



Maine EMT Scope of Practice Changes Overview and Guidelines 2021

Overview

I. Definitions

National EMS Scope of Practice Model 2019: Document update to the original national scope of practice model document of 2009. This document is commissioned by NHTSA and is part of a national effort to maximize efficiency, consistency of instructional quality and student competence. It does this by outlining four scopes of practice (EMR, EMT, AEMT and Paramedic) as a national model for state systems to use in framing their own scopes of practice. The list of psychomotor skills in the scopes of practice is not meant to be prescriptive (mandatory) to the states, nor finite. It is periodically evaluated and updated.

National Scope of Practice: The scope of practice for each level of licensure as outlined by the National EMS Scope of Practice Model 2019 document.

Maine EMS Scope of Practice: The scope of practice for EMS providers in the state of Maine. This is determined by the Medical Direction and Practices Board and approved by the EMS Board. This scope of practice, as with any state EMS scope of practice, while based off of the national document, may **not** necessarily equate at each level of licensure, with the national scope of practice.

Scope of practice expansion: For the purposes of this document an expansion to the scope of practice is a new skill, procedure, or competency that was not formerly listed in one or the other of the national or Maine EMS scopes of practice for a given level of EMS clinician licensure. For example, “wound packing for hemorrhage control” was an expansion of the EMR scope of practice in 2019.

Scope of practice addition: For the purposes of this document, an addition to the scope of practice is a skill, procedure, or competency that **is** listed in the current national scope of practice model for a given level of EMS clinician licensure, but has **not** been included in that scope of EMS practice in Maine. For example, “12 lead acquisition and transmission” was an expansion for the national scope of practice at the EMT level in 2019. But it is an **addition** to the EMT scope of practice in Maine for 2021.

Licensure level training: For the purposes of this document, this is training of equivalent depth and breadth as the foundational training that clinicians might receive in a primary EMS licensure course. This is in contrast to the level of training that might be in many CEH type courses which are minor updates to existing items, or reviews of skills and principles. This requires instructors who are educated and trained to the level of being able to develop didactic and psychomotor skills practice and evaluation materials as part of a locally developed program of training and credentialing for clinicians. This would usually encompass the NFPA Level II Instructor, or “Primary Instructor” for a licensure course delivered by a Maine authorized training center.

Table 1

2021 SOP Education Overview

License Level	Change	Procedure/ Medication	Name	Use	Education Type	Service-level Credentialling/ Training	Minimum Instructor Level	Req'd/ Phase-in
EMR	Maine SOP	Procedure	Wound Packing for Hemorrhage	New Skill Maine	Didactic Practical	No	EMT	All skills phase-in as trained
	Maine SOP		C-Collar Placement	New Skill Maine	Didactic Practical	No	EMT	
	Maine SOP		Extremity Splinting	New Skill Maine	Didactic Practical	If Service specific equipment	EMT	
	Maine SOP		Eye Irrigation	New Skill Maine	Didactic Practical	No	EMT	
EMT	Maine SOP	Procedure	12-Lead ECG	NEW Maine	Didactic Practical	Yes	Paramedic IC	Phase-in
	Maine SOP	Procedure	CPAP	NEW Maine	Didactic Practical	Yes	Paramedic IC	Phase-in
	Maine SOP	Procedure	Nebulizer	NEW Maine	Didactic Practical	Yes	Paramedic IC	Req
	Maine SOP	Procedure	Call "code sepsis"	NEW Maine	Didactic	No	Paramedic IC	Phase-in
	Maine SOP	Medication	Acetaminophen	NEW Maine	Didactic	Yes	Paramedic IC	Phase-in
	Maine SOP	Medication	Albuterol	NEW Maine	Didactic Practical	Yes	Paramedic IC	Req
	Maine SOP	Medication	Ipratropium Bromide	NEW Maine	Didactic Practical	Yes	Paramedic IC	Req
AEMT	Expansion of current SOP	Medication	Ondansetron IV Route	Add'l Route	Didactic Practical	Yes	Paramedic IC	
			Acetaminophen IV Route	Add'l Route	Didactic Practical	Yes	Paramedic IC	
Paramedic	Expansion of current SOP	Medication	Antibiotics	Field Initiation	Didactic Practical	Yes	Paramedic IC	
			Acetaminophen IV Route	Add'l Route	Didactic Practical	Yes	Paramedic IC	
			Calcium Gluconate	New Indication	Didactic	No	Paramedic IC	
			Magnesium Sulfate	New Indication	Didactic	No	Paramedic IC	
			NORpinephrine	New Indication	Didactic	No	Paramedic IC	

Table 2

2021 Protocol Scope of Practice Changes and Associated Protocols

1. EMR

- a. Not currently specifically denoted in patient care protocol sections with other licensure care levels. However, applicable at EMT level, to SOP allowance.

