



REGION 11 CHICAGO EMS SYSTEM POLICY	Title: EMS Scope of Practice
	Section: EMS Personnel
	Approved: EMS Medical Directors Consortium
	Effective: December 6, 2023

EMS SCOPE OF PRACTICE

I. PURPOSE

To define the EMS scope of practice for licensed health care personnel at the level of Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), and Paramedic within Region 11.

II. DEFINITION

Scope of Practice: A legal description of the distinction between licensed health care personnel and the lay public as well as among the different levels of licensed health care professionals.

III. FRAMEWORK

The National EMS Scope of Practice Model establishes a framework that determines the range of skills and roles that an individual possessing a State of Illinois EMS license is authorized to do in an EMS System. This is based on the fact that education, certification, licensure, and credentialing are four separate, but related activities.

- A. **Education**: Includes all cognitive, psychomotor, and affective learning that individuals have undergone including initial EMS education, continuing education, and informal learning.
- B. **Certification**: An external verification of competencies that an individual has achieved to assure safe and effective patient care and involves an examination process (example: National Registry certification).
- C. **Licensure**: Represents legal authority granted by the State of Illinois for an individual to practice patient care at a certain level of EMS practitioner (example: IDPH license for EMR, EMT, Paramedic).
- D. **Credentialing**: Clinical determination of a physician EMS Medical Director for an EMS practitioner to work in an EMS System (example: EMS system entry and competency testing).

IV. EMS SCOPE OF PRACTICE:

As defined in the National EMS Scope of Practice Model and shown below, an individual may only perform a skill or role for which that person is:

- A. Educated (has been trained to perform the skill or role); AND



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- B. Certified (has demonstrated competence in that skill or role); AND
- C. Licensed (has legal authority issued by the State of Illinois to perform the skill or role); AND
- D. Credentialed (has been authorized by the EMS Medical Director to perform that skill or role).

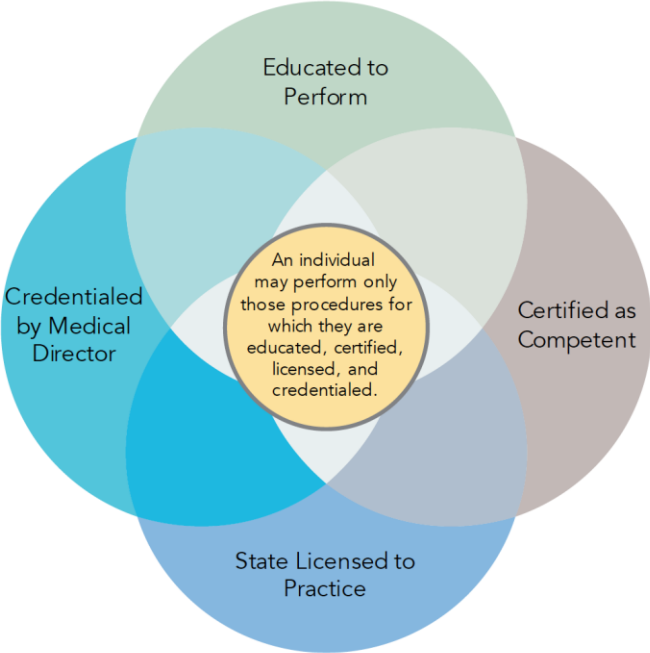


Image adapted from 2019 National EMS Scope of Practice Model, National Highway Traffic Safety Administration Office of EMS - <https://www.ems.gov/national-ems-scope-of-practice-model/>

V. DESCRIPTION OF EMS LICENSURE LEVELS

- A. **Emergency Medical Responder (EMR):** An out-of-hospital practitioner whose primary focus is to initiate immediate lifesaving care to patients while ensuring patient access to the Emergency Medical Services (EMS) system. EMRs possess the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response or working with higher-level medical personnel.
- B. **Emergency Medical Technician (EMT):** A health professional whose primary focus is to respond to, assess, and triage emergent, urgent, and non-urgent requests for medical care, and apply the basic knowledge and skills necessary to provide patient care and medical transportation to and from an emergency or other health care facilities.
- C. **Paramedic:** A health professional whose primary focus is to respond to, assess, and triage emergent, urgent, and non-urgent requests for medical care, and apply the basic and advanced knowledge and skills necessary to determine patient physiologic, psychological, and psychosocial needs, administer medications, interpret and use diagnostic findings to



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implement treatment, provide complex patient care, and facilitate referrals and/or access to a higher level of care when the needs of the patient exceed the capability level of the paramedic. Paramedics commonly facilitate medical decisions at an emergency scene and during transport.

- D. While the Illinois EMS Act recognizes EMT-Is and A-EMTs as additional EMS licensure levels, Region 11 Chicago EMS does not recognize them in their EMS Systems.

VI. REGION 11 CHICAGO EMS

- A. Region 11 Chicago EMS is comprised of 4 EMS System Medical Directors (collectively “Chicago EMS”) that credential EMRs, EMTs, and Paramedics to work under defined regional EMS Protocols, Policies, and Procedures.
 - 1. **EMS Protocols:** Patient care guidelines written for all levels of EMS practitioners.
 - 2. **EMS Policies:** Scene management and destination guidelines written for all levels of EMS practitioners.
 - 3. **EMS Procedures:** Defines the procedures authorized by level of EMS licensure.

