

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		X*	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				X*
Chest tube – monitoring and management				X
Cricothyrotomy				X
End tidal CO2 monitoring and interpretation of waveform capnography		X*	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				X*
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 ¹	X ¹	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*	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 ²	X ²	X ²
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
Intranasal – dry powder glucagon for hypoglycemia		X	X	X
Intravenous			X* ³	X
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	X
Thrombolytics				X

¹ Limited to Epinephrine

² Must satisfactorily complete a department-approved course on administering immunizations.

³ 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	X
Intravenous – maintenance of medicated IV fluids			X* ⁴	X

⁴Subject to limitation(s) imposed by the medical director

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 Scope of Practice

- EMS Personnel must be recognized/certified/licensed by the North Dakota Department of Health and affiliated with a medical director.
- All Skills/Procedures/Interventions/Medications must be included in EMS Agency adopted protocols approved by the medical director.
- Procedures with a “X*” are approved as optional elements within the scopes of practice. EMS agencies incorporating these elements must maintain documentation demonstrating all individuals authorized by the EMS agency’s Medical Director to perform these skill(s)/procedure(s) have attended an EMS agency specific training module. EMS 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. EMS agencies utilizing these medications must maintain documentation demonstrating all individuals authorized by the agency’s Medical Director to administer these medications have attended an EMS agency specific training module. EMS agency documentation of competency validation is required every 24 months.
- Employers and/or EMS agency medical directors may limit, but not expand the scope of practice.

- Certified or licensed North Dakota EMS Personnel may be certified/licensed/credentialed by other recognized certification/licensure/credentialing agencies or boards. It is the responsibility of both the individual and the medical director to clearly delineate if/when the individual is functioning as “EMS Personnel,” as defined by statute, or under a separate certification/license/credential.