2. EMT

- a. Scope of practice expansions (Procedures)
 - i. "Code Sepsis" – Now allowed to call "code sepsis"
 - ii. **12-Lead ECG Acquisition (only)- no interpretation authorized at EMT level**
 - 1. RED
 - a. Cardiac chest pain (Red 2)
 - b. Chest pain uncertain etiology (Red 6)
 - c. Adult Post resuscitation Care (Red 16)
 - d. Tachycardia #1 (Red 17)
 - e. Bradycardia #1 (Red 20)
 - f. Cardiogenic Shock (Red 22)
 - g. Syncope (Red 23)
 - 2. GREEN
 - a. Chest Trauma (Green 10)
 - 3. GOLD
 - a. Stroke #3 (Gold 12)
 - b. Abdominal Pain (Gold 18)
 - c. Nausea & vomiting (Gold 20)
 - 4. YELLOW
 - a. Cyanide/CO Exposure (Yellow 8)
 - iii. **CPAP**
 - 1. BLUE
 - a. Airway Algorithm
 - b. Resp Distress w/Bronchospasm (Blue 7)
 - c. Pulmonary Edema (Blue 11)
 - 2. Yellow
 - a. Drowning/Submersion (Yellow 15)
 - iv. **Nebulizers**
 - 1. BLUE
 - a. Resp Distress w/Bronchospasm (Blue 7)
 - b. Tracheostomy Care (Blue 15)
- b. Scope of Practice Expansions (Medications)
 - i. DuoNeb (Albuterol/ Ipratropium Bromide)
 - 1. BLUE
 - a. Resp Distress w/Bronchospasm (Blue 7)
 - ii. Acetaminophen (chewable)
 - 1. GREEN
 - a. Universal Pain Management (Green 21)

3. AEMT

- a. Medications- additional routes of administration
 - i. Ondansetron (IV)
 - 1. GOLD
 - a. Nausea & Vomiting (Gold 20)
 - ii. Acetaminophen (IV)
 - 1. GREEN
 - a. Universal Paine Management #2 (Green 22)

4. PARAMEDIC

- a. Scope of Practice Expansions
 - i. Additional medications
 - 1. Antibiotics (IV)
 - a. GREEN- Open Fractures (Green 29)
- b. Medications- additional routes of administration
 - i. Acetaminophen (IV)
 - 1. GREEN
 - a. Universal Pain Management #2 (Green 22)
- c. Medications- additional indications for use
 - i. Calcium Gluconate
 - 1. YELLOW
 - a. Poisoning/ OD #2 (Yellow 2)
 - i. Calcium channel blocker OD
 - ii. Beta-blocker OD
 - ii. Magnesium Sulfate
 - 1. YELLOW
 - a. Poisoning/Overdose #3
 - i. TCA overdose, second line medication
 - iii. Norepinephrine
 - 1. YELLOW
 - a. Poisoning/Overdose #2 (Yellow 2)
 - i. Hypotension secondary to TC OD refractory to sodium bicarbonate

II. EMT Scope of Practice Expansions

- A. For the 2021 Prehospital Protocol Updates, the MDPB has included a number of medications and skills for EMS clinicians which, are either additions to or expansions to the EMR, EMT, AEMT, and Paramedic scopes of practice in the state of Maine. Those changes are summarized in Table 1.
- B. Maine EMS and the MDPB have reviewed these specific additions and expansions to develop a summary of the education needed to implement the changes affecting scopes of practice, which has also been illustrated in in Table 1. Most of the protocol changes for all levels of licensure will require simple didactic education, which can be provided via the 2021 Maine EMS Protocol Update course, and/or CEH training at the service level or individually. However, three scope of practice expansion skills for the EMT level will require licensure level education, which is separate, but supplemental to the 2021 protocol update course:
 - i. CPAP
 - ii. Nebulizers and administration of ipratropium bromide/albuterol combination
 - iii. Acquisition of 12-lead ECGs
2. These skills will require both didactic and psychomotor educational components.

