

STATEMENT OF EMERGENCY
202 KAR 7:701E.

This emergency administrative regulation is being promulgated in order to meet an imminent threat to public health, safety, and welfare. Specifically, this emergency amendment is necessary to reduce delays in EMT and AEMT certification eligibility and ensure adequate staffing of EMS agencies. Emergency medical services across the Commonwealth continue to experience staffing shortages. Consequently, many agencies are unable to provide the full extent of services that they would otherwise be capable of providing to their communities if they were fully staffed. The Board has taken a number of steps to address EMS staffing concerns. (Most recently, for example, the Board filed an emergency amendment to 202 KAR 7:560 on May 3, 2022. That amendment allows persons who are CPR-certified and have completed an emergency vehicle operator's course to drive ambulances until September 1, 2022 and, thereafter, permits certified EMRs to drive ambulances. Under the former version of 202 KAR 7:560, EMTs were required to drive ambulances. 202 KAR 7:560E was an effort to mitigate EMS staffing shortages by allowing additional personnel to perform duties without affecting the quality of care patients receive.) The goal of this emergency amendment is to further alleviate staffing shortages by permitting additional personnel to supervise students seeking certification as an EMT or AEMT and thereby reduce delays in students' eligibility to become certified providers.

Currently, students seeking to become EMTs or AEMTs must complete a specified number of patient contacts under the supervision of a licensed physician, registered nurse, or paramedic. (EMT students are required to have at least 10 supervised patient contacts to become certified, 5 of which must be contacts in a pre-hospital ambulance service setting. 202 KAR 7:601 § 10(4)(b). AEMT students are required to have at least 20 supervised patient contacts to become certified, 10 of which must be contacts made while the student is actively in the role of a team leader with a licensed ambulance service. *Id.* at § 11(3)(b).) Unlike paramedic students, EMT and AEMT students do not typically perform their required clinical or field rotations in a hospital and, therefore, are typically supervised by paramedics rather than physicians or registered nurses. Due to agencies being short-staffed on paramedics and those paramedics that are on-duty being overworked, paramedics are often not available to go on runs with students. The lack of available paramedics has delayed EMT and AEMT students' ability to complete their required number of patient contacts and, consequently, delayed their ability to become certified. Such delays are further aggravating personnel shortages. This emergency amendment allows additional certified personnel to supervise EMT and AEMT students so that those students will be able to perform their required number of patient contacts in a more timely manner. Specifically, this emergency amendment allows certified EMTs and AEMTs to supervise EMT students, in addition to the currently permitted physician, registered nurse, or paramedic supervisors. Secondly, this emergency amendment allows certified AEMTs to supervise AEMT students, in addition to the currently permitted physician, registered nurse, or paramedic supervisors. By expanding the number of eligible supervisors, students will have more opportunities to complete their patient contact requirements, which will significantly accelerate their ability to become certified EMTs or AEMTs and thereby help fill the immediate need for additional personnel. The EMS personnel shortage and consequential lack of available preceptors for students and delayed EMT and AEMT certification eligibility pose an imminent threat to public health and safety. An ordinary administrative regulation could not immediately reduce delays in certification eligibility and, therefore, an ordinary administrative regulation is not sufficient. This emergency administrative regulation will be replaced by an ordinary administrative regulation. The ordinary administrative regulation is identical to this

emergency administrative regulation. EMS staffing shortages are expected to continue and therefore, under the ordinary administrative regulation, certified EMTs and AEMTs will continue to be permitted to supervise EMT students and certified AEMTs will continue to be permitted to supervise AEMT students.

ANDY BESHEAR, Governor

PHILIP DIETZ, Chair

KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM
Kentucky Board of Emergency Medical Services
(Emergency Amendment)

202 KAR 7:701E. Scope of practice matters.

RELATES TO: KRS 39A.050, 311A.135, 311A.140, 311A.160, 311A.165, 311A.170, 311A.175

STATUTORY AUTHORITY: KRS 311A.020, 311A.025, 311A.030, 311A.135, 311A.140, 311A.160, 311A.165, 311A.170

NECESSITY, FUNCTION, AND CONFORMITY: KRS 311A.025, 311A.030, 311A.135, 311A.140, 311A.160, 311A.165, and 311A.170 require the board to promulgate administrative regulations relating to the scope of practice for individuals certified or licensed by the board. This administrative regulation establishes the scope of practice.

