PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Access indwelling catheters & implanted central IV ports for fluid and medication administration	EMT-P	2011	Based on national scope of practice language, also based on perceived need.	
Activated charcoal for poisonings	EMT-B	2005 was year of most recent change	Previously in EMT-1 scope of practice – 1993 is when the term "following local written standing orders" was added. In 2005 "following local written standing orders" was deleted.	
Added Advanced EMT (AEMT) to the scope	AEMT	2011	Oregon Department of Human Services, EMS section has adopted the National Advanced Emergency Medical Technician (AEMT) level and has added it to OAR 333-265-0000. These rule amendments aligned the rule with the change to OAR 333-265-0000 and provided a scope of practice for this new level.	
Administer any medications or blood products	EMT-P	1985	The term "blood products" was added in 1985.	Can initiate or administer under specific written protocols authorized by supervising physician, or direct orders from a licensed physician.
Administer aspirin	First responder	2012		

Scope of Practice Changes

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Administer immunizations in the event of an outbreak or epidemic as declared by the Governor, the State	EMT-I	2007		Immunizations must be administered "as part of an emergency immunization program, under the agency's supervising physician's
Administer nebulized Albuterol sulfate treatments	EMT-B	2012		
Administer routine or emergency immunizations to EMS agency personnel	EMT-I	2007		May administer "as part of an EMS Agency's occupational health program" and "under the supervising physician's standing order"
Advanced life support in resuscitation of patients in cardiac arrest	EMT-P	1984	In 1984 this was part of the EMT-3 scope: "Attempt the resuscitation of patients in cardiac arrest in accordance with ACLS guidelines…"	
Airway device - Insert a supraglottic airway device to facilitate ventilation through the glottic opening by displacing tissue and sealing of the laryngeal area.	EMT-B	2017		
Airway opening and maintaining by positioning	within scope of all, without supervisin g physician	1984	1995 legislation added responsibility for scope of practice for First Responders.	

Scope of Practice Changes

Albuterol	AEMT	2011	Since 2005, had been in scope of EMT-I. Changed to reflect national change to add Advanced EMT level.	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
Amiodarone	EMT-I	2005	EMT-I scope of practice changed to reflect a new EMT-I curriculum.	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
Aspirin for suspected myocardial infarction	EMT-B	1999		

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Assist patient with own metered dose inhalers	EMT-B	1998: changed to metered dose inhalers	1996: Initial wording was "with nebulized bronchodialators" and the scope was going to include use of these when carried and given by the EMT.	Must have been previously prescribed by that patient's personal physician and must be in possession of patient at the time EMT-B is summoned to assist patient.
Assist patient with sublingual nitroglycerine tablets or spray	EMT-B	1996		Must have been previously prescribed by that patient's personal physician and must be in possession of patient at the time EMT-B is summoned to assist patient.
Assist prehospital childbirth	within scope of all, without supervising physician	1984		
Assist the on-scene AEMT, EMT-I, or EMT-P by; assembling and priming IV fluid administration sets; and opening, assembling and uncapping preloaded medication syringes and vials.	First responder	2012		

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Atropine sulfate & Pralidoxime chloride by autoinjector	EMT-B* *There are two different situations in which EMT-Bs can administer these: 847-035-0030(9)(m) and 847-035-0030(9)(n). (m) is related to military chemical warfare agents, (n) to the release of organophosphate agents	2007 (with current language) 1996 was the first year the part now labeled (m) was added	2005: 847-035-0030(9)(n) said "in the event of a release of chemical agents…" (rather than "organophosphate agents") and used to require either direct verbal orders from supervising physician or that EMT-B be under direction of EMT-P on the scene. Decided that removing these wouldn't jeopardize safety of the public because it's only in the event of a release of chemical agents.	"In the event of a release of military chemical warfare agents from the Umatilla Army Depot" & "In the event of a release of organophosphate agents" Also, for 847-035-0030(9)(m) must be a "member or employee of an EMS agency serving the DOD-designated Immediate Response Zone" and have completed Section-approved training, use protocols approved by Section and adopted by supervising physician Also reporting requirement for chemical warfare release – must report to Section.
Atropine sulfate	EMT-I	2005	EMT-I scope of practice changed to reflect the new EMT-I curriculum.	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
Automatic or semi-automatic defibrillation	First responder, EMT-B	1988 1996 (for FR)	Used to be under EMT-2 – at that time it carried the requirement of completion of defibrillation course and affiliation with EMT-2-D program	FR – only when he/she has completed a Section-approved course in use of automatic or semi-automatic defibrillator; and complies with the periodic requalification requirements. EMT-B does not have that restriction.

