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The Ohio Board of Emergency Medical Services (“EMS Board”) issues the following statement:

**Regarding Clarification of the term “Appropriate Training” as Specified in
Rule 4765-6-03 of the Ohio Administrative Code (OAC)
January 2006**

This statement is an attempt to provide general information about the above issue facing EMS providers. It should not be treated as legal advice or medical direction. For direct advice regarding a particular scenario, please consult with your legal counsel and/or medical director. The following statement represents the EMS Board’s general position on the above issue, and in no way precludes the EMS Board from taking disciplinary action if a violation of OAC 4765-6-03 is deemed to have occurred.

Legal Authority:

OAC 4765-6-03 expands the scope of practice for certified First Responders, EMT-Basics, EMT-Intermediates and Paramedics in two limited situations:

- (1) In the event of a Governor’s declaration of an emergency that affects the public’s health, this rule allows certified First Responders, EMT-Basics, EMT-Intermediates and Paramedics to administer immunizations, and drugs or dangerous drugs, related to the emergency. Such EMS personnel must be under physician medical direction and have *appropriate training* regarding the administration of such immunizations and/or drugs.
- (2) In the event of a suspected or known exposure to a nerve or organophosphate agent, this rule allows certified First Responders, EMT-Basics, EMT-Intermediates and Paramedics to administer drugs or dangerous drugs contained within a nerve agent antidote auto-injector kit, including a MARK I kit. Such EMS personnel must be under physician medical direction and have *appropriate training* regarding the administration of such drugs. (Emphasis added)

Appropriate Training:

Under both situations, the First Responder or EMT must have received “appropriate training” regarding the administration of any responsive drugs. This had led to several questions about what is considered appropriate training. It is the position of the Board that this term is somewhat flexible; it is dependent on the situation and the immediate need for saving lives and mitigating the affects of the emergency. What may be deemed appropriate training in one type of emergency may not be sufficient in another emergency. The type of training offered may run along a continuum and range from on-the-spot training at one end to formalized training for continuing education (CE) credit at the other end.

Because “appropriate training” is not specifically defined, the EMS Board understands that EMS agencies may wish to have some guidance regarding the type of training that can and/or should be conducted in preparation for a possible emergency. In an effort to help such agencies establish an appropriate training program, the EMS Board suggests that training conform to the guidelines set forth below.

Mission Statement

“to save lives, reduce injuries and economic loss, to administer Ohio’s motor vehicle laws and to preserve the safety and well being of all citizens with the most cost-effective and service-oriented methods available.”

Training Options:

1. Training Provided to EMTs at an *Approved CE Site*:

- This entails training provided to EMTs at a facility that is an approved CE site;
- Such training can count toward CE credit provided the training meets the requirements of ORC Chapter 4765. and OAC Chapters 4765-7 and 4765-19;
- Training must not include actual administration of immunizations, drugs or dangerous drugs.

2. Training Provided to EMTs at a *Non-Approved Facility*:

- This entails training provided to EMTs at a facility (e.g., Fire Department or EMS organization) that is not an approved CE site;
- Such training cannot count toward CE credit;
- Training must not include actual administration of immunizations, drugs or dangerous drugs.

3. Training Provided to Individuals in a non-EMT Role:

- This entails training provided to individuals working in a *non-EMT* role at a facility that is not an approved CE site (e.g., health clinic, hospital, etc.);
- Such training cannot count toward CE credit;
- The EMS Board has no jurisdiction over this type of training so long as the individual is not working as an EMT or representing himself/herself as an EMT (e.g., wearing the EMT uniform or referring to himself/herself as an EMT, etc.). Additionally, the immunity provisions of ORC 4765.49 would not apply since this individual is not working as an EMT;
- Please note that the EMS Board *will* have jurisdiction to take disciplinary action against an individual who represents himself/herself as an EMT in this scenario.

Training Topics:

Entities wishing to provide training regarding an event covered by OAC 4765-6-03 may wish to focus their training program on the following topics.

It is recommended that pre-event training be designed around the Strategic National Stockpile (SNS) and concentrate on preparing for administration of the SNS contents and treatments related to the biological agents, chemical agents and toxins listed by the CDC. The training should, at a minimum, contain the following objectives:

1. Identify and describe the different types of pharmaceuticals included in the Strategic National Stockpile;
2. Differentiate between the different types of pharmaceuticals included in the Strategic National Stockpile;
3. Explain the basic mechanisms of selected pharmaceuticals in the Strategic National Stockpile;
4. Describe the proper situation and methodologies under which an EMT *may be allowed* to assist in dispensing of said pharmaceuticals;
5. Describe the indications and contraindications of said pharmaceuticals;
6. Describe the effects and side effects of said pharmaceuticals;
7. Explain the value of prophylaxis with respect to situations where the Strategic National Stockpile is needed;
8. Demonstrate public health practices (required documentation, tracking, etc.);
9. Demonstrate assessment skills based on documentation procedures.