

4765-6-06

Withdrawing of blood for evidence collection.

- (A) An EMT-intermediate or an EMT-paramedic may withdraw blood for the purpose of determining the alcohol, drug, controlled substance, metabolite of a controlled substance, or combination content of the whole blood, blood serum, or blood plasma as provided in division (D) of sections 4765.38 and 4765.39 of the Revised Code and in accordance with this rule.
- (B) A physician or cooperating physician advisory board that serves as the medical director for any EMS organization may limit the ability of an EMT-intermediate and EMT-paramedic, who provide emergency medical services under the auspices of the physician's certificate to practice medicine and surgery, or osteopathic medicine and surgery, to withdraw blood for evidence. The withdrawal of blood for evidence collection shall be performed in accordance with protocols and training requirements established by the medical director of the emergency medical service organization with which the EMT-intermediate or EMT-paramedic is affiliated.
- (C) The EMT-intermediate or EMT-paramedic must have received training approved by the local medical director regarding the withdrawal of blood for evidence collection before performing the withdrawal of blood for evidence.
- (D) In the course of providing emergency medical treatment and at the request of a law enforcement officer, an EMT-intermediate or EMT-paramedic may withdraw blood as provided under sections 1547.11, 4506.17, and 4511.19 of the Revised Code. The EMT-intermediate or EMT-paramedic shall not respond to the request to withdraw blood for the purpose of evidence collection unless the EMT-intermediate or EMT-paramedic is also responding to a request for emergency medical treatment and transport of the patient to a health care facility. A clinically competent patient may refuse transport.
- (E) The EMT-intermediate or EMT-paramedic shall not attempt to withdraw blood, if any of the following apply:
- (1) In the opinion of the EMT-intermediate or EMT-paramedic, the physical welfare of the patient, the EMT, or any other person would be endangered by the withdrawing of blood;
 - (2) In the opinion of the EMT-intermediate or EMT-paramedic, the withdrawing of blood would cause an unreasonable delay in the treatment or transport of the patient or any other person;
 - (3) Consent of the patient is not obtained by the EMT-intermediate or EMT-paramedic. Any person who is unconscious, or who otherwise is in a condition rendering the person incapable of refusal, shall be deemed to have consented;
 - (4) Blood would be withdrawn from a pre-existing central venous access device;

(5) The withdrawing of blood would result in a violation of any rule in this chapter;
or

(6) The person is deceased.

(F) The withdrawing of blood shall only be done at the request of a law enforcement officer having reasonable grounds to believe the person was violating sections 1547.11, 4506.17 or 4511.19 of the Revised Code. As set forth in section 4511.191 of the Revised Code, the law enforcement officer shall request the person to submit to the withdrawing of blood and shall be responsible for advising the person of the consequences of submitting to, or refusing to submit to, the test.

(G) Blood shall only be collected utilizing the appropriate blood collection kit furnished by the law enforcement officer making the request and in compliance with rule 3701-53-05 of the Administrative Code. The withdrawing of blood must take place under the observation of the law enforcement officer. The blood sample must be immediately provided to the law enforcement officer.

Effective: 12/02/2010

R.C. 119.032 review dates: 04/16/2014

CERTIFIED ELECTRONICALLY

Certification

11/22/2010

Date

Promulgated Under: 119.03
Statutory Authority: R.C. 4765.11, R.C. 4765.38, R.C. 4765.39
Rule Amplifies: R.C. 4765.38, R.C. 4765.39, R.C. 1547.11, R.C.
4506.17, R.C. 4511.19

4765-10-06

Medical director.

Nothing in this chapter shall be construed as restricting or otherwise limiting the right of a physician who serves as the medical director for any EMS organization to determine those first responders or EMTs whom the medical director will allow to provide emergency medical services, or to withdraw blood for evidence collection, under the auspices of the medical director's certificate to practice medicine and surgery, or osteopathic medicine and surgery, issued under Chapter 4731. of the Revised Code. The medical director, however, shall not authorize first responders or EMTs to provide emergency medical services beyond the scope of their certificates to practice.

