



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Health Service Regulation

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
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JOINT POSITION STATEMENT

North Carolina Board of Nursing and Office of Emergency Medical Services

ALTERNATIVE PRACTICE SETTINGS FOR EMS PERSONNEL (Previously referred to as “Non-Traditional Practice Settings for EMS Personnel”)

G.S. 143-508(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 practices is found in 10A NCAC 13P .0506. The purpose of this legislation and associated rules was to expand the potential practice settings for EMS personnel beyond the traditional one of the field ambulance. This expansion has since created the dual advantage of providing alternative career paths for EMS personnel and helping to alleviate shortages of properly trained and credentialed personnel in various roles with the health care system.

Since the initial period of implementation in 2007 and continuing thereafter, the North Carolina Board of Nursing and Office of Emergency Medical Services have worked collaboratively to ensure the success of expanding the practice settings for EMS personnel while assuring that patients throughout the health care system are well served. The purpose of this joint statement is to provide guidance for health care entities interested in developing alternative practice settings, as well as clarifying EMS and nursing personnel roles and responsibilities in these settings

Rule [10A NCAC 13P .0506] 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 (SCTP) with which they are affiliated, and by the OEMS.” Neither the law nor the rule intends to allow EMS personnel to practice independently. Practice settings affiliated with an EMS System or SCTP must:

- be approved as part of an EMS System Plan [10A NCAC 13P .0201(a)(6)];
- be covered by patient care protocols for the practice setting per [10A NCAC 13P .0405] or SCTP [10A NCAC 13P .0406] or protocols specific to the alternative practice setting approved by the medical director for the EMS system or SCTP, and approved by the OEMS Medical Director; and
- restrict EMS personnel to performing within the scope of practice defined by the North Carolina Medical Board pursuant to G.S. 143-514 [10A NCAC 13P .0405 or .0406] for the individual’s level of credential.

Rule [10A NCAC 13P .0506] further states that EMS personnel functioning in an alternative practice setting that is not affiliated with an EMS System shall be:

- under the medical oversight of a physician licensed by the North Carolina Medical Board that is associated with the practice setting where the EMS personnel will function. (Note: the physician may delegate aspects of oversight to advanced practice providers [i.e., nurse practitioners and physician assistants], consistent with the authority granted to the physician by the North Carolina Medical Board);

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- restricted to performing within the scope of practice as defined by the North Carolina Medical Board pursuant to G.S. 143-514 for the individual's level of credential; and
- restricted to performing under protocols/policies/standing orders in place within the practice setting.


EMS personnel work in teams with physicians, nurses, and other healthcare personnel in alternative practice settings. Responsibility for supervision of EMS personnel is determined by delegation protocols and policies.

RN scope of practice is delineated in G.S. 171.20 (7) and in Rule 21 NCAC 36 .0224. The nurse remains responsible and accountable at all times for all aspects of nursing care of assigned clients when collaborating within an interdisciplinary team. This includes comprehensive assessment; development and revision of the plan of care appropriate to the client's needs; implementation of appropriate interventions including delegation of nursing activities to competent individuals; continuous evaluation and reassessment of the effectiveness of nursing care and medical interventions; supervision of nursing care delivery; and teaching and counseling clients. Nursing management and administration are responsible for assuring that appropriate collaborative system processes and guidelines are in place to assure coordinated care focused on patient safety and well-being.

Specific questions about EMS responsibilities should be addressed to the NC Office of Emergency Medical Services at www.ncems.org or at 919-855-3935.

Specific questions about nursing responsibilities should be addressed to the NC Board of Nursing at www.ncbon.com or at 919-782-3211.


 Julia George, RN, MSN, FRE
 Chief Executive Officer
 North Carolina Board of Nursing
 10/17/19
 Date


 Tom Mitchell, Paramedic
 Chief
 North Carolina Office of EMS
 10/16/19
 Date