III. Educational Considerations for Scopes of Practice Changes for Maine EMS

- A. The 2021 updates contain numerous changes that, while already existing nationally, are now just being added to the Maine EMS scopes of practice. Most of those, though not all, were scope of practice expansions for 2019. Hence, for the 2021 updates, they are really just additions to the Maine scopes of practice, and not technically expansions to national practice.
- B. It should be understood by both instructors and service leaders that much of the impetus behind making these BLS skills was to:
 1. Facilitate earlier intervention, in systems where ALS is normally enroute but not yet on scene.
 2. Facilitate ALS assistance by BLS clinicians.
- C. It's important to note that CPAP, and 12-Lead Acquisition at one time, were exclusively Paramedic skills. That means that these skills:
 1. Required a significant depth and breadth of education and skills practice compared to what the EMT typically receives in the licensure course or in CEH courses
 2. Were also being taught in licensure classes with
 - i. Didactic content
 - ii. Instructor supervised skills performance practice in lab skills evaluations
 - iii. Supervised performance and evaluation in clinicals and field ride-alongs.
 3. It also means that in teaching these skills, instructors should strongly consider the following in planning their training:
 - i. *These are skills that currently have issues with correct performance today, even at the AEMT and paramedic level. These skills are not benign.*
 - (i) *One of the known issues with patient care interventions is the lack of post-intervention follow up, or reassessment of the patient for effectiveness of treatment.*
 - (ii) *This skill is not typically taught, in general, at the EMT level, with the depth and breadth found at the AEMT and Paramedic levels.*
 - (iii) *For CPAP and nebulized medications, reassessment for efficacy of treatment is requisite. Evidence of efficacy is not always immediate, or obvious, and may require multiple assessments, or assessments of multiple systems to measure effectiveness- or lack of it.*
 - (iv) *Understanding how the disease process works in respiratory emergencies, as well as how the medicine or treatment works is essential for patient reassessment.*

(v) *Even at the ALS level, it can take a lot of experience with these calls to reach a level of comfort with patient assessment and treatment decision-making.*

IV. Challenges for Education

- A. While Maine EMS can provide didactic content, EMRs and EMTs who are currently licensed cannot solely view a presentation on MEMSEd be cleared to perform the scope of practice update skills outlined in the 2021 protocol updates. There must be a supervised psychomotor skills development and practice component, in which the EMT can formatively develop the skill. There must also be psychomotor skills evaluation and documentation of the same.
- B. As equipment types and specific operations may vary according to the manufacturer, credentialing of both CPAP and acquisition of 12-lead ECGs for performance in the field is highly dependent upon the specific equipment used at the service level.
- C. Many states require training a program that has been approved by a service or regional medical director and taught by a Paramedic Instructor Coordinator and supervised by the service level medical director. They also require service level credentialing by the service medical director. Medical Directors are not currently required for all EMS services. Many EMS services in Maine have neither a Medical Director nor a Paramedic level Instructor Coordinator.

V. Planning Skills Expansion Training

- A. Audience- licensed EMTs
- B. Process for training and clearance to perform EMT Scope of Practice Expansion Skills:
 - 1. There are three components to this process:
 - i. Didactic – the EMT will need to attend a didactic training for each of the skills
 - (i) Objective- to provide the EMT with the cognitive knowledge necessary for proper application of the skills and medication interventions, in accordance with Maine EMS protocols
 - ii. Psychomotor skills practicum – the EMT will need to attend psychomotor skills training for each of the skills
 - (i) Objective- to provide the EMT with the opportunity for psychomotor skills practice and competency in performing the basic skills, in preparation for service level credentialing on service-specific equipment
 - iii. Service-level credentialing- the EMT will need to be credentialed by their EMS service(s) for the equipment used in performing these skills by each service
 - (i) Objective - To ensure the EMT has demonstrated cognitive and psychomotor skills competency using the service-specific equipment and to be cleared by that service to apply and perform the skills in the field.
- C. Development and delivery of EMT Scope of Practice Expansion training modules
 - 1. Maine EMS is developing one didactic course each for the three skills and will be put on MEMSEd when developed.
 - 2. Instructors, EMS services, and training centers may develop both didactic and skills practice courses.
 - i. Collaboration between instructors, services, and/or training entities is encouraged.
 - ii. The needs of individual EMS services may be different with regard to service level credentialing. Therefore, training that has been created by one or several services may not satisfy the needs of others due to the service’s specific level of licensure
 - iii. Due to the above, course hours for didactic and psychomotor skills practice may vary.
 - 3. Instructors should utilize content guidance from Maine EMS in developing their didactic and skills practicums