Scope of Practice Changes

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
BiPAP and CPAP	EMT-B	2015		
Capillary Blood Glucose check	EMT-B	2005	2005: made EMT-B level, added "capillary" and deleted instructions from 1991 on where obtained (fingerstick, heelstick, earlobe puncture)	2007 – discussed adding to scope of First Responders, but ultimately did not (thought it was enough that they could provide oral glucose if needed).
Care and Counsel of a Patient Over the Phone	EMT-B	2015		It is reasonable for EMRs and EMTs to provide care and counsel over the phone in non-emergency situations.
CPR & and obstructed airway care	within scope of all, without supervising physician	1984	Part of the initial scope of practice of EMT-2 and higher, as of 1984 (no control over scope of practice for EMT-1 at that time – that was under Health Division).	This is also listed in the scope of practice of EMT-B (847-035-0030(9)(e)), though it is already in the scope by virtue of being within the scope of First Responders (847-035-0030(7)(e)).
Complete a clear and accurate prehospital emergency care report form on all patient contacts	within scope of all, without supervising physician	1984	Has always been required for all levels (began as EMT 2-4)	First responders must also provide a copy of that report to the senior EMT with the transporting ambulance. Other providers are not required to do this.

Scope of Practice Changes

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Cricothyrotomy	EMT-P	2005, 2006	The term "percutaneous" replaced "needle" in 2005, "percutaneous" was removed in 2006 to allow surgical cricothyrotomy as well.	Used to require a written report to the Board in each instance (circa 1991), but no longer (stopped in 2002 because Board wasn't receiving many and didn't think it was necessary). In 1984 this was within EMT-3.

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Cuffed pharyngeal airway device	EMT-B	2005	The term "cuffed pharyngeal" replaced "dual lumen."	The term "cuffed pharyngeal airway device" was defined in 2006.
Diphenhydramine	EMT-I	2005	EMT-I scope of practice changed to reflect the new EMT-I curriculum.	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
Distribute medications at the direction of the Oregon State Public Health Officer as a component of a mass distribution effort	EMT-I	2010	Adopted as part of the response to swine flu concerns. Initially this had a sunset provision to end June 30, 2010, but later this was abandoned.	
Draw peripheral blood specimens	AEMT	2011	Used to be under EMT-2 in 1984. Since 2005, had been EMT-I. Latest change was made to reflect the national change to add an Advanced EMT level	
ECG rhythm interpretation	EMT-I	2009	In 2009 the wording changed to current "ECG rhythm interpretation." 2006 was when this was moved to the EMT-I scope of practice.	Decided to allow interpretation by EMT-I in 2006 – recommended simply moving "initiate electrocardiographic monitoring and interpret presenting rhythm" from EMT-P to the EMT-I level.
ECG interpretation	EMT-P	1984	"Rhythm" was removed from EMT-P scope in 2009, when it was added to the EMT-I scope of practice.	
Emergency cardioversion in the compromised patient	EMT-P	1984	Used to be under EMT-3	

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Endotracheal intubation	EMT-P*	1984	2010 changed from listing tracheal suctioning techniques *and* this in the EMT-P scope, since suctioning techniques could be practiced by lower-level EMTs after EMT-P has intubated.	Initially for EMT-3. *EMT-B can also perform this, but only in the same emergency chemical warfare circumstances as those in which EMT-B can administer atropine sulfate and pralidoxime chloride.
Epinephrine by automatic injector for anaphylaxis	First Responder (with standing orders)	2005		Did not want to add SQ for first responders – just automatic because it doesn't require additional training.
Epinephrine by intramuscular injection	EMT-B	2013	The EMS Vision 2012 Work Group concluded that the proposed change would better protect the public and would meet national standards around medical oversight from EMS providers.	
Epinephrine SQ for anaphylaxis	EMT-B	2005	The wording changed in 2005 from "anaphylactic shock" to "anaphylaxis" as it was noted that people can have severe anaphylaxis without the low blood pressure that marks anaphylactic shock.	1984 – initially under EMT-2.
Epinephrine	EMT-I AEMT	2005, 2011	The EMT-I scope of practice changed to reflect a new EMT-I curriculum, also it used to specify 1:10,000 – this was removed in 2006 because wanted EMT-I to be able to use for conditions other than anaphylaxis.	Both may only administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.