Section 1. Emergency Medical Responder.

(1) In addition to the skills and procedures established in the current National Highway Traffic Safety Administration National EMS Scope of Practice Model, emergency medical responders certified by the board shall be eligible to perform the supplemental procedures:

- (a) Cervical spine and spinal immobilization; and
- (b) Administration of Naloxone via Nasal Atomization Devices.

(2) To be eligible to perform a supplemental procedure established in subsection (1) of this section, an emergency medical responder shall have been trained and educated utilizing:

- (a) Kentucky Required Mandatory Supplemental Curriculum: EMR Spinal Immobilization (KBEMS-E-34); and
- (b) Kentucky Required Mandatory Supplemental Curriculum for the EMR in the Administration of Naloxone using a Nasal Atomization Device (KBEMS-E-33).

(3) An out-of-state emergency medical responder may perform any skill or procedure that the emergency medical responder may use in the state in which the emergency medical responder is certified subject to the emergency medical responder being called upon to assist in providing medical and related care during a disaster or emergency pursuant to KRS 39A.050, the Emergency Management Assistance Compact, or an agreement made pursuant to KRS Chapter 39A.

(4)

(a) An emergency medical responder shall adhere to the protocols established by KRS Chapter 311A and 202 KAR Chapter 7. Deviation from these protocols shall only occur if:

- 1. The emergency medical responder's medical director or designated on-line medical direction orders otherwise;
- 2. Compliance with approved protocols is not in the patient's medical best interest; or
- 3. The emergency medical responder does not have the equipment or medication to adhere to the protocol.

(b) Any deviation from an approved protocol shall be documented in the Patient Care Report (PCR) established in 202 KAR 7:540.

Section 2. Emergency Medical Technician (EMT).

(1) In addition to the skills and procedures established in the current National Highway Traffic Safety Administration National EMS Scope of Practice Model, an EMT certified by the board shall be eligible to perform the supplemental procedures:

- (a) Identification of correct placement of an endotracheal tube (ETT) placed by a licensed paramedic, including the use of end tidal CO₂ monitoring (EtCO₂);
 - (b) Securing of an endotracheal tube that has been inserted by appropriately licensed personnel;
 - (c) The use of Blind Insertion Airway Devices (BIADs);
 - (d) Utilizing a cardiac monitor and troubleshooting potential problems;
 - (e) Selecting and applying cardiac electrodes;
 - (f) Non-interpretive acquisition and transmission of a 12-Lead Electrocardiogram (ECG);
 - (g) Appropriate utilization of equipment and sampling of blood glucose using a glucometer;
 - (h) Care for a saline lock site where a catheter has been dislodged;
 - (i) Administration of Epinephrine for anaphylaxis;
 - (j) Administration of Naloxone using a Nasal Atomization Device; and
 - (k) Administration of Albuterol using a Nebulizer.
- (2) To be eligible to perform each of the supplemental procedures, an EMT shall have been trained and educated utilizing:
- (a) Kentucky Required Mandatory Supplemental Curriculum for the EMT in Advanced Airway Management: Monitoring & Securing an ETT (KBEMS-E-38);
 - (b) Kentucky Required Mandatory Supplemental Curriculum for the Emergency Medical Technician (EMT) Using a Noninvasive Monitoring Device - Application of Electrocardiogram Electrodes, Use of a Cardiac Monitor, and Acquisition and Transmission of a 12-Lead ECG (KBEMS-E-35);
 - (c) Kentucky Required Mandatory Supplemental Curriculum for the Emergency Medical Technician (EMT): Training in the Monitoring, Maintaining, and Discontinuing of Pre-established Patient Intravenous Infusions in Prehospital, Interfacility, and Facility-to-Home Encounters (KBEMS-E-40);
 - (d) Kentucky Required Mandatory Supplemental Curriculum for the Emergency Medical Technician (EMT) Using a Noninvasive Monitoring Device - Application of End-tidal Carbon Dioxide Monitoring (KBEMS-E-39);
 - (e) Kentucky Required Mandatory Supplemental Curriculum for the EMT in the Administration of Naloxone Using a Nasal Atomization Device (KBEMS-E-36);
 - (f) Kentucky Required Mandatory Supplemental Curriculum for the EMT in Advanced Airway Management: Blindly Inserted Airway Devices (BIADs) (KBEMS-E-37);
 - (g) Kentucky Required Mandatory Supplemental Curriculum for the EMT: Sampling of Blood Glucose Using a Glucometer (KBEMS-E-41);
 - (h) Kentucky Required Mandatory Supplemental Curriculum: Administration of Epinephrine (KBEMS-E-42); and
 - (i) Kentucky Required Mandatory Supplemental Curriculum: Administration of Albuterol using a Nebulizer (KBEMS-E-43).
- (3) An EMT shall adhere to the protocols established by KRS Chapter 311A and 202 KAR Chapter 7. Deviation from these protocols shall only occur if:
- (a) The medical director or designated on-line medical direction orders otherwise;
 - (b) Compliance is not in the medical best interest of the patient; or
 - (c) The EMT does not have the equipment or medication to adhere to the protocol.
- (4) Any deviation from an approved protocol shall be documented in the Patient Care Report (PCR) established in 202 KAR 7:540.
- (5) An out-of-state EMT may perform any skill or procedure that the EMT may use in the state in which the EMT is certified subject to the EMT being called upon to assist in providing medical and related care during a disaster or emergency pursuant to KRS

