



Wyoming State Board of Nursing  
130 Hobbs Avenue, Suite B  
Cheyenne, WY 82002

Phone (307) 777-7601 Fax (307) 777-3519

E-Mail: [wsbn-info-licensing@wyo.gov](mailto:wsbn-info-licensing@wyo.gov)

Home Page: <https://nursing-online.state.wy.us/>

Wyoming Office of Emergency Medical Services  
6101 Yellowstone Rd., Suite 400  
Cheyenne, WY 82002

Phone (307) 777-7955 Fax (307) 777-5639

Home Page: <https://health.wyo.gov/publichealth/EMS/>

**OPINION:** Pre Hospital Nursing

**APPROVED DATE:** Dec 2018

**REVIEWED DATE:**

**REVISED DATE:**

**ORIGINATING COMMITTEE:**

Education Committee

An advisory opinion adopted by WSBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of WSBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure the safety of their patient population and/or decrease risk.

Within the Scope of Practice/Role of  APRN  RN  LPN  CNA

**JOINT ADVISORY OPINION  
PRE HOSPITAL NURSING**

**Intent of Advisory Opinion:**

In accordance with Wyo. Stat. §33-21-122(c)(iii) of the Wyoming Nursing Practice Act (NPA), the Wyoming State Board of Nursing (WSBN) has approved the following Advisory Opinion on Pre-Hospital Nursing.

In accordance with Wyo. Stat. §33-36-103(b) of the Wyoming Emergency Medical Services Act of 1977” and the *Rules and Regulations for Wyoming Emergency Medical Services*, Chapter 1, Section 2(a), the Wyoming Office of Emergency Medical Services (OEMS) has approved the following Advisory Opinion.

## **Purpose**

This Joint Advisory Opinion provides guidance related to the roles of nurses in the pre-hospital environment, and to clarify the interrelated and overlapping scopes of practice when a person holds a license from the two licensing authorities. The intent of this advisory opinion is to support RNs who are working in the pre hospital setting, using their nursing knowledge and training.

## **Pre-hospital setting in general**

Nurses fill a significant role in EMS systems in Wyoming. The pre hospital environment is a recognized specialty area requiring additional specialty training above and beyond what a basic nursing program traditionally provides. With successful completion of additional specialty education focused on pre-hospital nursing and emergency care, RNs are qualified to practice in the pre-hospital arena with appropriate medical direction. These nurses have acquired training and skill in such areas as caring for seriously ill and injured adults and children having potential life threatening conditions, as well as training to deliver care in the pre hospital environment and under austere conditions.

## **Interrelation of authority for licensing**

The WSBN issues licenses for nurses (and other nursing professions) under the authority of the Nurse Practice Act. The WSBN is the sole authority for administrative actions against its licensees.

The OEMS issues licenses for EMS personnel at one of five levels: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), Intermediate Emergency Medical Technician (IEMT), and Paramedic. The OEMS is the sole authority for administrative actions against its licensees. The OEMS also establishes the requirements for and licenses ambulance services.

There is no prohibition by either the Nurse Practice Act or the Wyoming Emergency Medical Services Act of 1977 against a person holding licenses issued from both authorities. While they are separate authorities and entities, the WSBN and the OEMS are committed to professional collaboration when appropriate, and acknowledge both a legal and ethical obligation to do so.

## **Employer/agency responsibility and affiliation**

Understanding the employer to employee relationship is crucial to establishing authority. All of the following scenarios occur within Wyoming:

A. Nurses occasionally facilitating inter-facility transfers:

It is appropriate to utilize a nurse to facilitate the inter-facility transfer of a patient when the clinical care required of the patient either exceeds the scope of practice of the ambulance service personnel or the patient's condition warrants additional personnel for safety and comfort.

Typically, these nurses hold a single license as a nurse, and they remain under the employment of the originating facility. It is not an acceptable practice to utilize nurses to facilitate an inter-facility transport when the nurse has not prepared to perform in the pre-hospital environment via orientation. This is unsafe for the patient, and places both the nurse and the ambulance service in a potentially liable situation. It is only acceptable under the most extreme circumstances to save a life.

