

Community Paramedicine Scope of Practice Document

FINAL

Version 0.1

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Change Log

This table lists all changes made in the most recent revision of this document since the November 7, 2023 publication of Version 0.1.

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Purpose

The purpose of this document is to describe a broad view of the types of services Emergency Medical Services (EMS) clinicians participating in a community paramedicine (CP) program can offer to patients referred to their CP program.

Glossary of Terms

ADL – Activities of Daily Living

CHF – Congestive Heart Failure

COPD – Chronic Obstructive Pulmonary Disorder

CLIA – Clinical Laboratory Improvement Amendments (See U.S. FDA CLIA waived analytes for most up to date testing)

IV – Intravenous

PCP – Primary Care Physician

SDOH – Social Determinants of Health

SUD – Substance Use Disorder

Screenings

Skill	CP Affiliate Level (EMT)	CP Technician Level (AEMT)	Community Paramedic Level (Paramedic)
Standardized SDOH screening & referral	X	X	X
Standardized ADL screening & referral	X	X	X
Home Safety Assessment	X	X	X
Fall & Mobility Assessments	X	X	X
Delirium Screen	X	X	X
Dementia Screen	X	X	X
Standardized Behavioral Health Screenings & Referrals	X	X	X
SUD Screening	X	X	X

Medications

Skill	CP Affiliate Level (EMT)	CP Technician Level (AEMT)	Community Paramedic Level (Paramedic)
Medication Compliance	X	X	X
• Inventory	X	X	X
• Organize	X	X	X
• Regimen Compliance	X	X	X
• Coordinate with prescribers	X	X	X
Start medication with qualified healthcare professional order ¹	Depends on Scope	Depends on scope	X
Medication Administration ²	Depends on Scope	X	X
Infusion Therapy ³	Depends on scope	X	X
Dispensation of naloxone	X	X	X

¹ As permitted by formulary

² As permitted by formulary

³ As permitted by formulary

Procedures

Skill	CP Affiliate Level (EMT)	CP Technician Level (AEMT)	Community Paramedic Level (Paramedic)
Chronic condition monitoring & treatment including but not limited to:	Monitor only	X	X
• Diabetes Management	Monitor only	X	X
• CHF Monitoring	Monitor only	X	X
• Asthma/COPD Monitoring	Monitor only	X	X
• Mobility & Fall Risk	Monitor only	X	X
• SUD	Monitor only	X	X
• Tobacco Cessation Intervention	Monitor only	X	X
Sub-acute and chronic wound care management		X	X
• Simple wound care:		X	X
○ Monitor Progress		X	X
○ Simple Dressing Changes		X	X
○ Wet-to-dry Dressing		X	X
• Complex Wound Care ⁴			X
Monitor Cellulitis Treatment		X	X
Foot Check		X	X
Peak Flow Measurement		X	X
Incentive Spirometry		X	X
Standardized Nutritional Diet Education		X	X
Specimen collection, to include, but not limited to:		X	X
• Urine		X	X
• Blood		X	X
• Stool		X	X
• Respiratory Swabs	X	X	X

⁴ Including those requiring sterile technique, wound irrigation, the use of vacuum-assisted closure devices or other products designed for specific wound needs while following a wound care plan from a qualified healthcare professional.

• Wound Swabs		X	X
CLIA Waived Labs		X	X
Access Ports ⁵		X	X
• Central Venous Catheter			X
• Percutaneous Lines			X
Ostomy Care		X	X
Bladder Scan			X
Suture Removal / Staple Removal			X
Feeding tube care ⁶			X
Foley Care			X
Vaccine Administration ⁷	X	X	X
Direct Observed Therapy	X	X	X
Monitoring of Substance Use Disorder Treatment ⁸		X	X
Telemedicine Coordination	X	X	X
• As on scene originating site facilitator / coordinator	X	X	X
• As remote site for checking in with patients	X	X	X
○ Audio	X	X	X
○ Audio/video	X	X	X
○ Messaging systems	X	X	X
Transitional Care Coordination	X	X	X
• Interfacing/Referrals with other health service agencies and qualified health care professionals to	X	X	X

⁵ Community Paramedics must be trained to safely access central lines in a fashion that minimizes the risk of infection. The most appropriate training for this is through a local partner hospital; however, if this is unavailable, service-level training through the EMS Medical Director may be sufficient. In either case, the agency should ensure competency and initial credentialing followed by annual re-credentialing. Central lines appropriate for access by Community Paramedicine providers with training and credentialing include midlines, tunneled catheters, and ports. Dialysis catheters may not be accessed at any time. Central line access always requires a separate and distinct physician order.

⁶ Removal and placement, including reinsertion, is not included

⁷ As permitted by the formulary, for the CP-A level vaccine administration will be limited to the 911 protocols.

⁸ Only pertains to episodic monitoring of treatment initiated elsewhere.

include, but not limited to:			
○ Ordering Clinician	X	X	X
○ Home Health	X	X	X
○ Hospice	X	X	X
○ Behavioral Health	X	X	X
○ Substance Use Treatment	X	X	X
○ PCP	X	X	X
• Non-Medical Referrals including, but not limited:	X	X	X
○ Referral to Community Services	X	X	X
○ Referral to Food Assistance	X	X	X
○ Referral to Behavioral Health Services	X	X	X