39A.050, the Emergency Management Assistance Compact, or an agreement made pursuant to KRS Chapter 39A.

Section 3. EMT Students.

- (1) During the didactic, laboratory, and clinical portions of an EMT course, an EMT student may perform any skill or procedure, or administer any medication within the scope of practice for an EMT as established by this administrative regulation, if the student:
 - (a) Has been trained and educated to perform the skill or procedure, or to administer the medication; and
 - (b) Is permitted to perform the skill or procedure in writing or by direct order of the medical director of the EMT course.
- (2) During a field internship, an EMT student may perform any skill or procedure, or administer any medication within the scope of practice for an EMT as established by this administrative regulation, if:
 - (a) The student has written authorization by the medical director of the EMT course to perform the skill or procedure;
 - (b) Authorization to perform the skill or procedure is filed with the coordinator of the EMT course; and
 - (c) The medical director of the EMT course and the director of the agency for whom the skill or procedure is performed each give written permission to the EMT student to participate in a field internship with the agency.
- (3) This administrative regulation shall not be construed to allow an emergency medical responder student or EMT student to perform any skill or procedure without direct supervision by a physician, registered nurse, paramedic, AEMT, or EMT, any of whom shall be licensed or certified in the Commonwealth of Kentucky, except for out-of-state clinical or field rotations specifically approved by the board.

Section 4. Advanced Emergency Medical Technician (AEMT).

- (1) An AEMT shall provide emergency medical services consistent with the current National Highway Traffic Safety Administration National EMS Scope of Practice Model.
- (2) In addition to the skills and procedures in the National EMS Scope of Practice Model, the scope of practice of a Kentucky AEMT shall include the supplemental procedures:
 - (a) Quantitative and qualitative capnography and capnometry;
 - (b) Bi-level Positive Airway Pressure and Continuous Positive Airway Pressure (BiPAP/CPAP) devices; and
 - (c) Establishing and maintaining an adult intraosseous infusion.
- (3) To be eligible to perform each of the supplemental procedures, an AEMT shall have been trained and educated utilizing:
 - (a) Kentucky Required Mandatory Supplemental Curriculum for the AEMT Using a Noninvasive Monitoring Device - Application and Interpretation of Quantitative Capnography and End Tidal Carbon Dioxide Monitoring (KBEMS-E30);
 - (b) Kentucky Required Mandatory Supplemental Curriculum for the AEMT - Intraosseous Infusion in the Adult (KBEMS-E-31); and
 - (c) Kentucky Required Mandatory Supplemental Curriculum for the AEMT Using Bi-level Positive Airway Pressure and Continuous Positive Airway Pressure Devices (KBEMS-E-32).
- (4)
 - (a) An AEMT shall adhere to the protocols established by KRS Chapter 311A and 202 KAR Chapter 7. Deviation from these protocols shall only occur if:
 1. The AEMT's medical director or designated on-line medical direction orders otherwise;

2. Compliance with approved protocols is not in the patient's medical best interest;
or

3. The AEMT does not have the equipment or medication to adhere to the protocol.

(b) Any deviation from an approved protocol shall be documented in the Patient Care Report (PCR) established in 202 KAR 7:540.