Effective: 12/02/2010

R.C. 119.032 review dates: 12/26/2012

CERTIFIED ELECTRONICALLY

Certification

11/22/2010

Date

Promulgated Under: 119.03
Statutory Authority: R.C. 4765.11, R.C. 4765.38, R.C. 4765.39
Rule Amplifies: R.C. 4765.38, R.C. 4765.39, R.C. 1547.11, R.C.
4506.17, R.C. 4511.19
Prior Effective Dates: 1/1/96, 4/28/02

4765-16-04

EMT-intermediate scope of practice.

(A) In addition to the skills listed in rule 4765-15-04 of the Administrative Code, and in accordance with section 4765.38 of the Revised Code, an EMT-intermediate may perform the following emergency medical services only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or authorization transmitted through a direct communication device by a physician or registered nurse designated by a physician, or in accordance with written protocols as specified in division (C) of section 4765.38 of the Revised Code:÷

- (1) Cardiac monitor strip interpretation;
- (2) Manual defibrillation;
- (3) Obtaining blood specimens;
- (4) Subcutaneous administration of epinephrine;
- (5) Administration of intravenous lifeline and fluid;
- (6) Intraosseous infusion;
- (7) Saline lock initiation;

(B) In addition to the emergency medical services described in paragraph (A) of this rule, and in accordance with section 4765.38 of the Revised Code, an EMT-intermediate who has completed a training program pursuant to this chapter of the Administrative Code may perform the following emergency medical services only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or authorization transmitted through a direct communication device by a physician or registered nurse designated by a physician, or in accordance with written protocols as specified in division (C) of section 4765.38 of the Revised Code: ÷

- (1) Administration of the following medications:
 - (a) Sublingual nitroglycerin;
 - (b) Dextrose ~~fifty percent~~ in water;
 - (c) Diphenhydramine;

- (d) Benzodiazepines;;
 - (e) Bronchodilators;
 - (f) Naloxone;
 - (g) Glucagon;
 - (h) Nitrous oxide;
 - (i) Nalbuphine;
 - (j) Morphine sulfate;
 - (k) Ketorolac, meperidine, or other analgesics for pain relief;
 - (l) Any additional drug approved by the board.
- (2) Administration of nebulized medications;
 - (3) Administration of intranasal medications;
 - (4) Orotracheal intubation of the apneic patient;
 - (5) Dual lumen airway of the apneic patient;
 - (6) Supraglottic airway of the apneic patient;
 - (7) Needle decompression of the chest.
 - (8) Replacement of a tracheostomy tube through a stoma;
 - (9) Set up and application of a 12-lead electrocardiogram, in accordance with written protocols, in either of the following instances:
 - (a) When the EMT-intermediate is assisting an EMT-paramedic; or
 - (b) For the purpose of electronic transmission by the EMT-intermediate,

provided the following conditions are met:

- (i) The EMT-intermediate does not interpret the electrocardiogram;
- (ii) The EMT-intermediate minimizes any delay of patient transport to obtain a 12-lead electrocardiogram;
- (iii) The EMT-intermediate utilizes the 12-lead electrocardiogram in conjunction with destination protocols approved by the local medical director.

(10) Withdraw blood for the purpose of determining the alcohol, drug, controlled substance, metabolite of a controlled substance, or combination content of the whole blood, blood serum, or blood plasma as provided in division (D) of section 4765.38 of the Revised Code when performed in accordance with the criteria established in rule 4765-6-06 of the Administrative Code and the protocols established by the medical director of the emergency medical service organization with which the EMT-intermediate is affiliated.

~~(10)~~(11) Any other services pursuant to a research study approved by the board under rule 4765-6-04 of the Administrative Code and within the parameters established by the board for such study.