VII. IDPH REGULATIONS

- A. Any person currently licensed as an EMT or Paramedic may only perform emergency and non-emergency medical services in accordance with his or her level of education, training and licensure, the standards of performance and conduct prescribed in [IDPH Section 515.550](#), and the requirements of the EMS System in which he or she practices, as contained in the approved System Polices and Protocols. IDPH may, by written order, temporarily modify individual scopes of practice in response to public health emergencies for periods not to exceed 180 days.
- B. EMS Personnel who have successfully completed an IDPH-approved course in automated external defibrillator operation, and who are functioning within an IDPH-approved EMS System, may use an automated external defibrillator according to the standards of performance and conduct prescribed by IDPH in [Section 515.550](#), and the requirements of the EMS System in which they practice, as contained in the approved System Policies and Protocols.
- C. An EMT or Paramedic who has successfully completed an IDPH-approved course in the administration of epinephrine shall be required to carry epinephrine with him or her as part of the EMS Personnel medical supplies whenever he or she is performing official duties, as determined by the EMS System.
- D. An EMR, EMT, or Paramedic may only practice as an EMR, EMT, or Paramedic or utilize his or her EMR, EMT, or Paramedic license in pre-hospital or inter-hospital emergency care settings or non-emergency medical transport situations, under the written or verbal direction



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of the EMS Medical Director. For purposes of this section, a "pre-hospital emergency care setting" may include a location that is not a health care facility, which utilizes EMS Personnel to render pre-hospital emergency care prior to the arrival of a transport vehicle. The location shall include communication equipment and all of the portable equipment and drugs appropriate for the EMT or Paramedic's level of care, and the protocols of the EMS Systems, and shall operate only with the approval and under the direction of the EMS Medical Director.

- E. This does not prohibit an EMR, EMT, or Paramedic from practicing within an emergency department or other health care setting for the purpose of receiving continuing education or training approved by the EMS Medical Director. This also does not prohibit an EMT or Paramedic from seeking credentials other than his or her EMT or Paramedic license and utilizing such credentials to work in emergency departments or other health care settings under the jurisdiction of that employer.

- F. A student enrolled in an IDPH-approved EMS Personnel program, while fulfilling the clinical training and in-field supervised experience requirements mandated for licensure or approval by the EMS System and IDPH, may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified RN or a qualified EMS Personnel, only when authorized by the EMS Medical Director.

VIII. REFERENCES

- A. National EMS Scope of Practice Model 2019:
https://www.ems.gov/pdf/National_EMS_Scope_of_Practice_Model_2019.pdf



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	Emergency Medical Responder (EMR)	EMT (BLS)	Paramedic (ALS)
Skill: Patient Assessment / Management			
Blood Glucose Monitoring		X	X
Medical Patient Assessment		X	X
Neurologic Patient Assessment		X	X
Patient Restraint		X	X
Pediatric Assessment		X	X
Stroke Patient Assessment		X	X
Trauma Patient Assessment		X	X
Skill: Airway / Ventilatory Management			
Airway – Nasal		X	X
Airway – Oral		X	X
Airway Opening (head tilt-chin lift, jaw thrust)		X	X
Bag Valve Mask (BVM)		X	X
Capnography (monitoring and interpretation)			X
CPAP			X
Endotracheal Intubation			X
Foreign Body Removal (Magill forceps)			X
I-gel Supraglottic Airway		X	X
Oxygen Therapy		X	X
Suction Upper Airway		X	X
Skill: Cardiac Management			
Cardiac Arrest Management (ICCA)		X	X
Cardiac Monitoring (12 lead Electrocardiogram (ECG) acquisition and transmission)			X
Cardiac Monitoring (4 lead)			X
Death Notification			X
Defibrillation (automatic)	X	X	X
Manual Defibrillation			X
Synchronized Cardioversion			X
Transcutaneous Pacing			X
Skills: Trauma Management			
Cervical Collar Application		X	X
Chest Seal Application (HyFin Vent)		X	X
Hemorrhage Control (direct pressure)		X	X



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Hemorrhage Control (pressure dressing)		X	X
Hemorrhage Control (tourniquet)		X	X
Hemorrhage Control (wound packing)		X	X
Joint Splinting		X	X
Long Bone Splinting		X	X
Pleural (Chest) Decompression			X
Spinal Motion Restriction (SMR)		X	X
START / JumpSTART triage		X	X
Traction Splinting		X	X
Skills: Medication Administration/Access			
Access Indwelling Catheters and Central IV Ports			X
Buretrol			X
Inhaled		X	X
Intramuscular (Autoinjector)		X	X
Intramuscular (IM)		X	X
Intranasal (IN)		X	X
Intraosseous (IO) Insertion			X
Intravenous (IV) Insertion			X
Intravenous Medication Administration			X
Medication Administration Cross Check (MACC)		X	X
Mucosal / Sublingual			X
Nebulized (aerosolized)		X	X
Oral			X
Vaccine Administration			X
Skills: Obstetric / Pediatric Management			
Assisted Delivery (childbirth)		X	X
Neonatal Resuscitation		X	X
Pediatric Measuring Tape / Medication Dosing			X