Ambulance services utilizing nurses to facilitate the transport of a patient whose clinical requirements exceed the scope of practice for their personnel should provide an orientation to nurses who may fill this role addressing topics to include, but not limited to:

- Operation and location of on-board clinical equipment to include oxygen systems, suctioning, defibrillators, and other resuscitation supplies;
- Operation of radios, cellphones, or other communications equipment;
- Any other patient safety or comfort equipment;
- Emergency procedures in the event of vehicle accident or sudden decompensation of the patient.
- Role of EMS Medical Director and chain of command of crew members

A member of the ambulance crew should remain in the patient care compartment with the nurse to assist with the management of the patient and equipment.

B. Nurses routinely employed by an ambulance service:

Under these circumstances, the nurse may respond to a 9-1-1 emergency call or perform inter-facility transport on a more regular basis.

There are several scenarios which create a different employer/employee relationship:

- A person is only licensed as a nurse, but is employed by the ambulance service specifically to facilitate transfers. (Usually on a PRN basis.)
- A person is only licensed as a nurse, is employed by the ambulance service and responds to both 9-1-1 calls *or* performs inter-facility transports.
- A person is licensed as both a nurse and an EMT, is employed by the ambulance service and responds to both 9-1-1 calls *or* performs inter-facility transports.
- A person is licensed as both an EMT and a nurse, is employed by both the ambulance service and the hospital, and may perform in either the 9-1-1 or inter-facility setting.

Under any of these scenarios, the pre-hospital nurse provides care in first responder and inter-facility transport situations under the aegis of the emergency medical system and a Physician Medical Director.

## **Policies**

Licensed ambulance services are required to ensure that only qualified and competent personnel are providing care on emergency scenes and during transport, regardless of the licensing authority which licenses the personnel. Generally, the ambulance service ensures this through:

1. Adopting standard operating procedures, written protocols and standing orders specific to nurses; consideration should be given to multiple factors.
  - a. What is the breadth and depth of experience of the nurse?
  - b. Is the nurse also licensed through the OEMS? At what level?
2. Providing training to address any knowledge gaps related to functioning in the pre-hospital environment.
3. Implementing a process of competency measurement and validation for nurses routinely providing pre-hospital care;
4. Competency-based skills, recognized by the administrative base hospital/medical director, are updated annually and verification documents kept on file with the employer/EMS agency; and
5. Requiring orientation and familiarization with ambulances and their operations to include, but not limited to, available equipment, communications, and emergency procedures.
6. Nurses routinely providing pre-hospital care, must be affiliated with an EMS agency with a Medical Director. The ambulance service must declare the affiliation to the OEMS through the EMS agency's Ambulance Business License or authorization.

Only nurses who have completed additional formal education, provided in a program of study with supervised clinical practice and competency verification/documentation (paramedic program, EMT program etc. as defined in the Wyoming Office of Emergency Medical Services, Rules and Regulations for Wyoming Emergency Medical Services) are qualified to practice in the pre-hospital setting on a fulltime/regular basis. While neither Agency currently specifies in rule the criteria for nurses filling this role, it is the intent and expectation of both Agencies that nurses demonstrate competency before practicing in the pre hospital setting.

### **Scope of Practice Comparison**

Nurses can determine their scope of practice through the nursing [Decision Tree](#) and by reading the Nurse Practice Act and Rules. While the scope of practice for EMS personnel is more specific and is heavily dependent on the individual level, in determining whether any individual act is allowable the individual should apply the same critical thinking. Follow this link to the [EMS decision tree model](#).

The following table provides a general comparison of the skills of the EMS level which typically fall well within the scope of practice for a nurse, and assumes the nurse does not hold any additional trainings, certifications, or experiences beyond that of an entry level nurse. The table lists only those skills that are clinical in nature and assumes the nurse is familiar with ambulance and emergency scene operations.