(5) If providing emergency medical services during a disaster or emergency that qualifies as part of the Emergency Management Assistance Compact pursuant to KRS 39A.050, or if acting pursuant to another agreement made pursuant to KRS Chapter 39, an AEMT certified in another state may perform the skills and procedures approved by the certifying state.

Section 5. AEMT Students.

(1) During the didactic, laboratory, and clinical portions of an AEMT course, an AEMT student may perform any skill or procedure, or administer any medication within the scope of practice for an AEMT, as defined by this administrative regulation, if the student:

(a) Has been trained and educated to perform the skill or procedure, or to administer the medication; and

(b) Is permitted to perform the skill or procedure in writing or by direct order of the medical director of the AEMT course.

(2) During a field internship, an AEMT student may perform any skill or procedure, or administer any medication within the scope of practice for an AEMT, as established by this administrative regulation, if:

(a) The student has written authorization by the medical director of the AEMT course to perform the skill or procedure;

(b) Authorization to perform the skill or procedure is filed with the coordinator of the AEMT course; and

(c) The medical director of the AEMT course and the director of the agency for whom the skill or procedure is performed each give written permission to the AEMT student to participate in a field internship with the agency.

(3) This administrative regulation shall not be construed to allow an AEMT student to perform any skill or procedure without direct supervision by a physician, registered nurse, paramedic, or AEMT, any of whom shall be licensed or certified in the Commonwealth of Kentucky, except for out-of-state clinical or field rotations specifically approved by the board.

Section 6. Paramedic.

(1) A paramedic may perform any of the skills and procedures consistent with the current National Highway Traffic Safety Administration National EMS Scope of Practice Model.

(2) A paramedic shall adhere to the protocols established by KRS Chapter 311A and 202 KAR Chapter 7. Deviation from these protocols shall only occur if:

(a) The medical director or designated on-line medical direction orders otherwise;

(b) Compliance is not in the medical best interest of the patient; or

(c) The paramedic does not have the equipment or medication to adhere to the protocol.

(3) Any deviation from an approved protocol shall be documented in the Patient Care Report (PCR) established in 202 KAR 7:540.

(4)

(a) A paramedic functioning in a position of employment may perform any procedure or administer medications authorized by KRS 311A.170 or this administrative regulation, at any location within the Commonwealth subject to the written approval of, and limitations established by the paramedic's medical director and the paramedic's employer.

(b) A paramedic performing skills or procedures outside of the normal response area for the paramedic shall accompany and assist with or continue treatment for the patient until the patient is accepted by a receiving hospital, an ALS ground or licensed ALS air ambulance provider, or care is transferred to another licensed paramedic, receiving facility RN, advanced practice registered nurse (APRN), licensed physician's assistant, or physician.

(5)

(a)

1. An off-duty paramedic may perform any procedure or administer medications authorized by KRS 311A.170 or this administrative regulation, at any location within the Commonwealth subject to the written approval of, and limitations established by the paramedic's medical director and, if appropriate, the paramedic's employer; or

2. The paramedic may render care subject to the limitations of the paramedic's scope of practice at any location, if ordered to do so by a duly licensed physician.

(b) A paramedic performing skills or procedures outside of the normal response area for the paramedic shall accompany and assist with or continue treatment for the patient until the patient is accepted by a receiving hospital, an ALS ground or licensed ALS air ambulance provider, or care is transferred to another licensed paramedic, hospital emergency department, RN, advanced practice registered nurse (APRN), licensed physician's assistant, or physician.

