_EMS_Scope_of_Practice_Model_2019_Change_Notices_1_and-2_August_2021.pdf.

(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 licensing 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 protocol, guideline, or 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.

(d) In the event of a governor-declared disaster or a public health emergency, the State Health Officer may temporarily authorize the performance of additional acts.

(e) In the event of a national medication shortage, biosimilar medications may be administered with the approval of the physician medical director and the Division.

Section 2. Duties of a Physician Medical Director.

(a) A physician medical director shall:

(i) Promulgate written protocols, guidelines, or standing orders as referenced by this section; and

(ii) Indicate by signature on the written protocols, guidelines, or standing orders that:

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

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

(C) Any pre-existing written protocol, guideline, or standing order at the time a new physician medical director 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 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;

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

(ix) May assist with the administration of, or may directly administer specialized medications prescribed to the patient for the purposes of alleviating or preventing an acute medical crisis event provided the route of administration is within the provider's scope of practice.

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

- (a) An EMT may:
- a. Perform the authorized acts of an EMR;
 - b. Utilize a syringe and needle to administer epinephrine in the treatment of anaphylaxis;
 - c. Perform capillary blood glucose testing;
 - d. Utilize twelve (12) lead electrocardiograph (ECG) machines to capture and transmit a patient's ECG to a receiving facility;
 - e. Administer over the counter medications, oral and topical, and;
 - f. Utilize a supraglottic airway.

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

- (a) An AEMT may:
- (i) Perform the authorized acts of an EMT;
 - (ii) Perform intra-osseous access, with the administration of lidocaine as a local anesthetic, on adult and pediatric patients and;
 - (iii) Administer the following medications through all appropriate routes in accordance with written standing orders, protocols, guidelines, and the prevailing standards of practice;
 - (A) Acetaminophen;
 - (B) Albuterol;
 - (C) Epinephrine;
 - (D) Fentanyl;
 - (E) Glucagon;
 - (F) Ipratropium Bromide;

- (G) Morphine sulfate;
- (H) Naloxone;
- (I) Ondansetron;
- (J) Xopenex.

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, protocols, guidelines, and the prevailing standards of practice:
 - (A) Amiodarone;
 - (B) Adenosine;
 - (C) Atropine;
 - (D) Diazepam;
 - (E) Diphenhydramine
 - (F) Epinephrine, 1:10,000;
 - (G) Furosemide;
 - (H) Heparin, monitoring and discontinuation of infusion drips initiated by a hospital or healthcare facility;
 - (I) Lidocaine;
 - (J) Lorazepam;
 - (K) Midazolam;
 - (L) 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;

- (M) Racemic Epinephrine;
 - (N) Sodium bicarbonate;
 - (O) Thiamine;
 - (P) Vasopressin.
- (iii) Perform manual defibrillation;
 - (iv) Perform cardiac pacing;
 - (v) Perform synchronized cardioversion;
 - (vi) Apply non-invasive patient monitoring devices, including the application of cardiac monitoring devices;
 - (vii) Perform needle thoracotomy;
 - (viii) Perform endotracheal intubation; and
 - (ix) Monitor antibiotic infusions initiated by a hospital or healthcare facility.

(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 suspended or 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 18 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. In these circumstances, the applicant may only recover an EMT or AEMT level license as specified in Section 11 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 pharmaceutical assisted intubation (PAI), including rapid sequence induction (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 PAI protocol from the Division. To receive approval PAI protocols must:
 - (A) Emphasize that less invasive airway and ventilation support as preferable to PAI;
 - (B) Conduct oneself with generally accepted standards of practice in the performance of PAI;
 - (C) Specify which pharmaceutical agents are to be used;
 - (D) Mandate the continuous use of end tidal carbon dioxide monitoring for intubated patients;
 - (E) Address circumstances for the performance of surgical airways or percutaneous devices that allow for adequate respiration and;
 - (iv) Initiate blood products if the EMS agency with which the Paramedic is affiliated has received prior written approval to implement a blood initiation protocol from the Division.
 - (v) Administer medications through all appropriate routes in accordance with written standing orders, protocols, guidelines, and the prevailing standards of practice as prescribed by the physician medical director.