

Ohio Administrative Code

Rule 4765-12-04 Emergency medical responder scope of practice.

Effective: January 1, 2024

(A) In accordance with section 4765.35 of the Revised Code, an emergency medical responder may
perform the following emergency medical services:
(1) Open and maintain the airway;
(2) Oropharyngeal airway adjunct;
(3) Nasopharyngeal airway adjunct;
(4) Manual removal of obstructed airway;
(5) Oral suctioning;
(6) Oxygen administration, including the following:
(a) Nasal cannula;
(b) Non-rebreather mask;
(c) Mouth-to-barrier devices;
(7) Ventilation management, including the following:
(a) Bag-valve-mask;
(b) Ventilation with a flow-restricted oxygen-powered device;
(8) Cardiopulmonary resuscitation;

(9) Automated external defibrillation;
(10) Spine board (long and short);
(11) Splinting devices;
(12) Cervical immobilization device;
(13) Soft tissue management;
(14) Controlling of hemorrhaging;
(15) Taking and recording of vital signs;
(16) Patient care report documentation;
(17) Assisting in emergency childbirth management;
(18) Identifying and interacting with individuals with dementia;
(19) Trauma triage determination pursuant to rule 4765-14-02 of the Administrative Code.
(B) In accordance with division (B) of section 4765.35 of the Revised Code, an emergency medical responder may perform the following additional emergency medical services only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or authorization transmitted through a direct communication device by a physician, physician assistant designated by a physician, or registered nurse designated by a physician, or in accordance with written protocols as specified in division (B) of section 4765.35 of the Revised Code:
(1) Body substance isolation precaution/administration;

(2) Assisted administration of epinephrine auto-injector, which shall consist of either of the

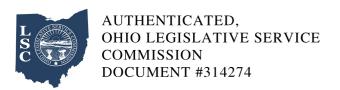


following:

the Revised Code.

(a) Patient's prescribed epinephrine upon the patient's request and with written protocol;
(b) EMS-provided epinephrine with written protocol.
(3) Administration of epinephrine auto-injector, which shall consist of either of the following:
(a) Patient's prescribed epinephrine upon the patient's request and with written protocol;
(b) EMS-provided epinephrine with written protocol.
(4) Apply and obtain readings of pulse oximeter and CO-oximeter, capnography equipment, or capnometry equipment;
(5) Administration of naloxone via intranasal route or via auto-injector with written protocol;
(6) Eye irrigation;
(7) Apply and utilize chest compression assist devices;
(8) Management of suspected fractures;
(9) Any other services approved by the board pursuant to rule 4765-6-01 of the Administrative Code
(10) Any other services pursuant to a research study approved by the board under rule 4765-6-04 of the Administrative Code and within the parameters established by the board for such study.
(C) A physician or cooperating physician advisory board that serves as the medical director for any EMS organization may limit, but not exceed, the scope of practice for those emergency medical

responders who provide emergency medical services under the auspices of the physician's certificate to practice medicine and surgery, or osteopathic medicine and surgery, issued under Chapter 4731. of



(D) An emergency medical responder shall not perform emergency medical services within this rule unless the emergency medical responder has received training as part of an initial certification course or through subsequent training approved by the board. If certain emergency medical services, within the emergency medical responder scope of practice, were not included in the training specified in this paragraph, the emergency medical responder must have received training regarding such services approved by the local medical director before performing those services.