

CHAPTER 33-36-03
SCOPE OF PRACTICE FOR UNLICENSED EMERGENCY MEDICAL SERVICES
PERSONNEL

Section

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33-36-03-01. Definitions.

Words defined in chapter 23-27 of the North Dakota Century Code have the same meaning in this chapter. For purposes of this chapter:

1. "Advanced first-aid ambulance attendant" means a person that has fulfilled the training, testing, and certification process for advanced first-aid ambulance attendant as required in chapter 33-36-01.
2. "Airway adjuncts" means oxygen and oxygen delivery equipment, oropharyngeal airways, nasopharyngeal airways, bag-valve-mask ventilator, or any other mechanical ventilator or respiratory care equipment.
3. "Cardiopulmonary resuscitation" means the American heart association health care provider standards or its equivalent which includes the skills adult one-person and two-person cardiopulmonary resuscitation, adult obstructed airway, child one-person and two-person cardiopulmonary resuscitation, child obstructed airway, infant cardiopulmonary resuscitation, infant obstructed airway, and automated external defibrillator.
4. "Driver" means a person that is registered with the department as an uncertified crew member of a basic life support ambulance.
5. "Emergency medical responder" means a person that has fulfilled the training, testing, and certification process for emergency medical responder as required in chapter 33-36-01.
6. "Primary care provider" means a qualified individual responsible for the care of the patient and supervision of all ambulance personnel while on the ambulance run.

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33-36-03-02. Scopes of practice.

Each level of emergency medical services provider has a scope of practice that includes the scopes of practice of all subordinate emergency medical services providers. The hierarchy of emergency medical services providers is listed sequentially in this section.

1. **Driver.**
 - a. Scope. The driver's minimum scope of practice primarily focuses on driving the basic life support ambulance and assisting the other emergency medical services personnel on the ambulance crew with nonpatient care issues. The driver's maximum scope of practice is limited to providing cardiopulmonary resuscitation without mechanical resuscitation equipment or airway adjuncts but including the use of an automated external defibrillator if the driver is certified in cardiopulmonary resuscitation. A major difference between the layperson and the driver is the "duty to act" as part of an organized emergency medical services response.

- b. Curriculum. The driver must hold a valid operator's license under chapter 39-06 of the North Dakota Century Code.
- c. Occupational setting. Drivers may only participate in the emergency medical services system as part of a crew of a basic life support ambulance service or quick response unit. At no time may a driver respond without other higher level emergency medical services personnel.
- d. Medical oversight. Because transport is an important part of the patient care continuum, a driver functions with physician oversight through protocol.
- e. Supervision. A driver is supervised by the primary care provider.

2. Emergency medical responder.

- a. Scope. The emergency medical responder core scope of practice includes simple, noninvasive skills focused on lifesaving interventions for critical patients based on assessment findings. The emergency medical responder renders onscene emergency care while awaiting additional emergency medical services response and may serve as part of the transporting crew, but not as the primary care provider. An emergency medical responder is not prepared to make decisions independently regarding the appropriate disposition of patients. An emergency medical responder must function with an emergency medical technician or higher level personnel during the transportation of patients. The emergency medical responder's scope includes all of the skills included in the driver's scope. A major difference between a driver and an emergency medical responder is the training and skills to provide immediate lifesaving interventions.
- b. Curriculum. The educational requirements include successful completion of a state-authorized emergency medical responder training program and continued educational requirements as defined in chapter 33-36-01.
- c. Scope enhancements. Emergency medical responders may provide enhanced treatments beyond the core scope if they have successfully completed training as defined in section 33-36-01-04 and have authorization to perform those skills from their medical director.
- d. Skills. Specific skills for the emergency medical responder are defined by the department. Local medical directors may limit the specific skills that an emergency medical responder may provide and they may not exceed those specific skills defined by the department.
- e. Occupational setting. Emergency medical responders may participate in the emergency medical services system as a sole responder in a quick response unit or as part of the crew of a basic life support ambulance service but not as the primary care provider. Emergency medical responders may also provide services to a private company or organization as part of a response team that is not offered to the public.
- f. Medical oversight. An emergency medical responder provides medical care with physician oversight. A physician credentials the emergency medical responder and establishes patient care standards through protocol.
- g. Supervision. An emergency medical responder may be the highest trained person on a quick response unit and may supervise other emergency medical responders or drivers. As part of a basic life support ambulance crew, an emergency medical responder is supervised by the primary care provider.

3. Advanced first-aid ambulance attendant.

- a. Scope. The advanced first-aid ambulance attendant's scope of practice is equal to the emergency medical technician's as defined in section 33-36-04-02.1. The advanced first-aid ambulance attendant's scope includes the skills in the first responder's scope and the driver's scope. The major difference between an advanced first-aid ambulance attendant and first responder is the knowledge and skills necessary to provide medical transportation of emergency patients.
- b. Curriculum. The curriculum for advanced first-aid ambulance attendant is no longer supported. Therefore, no new advanced first-aid ambulance attendants can be trained. Continued educational requirements are defined in chapter 33-36-01.
- c. Scope enhancements. Advanced first-aid ambulance attendants may provide enhanced treatments beyond the core scope if they have completed training as defined in section 33-36-01-04 and have the authorization to perform those skills from their medical director.
- d. Skills. Specific skills for the advanced first-aid ambulance attendant are defined by the department. Local medical directors may limit the specific skills that an advanced first-aid ambulance attendant may provide and they may not exceed those specific skills defined by the department.
- e. Occupational setting. Advanced first-aid ambulance attendants may participate in the emergency medical services system as a sole responder in a quick response unit or as a primary care provider on a basic life support ambulance service. Advanced first-aid ambulance attendants may also provide services to a private company or organization as part of a response team that is not offered to the public.
- f. Medical oversight. An advanced first-aid ambulance attendant provides medical care with physician oversight. A physician credentials the advanced first-aid ambulance attendant and establishes patient care standards through protocol.
- g. Supervision. An advanced first-aid ambulance attendant may be the primary care provider on a quick response unit or basic life support ambulance and may supervise other advanced first-aid ambulance attendants, first responders, or drivers.

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