Scope of Practice Changes

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Examinations	within scope of all, without supervising physician	1984		
External transcutaneous pacing of bradycardia that is causing hemodynamic compromise	EMT-P	1988-89		Used to be in EMT-3 scope.
Femoral intravenous line	EMT-P	1984		1991 was under EMT-4 "when a peripheral line cannot be placed."
Fentanyl	EMT-I	2007	Limited to parenteral use, not transdermal or transmucosal – scope says "Analgesics for *acute* pain" (emphasis added). Added as part of move away from morphine for pain.	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
Furosemide	EMT-I	2005	The EMT-I scope of practice changed to reflect a new EMT-I curriculum.	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
Glucagon	AEMT	2011	Since 2005, had been under EMT-I. Changed to reflect the national change to add an Advanced EMT level. Initially discussed adding to EMT-2 in 1989, but did not at that time.	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Hypertonic glucose	AEMT	2011	Since 2005, had been under EMT-I. Changed to reflect a national change to add an Advanced EMT level. Initially	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
Ipratropium bromide	AEMT	2011	Since 2005, had been EMT-I. Changed to reflect a national change to add an Advanced EMT level	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
Initiate and maintain an intraosseous in the pediatric patient	AEMT	2011	1988- Added to scope of practice for EMT-2 and up. Changed to reflect a national change to add an Advanced EMT level.	Initially required supervising physician's approval, training, and written report to the Board whenever used.
Initiate and maintain an intraosseous infusion	EMT-I	2005	The EMT-I scope of practice changed to reflect a new EMT-I curriculum	
Initiate saline or similar locks	AEMT	2011	1984 initially, later changed to reflect a national change to add an Advanced EMT level.	Heparin locks are similar and used to be within scope of EMT-2.
Ketorolac tromethamine	EMT-I	2005	EMT-I scope of practice changed to reflect a new EMT-I curriculum.	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
Lidocaine	EMT-I	2005, 2008	2005 – approved as antiarrhythmic and the EMT-I scope of practice changed to reflect a new EMT-I curriculum. 2008 – was approved as IO infusion anesthetic as well.	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Maintain established IV medication infusions	EMT-I	2005	The EMT-I scope of practice changed to reflect a new EMT-I curriculum. Previously was under EMT-2 and required the patient to be in stable condition and began in '84 with only D5W, LRS, NS.	Must have been initiated in a medical facility and have "clear and understandable written and verbal instructions for maintenance" provided by physician, NP or PA at sending facility
Manual defibrillation	EMT-I	2005	The EMT-I scope of practice changed to reflect a new EMT-I curriculum.	Previously was under EMT-2 and required specific training and exam. Started in 1984 as research project. "Manual" added in 1988 to differentiate from automatic and semi-automatic.
Mechanical positive pressure ventilation	EMT-B	1984	Was previously within EMT-1 scope.	
Monitor patients with isotonic IV fluids flowing	EMT-B	2011	Dropped the term "patients who may be intubated" and added isotonic IV wording. *EMT 2 was allowed to initiate and maintain IV fluids in 1984.	"In the event of a declared Mass Casualty Incident as defined in the local Mass Casualty Incident plan."
Morphine	EMT-I	2005	The EMT-I scope of practice changed to reflect a new EMT-I curriculum.	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
Nalbuphine Hydrochloride	EMT-I	2005	The EMT-I scope of practice changed to reflect a new EMT-I curriculum.	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Naloxone – preparation via intranasal device or auto-injector for suspected opioid overdose.	First Responder	2014		
Nasopharyngeal and a noncuffed oropharyngeal device	First Responder (with standing orders)	1996 (FR scope adopted)	1995 legislation added responsibility for scope of practice for First Responders. In 2005 the wording changed from "oropharyngeal and nasopharyngeal airway."	Initially (1984) listed a host of specific device types and was under EMT 2 – oropharyngeal airways, nasopharyngeal airways, oxygen catheters, esophageal obturator airways esophageal gastric airways, and appropriate pharyngeal suctioning.
Needle thoracentesis for tension pneumothorax in a prehospital setting	EMT-P	1991		
Nasogastric tube	EMT-P	1984	In 1988 the words "except in trauma cases" were removed from the end of the sentence, leaving it as "Initiate orogastric or nasogastric tubes for the evacuation of stomach contents."	
Nitroglycerine	AEMT	2011	Had been EMT-I. Changed to reflect a national change to add an Advanced EMT level.	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.

