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State Board of Emergency Medical, Fire,  
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The Ohio Board of Emergency Medical, Fire, and Transportation Services (“EMFTS 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)  
October 2013**

*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 EMFTS Board's general position on the above issue, and in no way precludes the EMFTS 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 Emergency Medical Service (EMS) providers 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 EMS providers 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 EMS providers to administer drugs or dangerous drugs contained within a nerve agent antidote auto-injector kit. Such EMS personnel must be under physician medical direction and have *appropriate training* regarding the administration of such drugs. (Emphasis added)

In addition to these scenarios, Ohio Revised Code 4765.391 expands the scope of practice for certified Paramedics in the following manner:

1. The medical director or cooperating physician advisory board of each emergency medical service organization may authorize one or more emergency medical technicians-paramedic within the organization to administer immunizations for influenza to either of the following:
  - a. A full-time paid firefighter, part-time paid firefighter, or volunteer firefighter;
  - b. An emergency medical technician-basic, emergency medical technician-intermediate, or paramedic.
2. The medical director or cooperating physician advisory board of each emergency medical service organization shall establish written protocols and training necessary for a paramedic to administer an immunization for influenza under this section. A paramedic administering an immunization under this section shall do so in accordance with the protocols and training.
3. For each immunization administered under this section, the paramedic administering the immunization shall, not later than thirty days after the immunization is administered, do either of the following:
  - a. Provide notice of the immunization administration to the board of health of the city or general health district in which the individual receiving the immunization resides or, if there is no board of health for that district, the authority having the duties of a board of health under section [3709.05](#) of the Revised Code;
  - b. Submit the immunization administration information to the state immunization registry maintained by the department of health.

### **Appropriate Training:**

Under all of these situations, the EMS providers 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 EMFTS Board that this term is somewhat flexible; it is dependent on the situation and the immediate need for saving lives and mitigating the effect 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 EMFTS 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 EMFTS Board suggests that training conform to the guidelines set forth below.

### **Training Options:**

1. Training Provided to EMS providers at an *Approved CE Site*:
  - This entails training provided to EMS providers 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 EMS providers at a *Non-Approved Facility*:
  - This entails training provided to EMS providers 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-EMS provider Role:
  - This entails training provided to individuals working in a *non-EMS provider* 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 EMFTS Board has no jurisdiction over this type of training so long as the individual is not working as an EMS provider or representing himself/herself as an EMS provider (e.g., wearing the EMS provider uniform or referring to himself/herself as an EMS provider, etc.). Additionally, the immunity provisions of ORC 4765.49 would not apply since this individual is not working as an EMS provider;
  - Please note that the EMFTS Board *will* have jurisdiction to take disciplinary action against an individual who represents himself/herself as an EMFTS 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 EMS provider *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.