(C) A physician or cooperating physician advisory board that serves as the medical director for any EMS organization may limit, but not exceed the scope of practice for those EMT-intermediates who provide emergency medical services under the auspices of the physician's certificate to practice medicine and surgery, or osteopathic medicine and surgery, issued under Chapter 4731. of the Revised Code to include the withdrawing of blood for evidence collection.

(D) An EMT-intermediate shall not perform emergency medical services within this rule unless the EMT-intermediate has received training as part of an initial certification course or through subsequent training approved by the board. If certain emergency medical services, within the EMT-intermediate scope of practice, were not included in the training specified in this paragraph, the EMT-intermediate must have received training regarding such services approved by the local medical director before performing those services.

Effective: 12/02/2010

R.C. 119.032 review dates: 09/17/2010 and 03/12/2013

CERTIFIED ELECTRONICALLY

Certification

11/22/2010

Date

Promulgated Under: 119.03
Statutory Authority: R.C. 4765.11, R.C. 4765.38, R.C. 4765.39
Rule Amplifies: R.C. 1547.11, R.C. 4506.17, R.C. 4511.19, R.C.
4765.38, R.C. 4765.39
Prior Effective Dates: 3/23/03, 5/29/08

4765-17-03

EMT-paramedic scope of practice.

(A) In addition to the skills listed in rules 4765-15-04 and 4765-16-04 of the Administrative Code, and in accordance with section 4765.39 of the Revised Code, an EMT-paramedic may perform the following emergency medical services only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or authorization transmitted through a direct communication device by a physician or registered nurse designated by a physician, or in accordance with written protocols as specified in division (C) of section 4765.39 of the Revised Code: †

- (1) Tracheostomy tube replacement and suctioning;
- (2) Orotracheal intubation;
- (3) Nasotracheal intubation;
- (4) Cricothyrotomy (surgical);
- (5) Cricothyrotomy (needle);
- (6) Dual lumen airway;
- (7) Supraglottic airway;
- (8) Ventilatory management of patients sixteen years of age or older;
- (9) Transcutaneous cardiac pacing;
- (10) Administration of cardiac medication;
- (11) Cardioversion;
- (12) 12-lead electrocardiogram performance and interpretation;
- (13) Administration of nitroglycerin;
- (14) Administration of nebulized medication;
- (15) Needle decompression of the chest;

- (16) Placement of nasogastric or orogastric tubes;
 - (17) Administration of other medications pursuant to written protocols;
 - (18) Intravenous infusion pump.
 - (19) Withdraw blood for the purpose of determining the alcohol, drug, controlled substance, metabolite of a controlled substance, or combination content of the whole blood, blood serum, or blood plasma as provided in division (D) of section 4765.39 of the Revised Code when performed in accordance with the criteria established in rule 4765-6-06 of the Administrative Code and the protocols established by the medical director of the emergency medical service organization with which the EMT-paramedic is affiliated.
 - ~~(19)~~(20) Any other services pursuant to a research study approved by the board under rule 4765-6-04 of the Administrative Code and within the parameters established by the board for such study.
- (B) A physician or cooperating physician advisory board that serves as the medical director for any EMS organization may limit but not exceed the scope of practice for those EMT-paramedics who provide emergency medical services under the auspices of the physician's certificate to practice medicine and surgery, or osteopathic medicine and surgery, issued under Chapter 4731. of the Revised Code to include the withdrawing of blood for evidence collection.
- (C) An EMT-paramedic shall not perform emergency medical services within this rule unless the EMT-paramedic has received training as part of an initial certification course or through subsequent training approved by the board. If certain emergency medical services, within the EMT-paramedic scope of practice, were not included in the training specified in this paragraph, the EMT-paramedic must have received training regarding such services approved by the local medical director before performing those services.

Effective: 12/02/2010

R.C. 119.032 review dates: 09/17/2010 and 03/12/2013

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4765.38, R.C. 4765.39
Prior Effective Dates: 3/23/03, 5/29/08