



Ohio Administrative Code

Rule 4765-15-04 Emergency medical technician scope of practice.

Effective: January 1, 2021

(A) In addition to the emergency medical services listed in rule 4765-12-04 of the Administrative Code and in accordance with division (B) of section 4765.37 of the Revised Code, an emergency medical technician may perform the following emergency medical services:

- (1) Endotracheal suctioning through a previously established airway;
- (2) Endotracheal suctioning through a stoma;
- (3) Oxygen administration, including the following:
 - (a) Partial rebreather masks;
 - (b) Venturi masks.
- (4) Ventilation management, to include the use of a positive pressure ventilation device, including the following:
 - (a) Manually triggered ventilators;
 - (b) Automatic transportation ventilators.
- (5) Traction splint;
- (6) Rapid extrication procedures.

(B) In accordance with division (C) of section 4765.37 of the Revised Code, an emergency medical technician 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 (D) of section 4765.37 of the Revised Code:

- (1) Pulse oximeter and capnography equipment application and reading;
- (2) Until January 1, 2013, orotracheal intubation of pulseless and apneic patients only;
- (3) Dual lumen airway of pulseless and apneic patients only;
- (4) Oxygen humidifier equipment application and monitoring;
- (5) Extraglottic airway of pulseless and apneic patients only;
- (6) Continuous positive airway pressure (CPAP);
- (7) End tidal carbon dioxide monitoring and detecting;
- (8) Chest compression assist devices;
- (9) Negative impedance threshold devices;
- (10) Administration of aspirin;
- (11) Pneumatic anti-shock garment;
- (12) Helmet removal;
- (13) Glucose monitoring system;
- (14) Administration of oral glucose;
- (15) Administration of activated charcoal;



- (16) Administration of epinephrine auto-injector to a patient suffering from anaphylaxis;

- (17) Assisted administration of sublingual nitroglycerin, which shall consist of either of the following:
 - (a) Assisting with patient's prescribed nitroglycerin upon the patient's request and with written protocol;

 - (b) Assisting with EMS-provided nitroglycerin with verbal medical direction.

- (18) Assisted administration of aerosolized or nebulized medications, which shall consist of either of the following:
 - (a) Assisting with a patient's prescribed aerosolized or nebulized medications upon the patient's request and with written protocol;

 - (b) Assisting with EMS-provided aerosolized or nebulized medications with verbal medical direction.

- (19) Prehospital advanced life support assistance, to include the setting up of an intravenous administration kit in the presence of an advanced emergency medical technician or paramedic;

- (20) Transport of a central/peripheral intravenous access without an infusion;

- (21) Set up and application of a cardiac monitor in the presence of an advanced emergency medical technician or paramedic;

- (22) Set up and application of a twelve-lead electrocardiogram, in accordance with written protocols, in either of the following instances:
 - (a) When the emergency medical technician is assisting an paramedic; or

 - (b) For the purpose of electronic transmission by the emergency medical technician, provided the



following conditions are met:

- (i) The emergency medical technician does not interpret the electrocardiogram;
- (ii) The emergency medical technician minimizes any delay of patient transport to obtain a twelve-lead electrocardiogram;
- (iii) The EMT utilizes the twelve-lead electrocardiogram in conjunction with destination protocols approved by the local medical director.

(23) Any other services approved by the board pursuant to rule 4765-6-01 of the Administrative Code;

(24) 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) The utilization of waveform capnography is mandatory for all patients requiring invasive airway devices with the exception of stable patients with no cardiac or pulmonary complaints or symptoms unless ordered by the transferring physician.

As used in this rule, an invasive airway device is any airway device inserted or pre-positioned into a patient's airway by means of the mouth, directly into the trachea, or into the trachea by means of a tracheostomy tube, cricothyrotomy or nasotracheal intubation. Dual lumen and extraglottic airways, even though they are blindly inserted into the hypopharynx or the esophagus, are considered invasive airway devices.

(D) 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 technicians 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 the Revised Code.

(E) An emergency medical technician shall not perform emergency medical services within this rule



unless the emergency medical technician 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 technician scope of practice, were not included in the training specified in this paragraph, the emergency medical technician must have received training regarding such services approved by the local medical director before performing those services.