EMS Level	Performed requiring minimal training or orientation	Performed requiring moderate additional training	Registered Nurse Scope
EMR	CPR, use of an AED, Oro/nasopharynx airways, assist with medications, oral glucose, aspirin/chest pain of ischemic origin, application of tourniquets, wound packing, epinephrine auto-injector for anaphylaxis, intra-nasal naloxone		Yes
EMT	All EMR skills plus: intra-muscular administration of epinephrine via syringe and needle, capillary blood glucose testing, capture and transmission of 12-lead ECG		Yes
AEMT	All EMT skills plus: Initiation of intravenous access, administration of crystalloid solutions, sublingual nitroglycerine, intra-muscular glucagon	Intravenous D50, nebulized beta agonists, nitrous oxide, supra-glottic airways, perform intra-osseous access/lidocaine as local anesthetic	Yes
IEMT	All AEMT skills plus: expanded pharmacological agents, monitoring of antibiotic infusions	Use of pharmacological agents in resuscitation of cardiac arrest, manual defibrillation, needle thoracotomy	Yes but will need training RN must have training to perform needle thoracotomy
Paramedic	All IEMT skills plus: any pharmacological agent, gastric decompression, blood chemistry analysis, use of Morgan lens, urethral catheterization	Indwelling catheters and implanted central IV ports for fluid and medication administration, maintain blood product infusion,	Yes but will need training* RN must have training to perform percutaneous cricothyrotomy, cardioversion, transcutaneous pacing, nasal intubation, surgical airways, rapid sequence intubation

\*As always, RNs are responsible for seeking direct training on clinical skills he/she is not competent to perform. RNs are not allowed to prescribe, diagnose or practice medicine in any setting.

A. Scope of practice for single-licensed nurses:

It is within the scope of practice of an appropriately trained and competent RN to provide care in the pre-hospital environment if the following criteria are met:

- A. There are organizational policies and procedures to guide this practice;
- B. The nurse has completed training and demonstrated continuing competency;
- C. The EMS agency/facility maintains documentation on training and competency for each nurse;
- D. The care is provided under the direction of a physician, APRN or PA; and
- E. The patient's condition is assessed prior to, during, and after the procedure to current standard of practice.

B. Scope of practice for dual-licensed nurses:

Neither of the practice acts cited in this opinion prohibit a person from holding licenses simultaneously issued under both authorities (dual license holder). In the instance of a dual licensed holder, there are clear instances of overlap between the scopes of practice, as well as instances in which an act may be allowed under one scope of practice and not the other.

Nurses, who are licensed as Paramedics or EMTs, may be deemed as meeting competency for nursing licensure renewal employment requirements, while practicing in this setting.

**Summary**

It is best safe practice for nurses to have current certification appropriate to patient population, such as, but not limited to; Advanced Cardiac Life Support (ACLS) / Pediatric Advanced Life Support (PALS) or Emergency Nurse Pediatric Course (ENPC) / Trauma Nurse Care Course (TNCC) or Advance Trauma Nurse Course (ATNC), ambulance operations, HAZMAT, MASCAL, radio/communications, landing zone operations, medical/legal specific to the field environment or Transport Nurse Advanced Trauma Certification (TNATC) / Neonatal Resuscitation Program (NRP), etc.

## APPENDIX A

Wyoming Office of Emergency Medical Services. Scope of Practice for EMS Personnel. (2015)

Wyoming Office of Emergency Medical Services. Rules and Regulation for Emergency Medical Services. Chapters 16 Personnel Licensure Requirements and Chapter 17 Scope of Practice.

U.S. Department of Transportation. (2007). 2007 National EMS Scope of Practice Model. Including Changes Notices 1.0 and 2.0.

## REFERENCES

Air and Surface Transport Nurses Association. (2010). Role of the registered nurses in the prehospital environment. Position paper. Retrieved from:

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Kentucky Board of Nursing (2005, Feb). #26 Roles of Nurses in the Delivery of Prehospital Emergency Medical Care via Ambulance Services. Advisory Opinion Statement. Retrieved from: <http://kbn.ky.gov/practice/Documents/aos26.pdf>.

Semonin-Holleran, R. (1994). Pre-hospital nursing. St. Louis, MO: Mosby

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Appendix A “[Decision Tree](#) for the Scope of Practice of Nursing”

Appendix B “[Decision Tree for the Scope of Practice of EMS](#)”