



North Carolina Department of Health and Human Services

Division of Facility Services

Office of Emergency Medical Services

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JOINT POSITION PAPER

North Carolina Board of Nursing and Office of Emergency Medical Services

NON-TRADITIONAL PRACTICE SETTINGS FOR EMS PERSONNEL

G.S. 143-507(d)(7) gives the North Carolina Medical Care Commission the responsibility and authority to establish rules which "define the practice settings of credentialed emergency medical services personnel." The rule defining these practice settings is found in 10 NCAC 3D .2907. The purpose of this legislation and associated rule is to expand the potential practice settings for EMS personnel beyond the traditional one of the field ambulance. This expansion has the potential dual advantage of providing alternative career paths for EMS personnel and helping to alleviate shortages of properly trained and credentialed personnel in various roles within the health care system.

Throughout the process of developing the legislation and establishing temporary rules to implement the legislation, the North Carolina Board of Nursing and Office of Emergency Medical Services have worked collaboratively to make sure that patients throughout the health care system are well served. Through this position paper, the agencies wish to confirm this collaboration and clarify any questions regarding implementation.

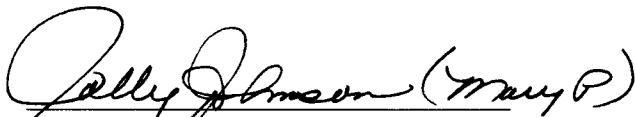
The temporary rule [10 NCAC 3D .2907] clearly states that EMS personnel may function in the listed practice settings "in accordance with the protocols approved by the medical director of the EMS System or Specialty Care Transport Program with which they are affiliated, and by the OEMS." This is a key phrase in properly implementing expanded practice settings. Neither the law nor the rule intends to allow EMS personnel to practice independently. All practice settings for EMS personnel must:

- be approved as part of an EMS System Plan [10 NCAC 3D .2601(a)(6)]
- be covered by patient care protocols for the system [10 NCAC 3D .2609]
- fall within the scope of practice defined by the North Carolina Medical Board pursuant to G.S. 143-514 [10 NCAC 3D .2805(a)(3)]

This means that the practice settings for EMS personnel must be planned and written into the overall system plan. There must be written protocols for personnel to follow in these practice settings. It is understandable that these protocols may not be the same as those for the field ambulance setting, but there must be protocols in place. Also, EMS personnel in non-traditional practice settings are not allowed to perform medical acts beyond the scope of practice for their credential as defined by the North Carolina Medical Board.

Through this process, EMS personnel practicing in non-traditional settings are responsible to and work under the authority of the medical oversight of the EMS system, just as those EMS personnel who work on the ambulance. While EMS personnel may work in conjunction with nursing personnel in some settings, it is important to note that these EMS personnel work under the authority of the medical oversight for their system, not under the supervision of nursing within the practice setting. EMT-I and EMT-P personnel who are currently listed Nurse Aide I and Nurse Aide II may be employed to work under the supervision of the RN following the task list previously approved by the Board of Nursing.

Specific questions about the implementation of these rules should be addressed to the North Carolina Office of Emergency Medical Services at 2707 Mail Service Center, Raleigh, NC 27699-2707. The telephone number is 919-733-2285. Email addresses for OEMS staff members can be found at www.ncems.org.



Polly Johnson, Executive Director
North Carolina Board of Nursing

3/15/02

Date



Drexdal Pratt, Chief
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3/13/02

Date