

7.27.2.15

Appendix A: Scopes of Practice for EMS First Responders (EMSFR) Personnel

- A. Medical director means a physician functioning as the service EMS medical director as defined and described in 7.27.3 NMAC, Medical Direction for Emergency Medical Service. Medical control means supervision provided by or under the direction of a physician.
- B. Prior to accomplishing a new skill, technique, medication, or procedure, it shall be documented by the service director, medical director, or approved EMS training institution that the EMS provider has been appropriately trained to perform those new skills, techniques, medications, or procedures.
- C. Service Medical Director Approved: All service medical director approved skills, technique, medication, or procedure are considered advanced life support. Prior to utilizing any skill, technique, medication or procedure designated as Service Medical Director Approved, it shall be documented by the service director, medical director, or approved EMS training institution that the EMS provider has been appropriately trained to perform the skills, techniques, medications or procedures. Additionally, each EMS provider must have a signed authorization from the service's medical director on file at the EMS service's headquarters or administrative offices.
- D. Any device designed and utilized to facilitate successful completion of a skill or other treatment modality, including but not limited to CPR devices, intraosseous placement devices, positive pressure ventilation devices, must be approved by the service medical director.
- E. Only personnel with full, unrestricted licensure may utilize items designated as Service Medical Director Approved.
- F. Utilization of pharmacological agents for the primary purpose of sedation, induction, or muscle relaxation to facilitate placement of an advanced airway requires Medical Direction Committee Special Skills approval.
- G. EMS First Responders (EMSFR):
 - (1) The following allowed skills, procedures, and drugs may be performed without medical direction:
 - a. Basic airway management
 - b. Use of basic adjunctive airway equipment
 - c. Suctioning
 - d. Cardiopulmonary resuscitation, according to current ECC Guidelines
 - e. Obstructed airway management
 - f. Bleeding control via direct pressure
 - g. Spine immobilization
 - h. Splinting (Medical Direction required for femoral traction splinting)
 - i. Scene assessment, triage, scene safety
 - j. Use of statewide EMS communications system
 - k. Emergency childbirth
 - l. Glucometry
 - m. Oxygen
 - n. Other non-invasive procedures as taught in First Responder courses adhering to DOT curricula
 - (2) The following require Service Medical Director Approval:
 - a. Allowable Skills:
 - 1. Mechanical positive pressure ventilation

2. Femoral traction splinting
3. Application and use of semi-automatic defibrillators
4. Insertion of laryngeal and supraglottic airway devices
5. Acupressure

b. Administration of approved medications via the following routes:

1. Nebulized inhalation
2. Subcutaneous
3. Intramuscular
4. Oral (PO)

c. Allowable Drugs:

1. Oral glucose preparations
2. Aspirin PO for adults with suspected cardiac chest pain
3. IM auto-injection of the following agents for treatment of chemical and/or nerve agent exposure:
 - a. atropine
 - b. pralidoxime
4. Albuterol (including isomers) via inhaled administration
5. Ipratropium via inhaled administration, in combination with or after Albuterol administration
6. Epinephrine via auto-injection device

d. Patient's Own Medication that May be Administered

1. Bronchodilators using pre-measured or metered dose inhalation device

(3) Wilderness Protocols: The following skills shall only be used by providers who have a current wilderness certification from a Bureau approved Wilderness First Responder Course, who are functioning in a wilderness environment as a wilderness provider (an environment in which time to a hospital is expected to exceed two (2) hours, except in the case of an anaphylactic reaction, in which no minimum transport time is required), and are authorized by their Medical Director to provide the treatment.

- a. Minor wound cleaning and management
- b. Cessation of CPR
- c. Field clearance of the cervical-spine
- d. Reduction of dislocations resulting from indirect force of the patella, digit, and anterior shoulder