

## North Dakota EMS Personnel Scopes of Practice

### Skill – Airway/Ventilation/Oxygenation

Skill – Airway / Ventilation / Oxygenation	EMR	EMT	AEMT	Paramedic
Airway – nasal		X	X	X
Airway – oral	X	X	X	X
Airway – supraglottic		O	X	X
Bag-valve-mask (BVM)	X	X	X	X
CPAP		X	X	X
Chest decompression - needle				X
Chest tube placement – assist only				X
Chest tube placement				O
Chest tube – monitoring and management				X
Cricothyrotomy				X
End tidal CO2 monitoring and interpretation of waveform capnography		O	X	X
Gastric decompression – NG Tube				X
Gastric decompression – OG Tube				X
Head tilt - chin lift	X	X	X	X
Endotracheal intubation				X

Medication assisted intubation				0
Jaw-thrust	X	X	X	X
Mouth-to-barrier	X	X	X	X
Mouth-to-mask	X	X	X	X
Mouth-to-mouth	X	X	X	X
Mouth-to-nose	X	X	X	X
Mouth-to-stoma	X	X	X	X
Airway Obstruction – dislodgement by direct laryngoscopy				X
Airway Obstruction – manual dislodgement techniques	X	X	X	X
Oxygen therapy – High flow nasal cannula				X
Oxygen therapy – Humidifiers		X	X	X
Oxygen therapy – Nasal cannula	X	X	X	X
Oxygen therapy – Non-rebreather mask	X	X	X	X
Oxygen therapy – partial rebreather mask		X	X	X
Oxygen therapy – simple face mask		X	X	X
Oxygen therapy – Venturi mask		X	X	X
Pulse oximetry	X	X	X	X

Suctioning – Upper airway	X	X	X	X
Suctioning – tracheobronchial of an intubated patient			X	X
Tracheostomy maintenance		X	X	X
Tracheostomy replacement				X

### Skill – Cardiovascular/Circulation

Skill – Cardiovascular / Circulation	EMR	EMT	AEMT	Paramedic
Cardiopulmonary resuscitation (CPR)	X	X	X	X
Cardiac monitoring – 12 lead ECG acquisition and transmission		X	X	X
Cardiac monitoring – 12 lead electrocardiogram (interpretive)				X
Cardioversion – electrical				X
Defibrillation – automated / semi- automated	X	X	X	X
Defibrillation – manual				X
Hemorrhage control – direct pressure	X	X	X	X
Hemorrhage control – tourniquet	X	X	X	X
Hemorrhage control – wound packing	X	X	X	X

Transvenous cardiac pacing – monitoring and maintenance				X
Mechanical CPR device	X	X	X	X
Telemetric monitoring devices and transmission of clinical data, including video data		X	X	X
Transcutaneous pacing				X

### Skill – Splinting, Spinal Motion Restriction (SMR), and Patient Restraint

Skill – Splinting, Spinal Motion Restriction (SMR), and Patient Restraint	EMR	EMT	AEMT	Paramedic
Cervical collar	X	X	X	X
Long spine board		X	X	X
Manual cervical stabilization	X	X	X	X
Seated SMR (KED, etc.)		X	X	X
Extremity stabilization – manual	X	X	X	X
Extremity splinting	X	X	X	X
Splint – traction		X	X	X
Mechanical patient restraint		X	X	X
Emergency moves for endangered patients	X	X	X	X

### Skill – Medication Administration – Routes

Skill – Medication Administration – Routes	EMR	EMT	AEMT	Paramedic
Aerosolized/nebulized		X	X	X

Endotracheal tube				X
Inhaled		X	X	X
Intradermal				X
Intramuscular	○	○	X	X
Intramuscular – auto-injector	X	X	X	X
Intranasal			X	X
Intranasal - unit-dosed, premeasured	X	X	X	X
Intraosseous – initiation, peds or adult			X	X
Intravenous			X	X
Mucosal/Sublingual		X	X	X
Nasogastric				X
Oral		X	X	X
Rectal				X
Subcutaneous			X	X
Topical				X
Transdermal				X

### Medical Director Approved Medications

Medical Director Approved Medications	EMR	EMT	AEMT	Paramedic
Use of epinephrine (auto-injector) for anaphylaxis (supplied and carried by the EMS agency)	X	X	X	X
Use of epinephrine (intramuscular injection) for anaphylaxis	○	○	X	X
Use of auto-injector antidotes for chemical/hazardous material exposures	X	X	X	X
Use of opioid antagonist auto-injector for suspected opioid overdose	X	X	X	X