Scope of Practice Changes

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Nitrous oxide	AEMT	2011	Since 2005, had been EMT-I. Changed to reflect a national change to add an Advanced EMT level	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
Noninvasive diagnostics	within scope of all, without supervising physician	2003		Types of noninvasive diagnostic devices were intended to be EKG, pulse oximetry, CO2 testing, temperature reading, skin electrodes, blood pressure cuff, etc.
Ondansetron (anti-emetic)	EMT-I	2009		May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
Orogastric tube	EMT-I	2005	EMT-I scope of practice changed to reflect a new EMT-I curriculum	
Operate a bag mask ventilation device with reservoir	First Responder (with standing orders)	1996	1995 legislation added responsibility for scope of practice for First Responders.	
Oral glucose for hypoglycemia	First Responder (with standing orders)	1996	1995 legislation added responsibility for scope of practice for First Responders.	
Other emergency tasks as requested if under the direct visual supervision of a physician and then only under the order of that physician	EMT-B	1984		The word “direct” was added in 1989. Used to be under EMT-2
Oxygen administration	First Responder (with standing orders)	1996	1995 legislation added responsibility for scope of practice for First Responders.	

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Obtain **peripheral** arterial blood specimens	EMT-P	2014		
Obtain **peripheral** venous blood specimens;	AEMT	2014		
Pharyngeal Suctioning	First Responder (with standing orders)	1996	1995 legislation added responsibility for scope of practice for First Responders	
Physiologic isotonic crystalloid solution	AEMT	2011	Since 2005, had been EMT-I (prior to that, it was EMT-2). Changed to reflect a national change to add an Advanced EMT level	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
Respect the patient's wishes including life-sustaining treatments	All, if acting through standing orders	1999	Not really a procedure, but added to ensure compliance with DNR orders 2003 – changed to "shall request and honor" life-sustaining treatment orders "if available" rather than "shall comply with" because of concerns about liability.	Also includes "A patient with life-sustaining treatment orders always requires respect, comfort and hygienic care." 2003 change was due to concerns about liability because of problems in the field with obtaining the proper orders, etc.
Require all Emergency Medical (First) Responders to have signed standing orders from a medical director.	First Responder	2013		
Shock treatment (Pneumatic Antishock Garment/ PASG)	EMT-B	1984		

Scope of Practice Changes

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Soft tissue injury care	within scope of all, without supervising physician	1984	1995 – added responsibility for scope of practice for First Responders	2011 – Committee recommended change this and "suspected fracture care" to "provide care for musculoskeletal injuries")

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Suspected fracture care	within scope of all, without supervising physician	1984	1995 – added responsibility for scope of practice for First Responders.	*see "soft tissue injury care" above
Tracheobronchial suctioning of an already intubated patient	AEMT	2011	Changed to reflect a national change to add an Advanced EMT level.	
Tracheobronchial tube suctioning on the endotracheal intubated patient	EMT-B	2010	Used to be listed under EMT-P, but since differentiated between suctioning and performing intubation, added to EMT-B scope of practice. Was EMT-3 in 1984. I'm not sure how "tube" got added, since the initial language just said "tracheobronchial suctioning"	
Transport stable patients with saline locks, heparin locks, foley catheters, or in-dwelling vascular devices	EMT-B	2010		
Transtracheal jet insufflation	EMT-P	1984	Corrected to "insufflation" from "sufflation" for EMT-3 in 1989.	"May be used when no other mechanism is available for establishing an airway."
Tuberculosis skin testing	EMT-I	2012		
Urinary catheter placement	EMT-P	1991	Initially for EMT-4. Wanted to ensure this was used only in "long transport situations."	"for trauma patients in prehospital setting who have received diuretics and where transport time > 30 minutes."

Scope of Practice Changes

PROCEDURE	PROVIDER LEVEL	YEAR	REASON, WHAT CHANGED	SPECIAL CIRCUMSTANCES
Vasopressin	EMT-I	2005	EMT-I scope of practice changed to reflect a new EMT-I curriculum	May administer under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
Ventilate with a non-Invasive positive pressure delivery device	EMT-B	2000		
Ventilation - Initiate and maintain mechanical ventilation during transport if trained on the particular equipment and if acting under specific written protocols.	EMT-P	2017		
Vital signs	within scope of all, without supervising physician	1984	1995 – added responsibility for scope of practice for First Responders.	

Last updated January, 2017.