(6) An out-of-state paramedic may perform any skill, procedure, or administer any medications that the paramedic may use in the state in which the paramedic is certified or licensed, subject to the control of the out-of-state paramedic's medical director or protocols and only in the following circumstances:

(a) An out-of-state paramedic is transporting a patient from out-of-state to a Kentucky medical facility or other location in Kentucky;

(b) An out-of-state paramedic is transporting a patient from out of state through Kentucky to another location out of state; or

(c) An out-of-state paramedic is called upon to assist in providing medical and related care during a disaster or emergency pursuant to KRS 39A.050, the Emergency Management Assistance Compact, or an agreement made pursuant to KRS Chapter 39A.

(7) A paramedic with a critical care endorsement shall be authorized to perform the skills and procedures included in the paramedic's education and training subject to authorization by the medical director through established protocols in accordance with KRS Chapter 311A and 202 KAR Chapter 7.

Section 7. Paramedic Hospital Scope of Practice.

(1) Paramedics functioning in the hospital environment shall perform within the scope of practice, as established in this administrative regulation.

(2) Employment of paramedics in hospital emergency department settings, exclusive of employment by air or ground transport components, or both, owned or operated by the hospital, shall be subject to demonstrating knowledge based and clinical competencies at a level satisfactory to the employing hospital and subject to KRS Chapter 311A and 202 KAR Chapter 7.

(3) An employer shall not require practice for a paramedic that exceeds the defined scope of practice established by KRS Chapter 311A and 202 KAR Chapter 7. The paramedic shall inform the employing institution or supervising staff of any inability or limitation to perform an ordered skill or procedure based upon:

(a) A lack of knowledge of or training or education in the procedure or skill; or

(b) The order or directive exceeding the paramedic's scope of practice.

(4) An employer may provide education or educational opportunities to expand the documented clinical practice of the paramedic but shall not do so with the intent of requiring the paramedic to perform skills or procedures exceeding the scope of practice established by KRS Chapter 311A and 202 KAR Chapter 7 while in the hospital's employ.

(5) A paramedic shall:

- (a) Maintain strict patient confidentiality;
- (b) Provide and assure continuity of care to patients;
- (c) Be a patient advocate;
- (d) Follow the hospital's chain of command;
- (e) Be knowledgeable and function within the scope of practice of a paramedic;
- (f) Be clearly identified as a licensed paramedic while functioning in the hospital's employ;
- (g) Document on patient care records all interventions, treatments, and assessments performed by the paramedic;
- (h) Perform patient assessment, which may include triage; and
- (i) Institute appropriate therapy in the care of patients subject to the limitation of existing protocols.

Section 8. Paramedic Students.

(1) During the didactic, laboratory, and clinical portions of a paramedic course, a paramedic student may perform any skill or procedure, or administer any medication within the scope of practice for a paramedic as established by this administrative regulation, if the student:

- (a) Has been trained and educated to perform the skill or procedure or administer the medication; and
- (b) Is permitted to perform the skill or procedure in writing or by direct order of the medical director of the paramedic course.

(2) During the field internship, a paramedic student may perform any skill or procedure, or administer any medication within the scope of practice for a paramedic as established by this administrative regulation, if:

- (a) The student has written authorization by the medical director of the paramedic course to perform the skill or procedure;
- (b) The permission is filed with the paramedic course coordinator of the paramedic course; and
- (c) The medical director and director of the ambulance service each give written permission to the paramedic student to participate in a field internship with the ambulance service.

(3) This administrative regulation shall not be construed to allow a paramedic student to perform any skill or procedure without direct supervision by a physician, registered nurse, or paramedic, any of whom shall be licensed or certified in the Commonwealth of Kentucky, except for out-of-state clinical or field rotations specifically approved by the board.

Section 9. Restriction of Practice. This administrative regulation shall not prohibit a medical director from restricting the scope of practice of any emergency medical responder, EMT, AEMT, or paramedic under the medical director's authority through established protocols.

Section 10. Exemptions. This administrative regulation shall not prohibit an emergency medical responder, emergency medical technician, advanced emergency medical technician, or paramedic certified or licensed in another state or registered with the NREMT from functioning in accordance with the scope of practice established in KRS Chapter 311A and

202 KAR Chapter 7 while assisting with mass casualties, weapons of mass destruction, or disaster incidents.

Section 11. Incorporation by Reference.