4. Guidance materials from Maine EMS consists of the following
 - i. Didactic:
 - (i) Topic outline
 - ii. Practicum
 - (i) Lab instructor guideline sheets
 - (a) CPAP, Nebulizers, 12-lead ECG Acquisition
 - (ii) Skills sheets
 - (a) CPAP, CPAP with small volume nebulizer, Nebulizer, 12-lead ECG acquisition
- D. Instructor requirements
 1. Didactic and skills practicum
 - i. Must be coordinated by a licensed IC at the paramedic level, and:
 - (i) Physically in class
 - (ii) Must be primary instructor for didactic content
 - (iii) Must be primary for demonstration of EMS equipment and procedures
 - ii. May use subject matter experts and/or adjunct instructors
 - (i) Physicians/Medical Directors, respiratory therapists, etc.
 - (ii) AEMTs
 - (a) Assist with demonstrations and skills practice
 2. Skills practicum
 - i. Skills sheets
 - (i) Skills competency *MUST* be signed off by the Paramedic IC in charge of the class.
 - (ii) Signed skills sheets should be copied and uploaded by the Paramedic IC and uploaded into the course file in eLicensing.

VI. Applying for Didactic and Practical CEH Courses

- A. Course title – Please use the following course titles when applying. This ensures consistency and makes data querying easier.
 1. Course type- **“2021 Maine EMS Scope of Practice Expansion”**
 2. Course name (choose one of the following from the drop-down menu)
 - i. Didactic- only
 - (i) **“2021 Maine EMS EMT Scope of Practice Expansion Didactic.”**
 - (a) *In the COURSE DESCRIPTION BLOCK, please identify the specific skills expansion **topics** to be covered in the didactic*
 - ii. Practical - only
 - (i) **“2021 Maine EMS EMT Scope of Practice Skills Practicum,”**
 - (a) *In the COURSE DESCRIPTION BLOCK, please identify the specific **skills** to be covered*
 - iii. Both Practical and Didactic
 - (i) **“2021 Maine EMS EMT Scope of Practice Didactic and Practicum”**
 - (a) *In the COURSE DESCRIPTION BLOCK, please identify both the specific topics and the specific **skills** to be covered*
- B. Course outline
 1. For BOTH didactic and skills practicum, instructors should submit a *separate* course outline (Word document or PDF, and not a written description in the “course description” block) consisting of the following:
 - i. IC name
 - ii. Course title

- iii. Projected hours for the course
 - (i) *Where courses are service-specific, skills topics may vary with need of the specific service, thus, course hours may vary.*
- iv. Course objectives
- v. Topical outline/syllabus which includes:
 - (i) Skills areas and medications covered
 - (ii) Specific topics covered in support of the skills
 - (a) I.e., A&P, protocol review, equipment types, pharmacology, etc.
 - (iii) Skills being performed (for the practical evolutions)
- C. As needs of various services and clinicians differ, Maine EMS expects that individual courses may vary in length and content. However, courses should still align with the guidelines set forth by Maine EMS (i.e., this training is going to be more than a one or two-hour course).
- D. Course completion certificates (*if issued by the instructor*)
 - 1. Certificates should have the following information:
 - i. Course name
 - ii. Course date
 - iii. Course number
 - iv. IC name and signature
 - v. Topic hours awarded
 - vi. Skills covered (if certificate is for skills practicum)

VII. Questions and Additional Information

- A. There will tentatively be scheduled two additional, one-hour instructor sessions with dates to be announced.
- B. If there are any questions regarding this the EMT Scope of Practice Expansion or Skills Practicum training, please contact the Maine EMS Education Coordinator.