Immunizations		X <sup>1</sup>	X	X
Inhaled – beta agonist/bronchodilator and anticholinergic for dyspnea and wheezing		X	X	X
Inhaled – monitor patient administered (i.e., nitrous oxide)			X	X
Intranasal - opioid antagonist for suspected opioid overdose	X	X	X	X
Intravenous			X <sup>2</sup>	X
Initiate an infusion of blood or blood products				<input type="checkbox"/>
Maintain an infusion of blood or blood products				X
Oral activated charcoal		X	X	X
Oral aspirin for chest pain of suspected ischemic origin		X	X	X
Oral glucose for suspected hypoglycemia		X	X	X
Oral over the counter (OTC) analgesics for pain or fever		X	X	X
OTC medications, oral and topical				X
Parenteral analgesia for pain			X	X
Sublingual nitroglycerin for chest pain of suspected ischemic origin – limited to <i>patient's own prescribed medication</i>		X		

Sublingual nitroglycerin for chest pain of suspected ischemic origin		○	X	X
Thrombolytics				X

<sup>1</sup> Only during a declared public health emergency

<sup>2</sup> Limited to analgesia, anti-nausea/antiemetic, dextrose, epinephrine, glucagon, naloxone, and others defined by state/local protocol

## Skill – IV Initiation/Maintenance Fluids

Skill – IV Initiation/Maintenance Fluids	EMR	EMT	AEMT	Paramedic
Access indwelling catheters and implanted central IV ports				X
Central line – monitoring				X
Intraosseous – initiation, peds or adult			X	X
Intravenous access			X	X
Intravenous initiation - peripheral			X	X
Intravenous – maintenance of non-medicated IV fluids		○	X	X
Intravenous – maintenance of medicated IV fluids			○	X

## Skill – Miscellaneous

Skill – Miscellaneous	EMR	EMT	AEMT	Paramedic
Assisted delivery (childbirth)	X	X	X	X
Blood chemistry analysis				X
Blood pressure automated	X	X	X	X
Blood pressure – manual	X	X	X	X

Blood glucose monitoring		X	X	X
Eye irrigation	X	X	X	X
Eye irrigation –hands free irrigation usingsterile eye irrigation device				X
Infectious Disease Specimen collection via oropharyngeal and nasopharyngeal swabbing		X	X	X
Patient transport		X	X	X
Venous blood sampling			X	X

### Notes on Scopes of Practice

EMS Personnel must be recognized/certified/licensed by the North Dakota Department of Health and Human Services and affiliated with a medical director.

All Skills/ Procedures/Interventions/Medications must be included in Agency-specific protocols approved by a medical director.

Procedures with a “O” are approved as optional modules. Agencies utilizing these skills must maintain documentation demonstrating all individuals authorized by the agency’s Medical Director to perform these skill(s)/procedure(s) have attended an agency specific training module. Agency documentation of competency validation is required every 24 months.

AEMT IV medications are limited to analgesia, anti-nausea/antiemetic, dextrose, epinephrine, glucagon, naloxone, and others defined by state/local protocol. Agencies utilizing these medications must maintain documentation demonstrating all individuals authorized by the agency’s Medical Director to administer these medications have attended an agency specific training module. Agency documentation of competency validation is required every 24 months.

Employers and/or agency specific medical directors **may limit**, but **not expand** the scope of practice.

A licensed North Dakota EMS Practitioner may be certified/licensed/credentialed by other recognized certification/licensure/credentialing agencies or boards. It is the responsibility of both the employee and the employer to clearly delineate if/when the individual is functioning as EMS Personnel or under a separate certification/license/credential.

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An individual may only perform a skill or role for which that person is:

- Educated (has been trained to perform the skill or role), AND
- Certified (has demonstrated competence in the skill or role), AND
- Licensed (has legal authority issued by the State to perform the skill or role), AND
- Credentialed (has been authorized by medical director to perform the skill or role).

*Education* includes all the cognitive, psychomotor, and affective learning that individuals have undergone throughout their lives.

*Certification* is an external verification of the competencies that an individual has achieved and typically involves an examination process.

*Licensure* represents legal authority granted to an individual by the State to perform certain restricted activities.

*Credentialing* is a clinical determination that is the responsibility of a physician medical director.