(1) The following documents are incorporated by reference.

- (a) "Kentucky Required Mandatory Supplemental Curriculum for the AEMT Using a Noninvasive Monitoring Device - Application and Interpretation of Quantitative Capnography and End Tidal Carbon Dioxide Monitoring", KBEMS-E-30, February 2007;
- (b) "Kentucky Required Mandatory Supplemental Curriculum for the AEMT Intraosseous Infusion in the Adult", KBEMS-E-31, February 2007;
- (c) "Kentucky Required Mandatory Supplemental Curriculum for the AEMT using Bi-level Positive Airway Pressure and Continuous Positive Airway Pressure Devices", KBEMS-E-32, February 2007;
- (d) "Kentucky Required Mandatory Supplemental Curriculum for the EMR in the Administration of Naloxone Using a Nasal Atomization Device", KBEMS-E-33, February 2007;
- (e) "Kentucky Required Mandatory Supplemental Curriculum: EMR Spinal Immobilization", KBEMS-E-34, February 2007;
- (f) "Kentucky Required Mandatory Supplemental Curriculum for the Emergency Medical Technician (EMT) Using a Noninvasive Monitoring Device - Application of Electrocardiogram Electrodes, Use of a Cardiac Monitor, and Acquisition and Transmission of a 12-Lead ECG", KBEMS-E-35, February 2007;
- (g) "Kentucky Required Mandatory Supplemental Curriculum for the EMT in the Administration of Naloxone Using a Nasal Atomization Device", KBEMS-E-36, February 2007;
- (h) "Kentucky Required Mandatory Supplemental Curriculum for the EMT in Advanced Airway Management: Blindly Inserted Airway Devices (BIADs)", KBEMS-E-37, February 2007;
- (i) "Kentucky Required Mandatory Supplemental Curriculum for the EMT in Advanced Airway Management: Monitoring & Securing an ETT", KBEMS-E-38, February 2007;
- (j) "Kentucky Required Mandatory Supplemental Curriculum for the Emergency Medical Technician (EMT) Using a Noninvasive Monitoring Device - Application of End-Tidal Carbon Dioxide Monitoring", KBEMS-E-39, February 2007;
- (k) "Kentucky Required Mandatory Supplemental Curriculum for Emergency Medical Technician (EMT): Training in the Monitoring, Maintaining, and Discontinuing of Pre-established Patient Intravenous Infusions in Prehospital, Interfacility, and Facility-to-Home Encounters", KBEMS-E-40, February 2007;
- (l) "Kentucky Required Mandatory Supplemental Curriculum for the EMT: Sampling of Blood Glucose Using a Glucometer", KBEMS-E-41, February 2007;
- (m) "Kentucky Required Mandatory Supplemental Curriculum: Administration of Epinephrine", KBEMS-E-42, February 2007;
- (n) "Kentucky Required Mandatory Supplemental Curriculum: Administration of Albuterol Using a Nebulizer", KBEMS-E-43, February 2007; and
- (o) "National Highway Traffic Safety Administration National EMS Scope of Practice Model", February 2007.

(2) This material may be inspected, obtained, or copied, subject to applicable copyright law, at the Office of the Kentucky Board of Emergency Medical Services, 2464 Fortune Drive, Suite 195, Lexington, Kentucky 40509, Monday through Friday, 8 a.m. to 4:30 p.m.

PHILIP DIETZ, Chair

APPROVED BY AGENCY: June 30, 2022

FILED WITH LRC: July 12, 2022 at 12:25 p.m.

PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall be held on August 24, 2022 at 1:00 p.m. ET at the Kentucky Board of Emergency Medical Services, 2464 Fortune Drive, Suite 195, Lexington, Kentucky 40509. Individuals interested in being heard at this hearing shall notify this agency in writing by five (5) workdays prior to the hearing of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through August 31, 2022. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: John K. Wood, counsel for the Kentucky Board of Emergency Medical Services, 163 East Main Street, Suite 200, Lexington, Kentucky 40507, phone (859) 225-4714, email administrativeregulations@wgmfirm.com.