



## EXPANDED EMS SCOPE OF PRACTICE APPLICATION

### **Instructions and Process:**

Pursuant to [Public Act No. 05-259](#), the Connecticut Emergency Medical Services Medical Advisory Committee (CEMSMAC) and the Department of Public Health may alter the clinical practice of EMT Basic and AEMT level providers without waiting process. This change was sought to allow CEMSMAC, the Department of Public Health and the state's EMS medical directors to propagate improvements in the EMS system in a timelier manner.

Those parties interested in making a change in either the medical practice or equipment that does not already exist in statute must follow the process outlined below:

A formal narrative must be submitted with the following components: *(See application for further detail)*

1. What is the change/addition being sought. **(Purpose)**
2. What is the reason this is being sought. What improvements to patient care are to be achieved? **(Background)**
3. What are the risks/problems (if any) with implementation of this change/addition? **(Proposal)**
4. Scientific evidence in the form of formal scientific studies, reviews (not just a private company's information packet) if such exist. It is expected that a formal literature search is made. A sponsor hospital may assist with this as appropriate. **(Indication / Contraindication)**
5. Some discussion of what training/costs are involved. **(Training)**

The completed packet must be submitted to the MIC medical director responsible for the person, EMS Service or Sponsor Hospital entity from where the application is starting.

After approval from the MIC Medical Director, the application must be forwarded to the regional MAC for review. If approved, it will be submitted to CEMSMAC for further review and decision.

The applicant may be called to appear at CEMSMAC to aid in the discussion or for follow-up questions. If CEMSMAC approves the application, it will then be forwarded to the Advisory Board for their information and input, and ultimately to the Department of Public Health, Office of Emergency Medical Services for final review and decision by the Commissioner.

If the Commissioner approves the change, the Office of Emergency Medical Services will issue statewide notification as well as training requirements as appropriate.



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Office of Emergency Medical Services



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#### Instructions (con't)

If the application is approved, all MIC sponsor hospital medical directors have the final say as to whether they will allow the change to become integrated into the services that they oversee.

Changes that are approved are enabling. They are not mandatory for the MIC EMS director to adopt for any of his/her services.

Although not mandatory or required by state law, it would be beneficial for the EMS community as a whole for medical directors wishing to make substantive changes to paramedic practice to follow the same process as outlined above.

Please return completed form by clicking on the Submit button.

The original application (including all required attachments) can also be sent to the address below; attention of the [Regional EMS Coordinator](#).

**Department of Public Health  
Office of Emergency Medical Services  
410 Capitol Avenue, MS#12EMS  
PO Box 340308  
Hartford, CT 06134-0308**

*Please remember to retain a copy for your records.*



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

## Office of Emergency Medical Services



## **EXPANDED EMS SCOPE OF PRACTICE APPLICATION**

1. Name of EMS Organization: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
3. Contact Person and Title: \_\_\_\_\_
4. Contact Person Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPOSAL TO THE CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE AND THE  
COMMISSIONER OF PUBLIC HEALTH FOR AN EXPANDED EMS SCOPE OF PRACTICE**

**PURSUANT TO C.G.S. 19a-179a**

**Title of Document:** \_\_\_\_\_

**Author/Sponsor:** \_\_\_\_\_ **Revision Date:** \_\_\_\_\_

1. **Purpose:** [State what would be allowed through the proposed expanded scope of practice and what effect on the system or patient care this is expected to have]

## What is the change/addition being sought?



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2. **Background:** [Describe the need for the proposed expansion of the scope of practice. Describe the present system configuration and circumstances leading up to this proposal. Cite medical evidence supporting the need and/or efficacy of this expanded scope of practice. Identify other states or localities that have adopted this expanded scope of practice and their experiences with it. Discuss the feasibility of implementation and any expected barriers]

**What is the reason this is being sought. What improvements to patient care are to be achieved?**

3. **Proposal:** [Describe the proposal in a detailed manner. Specifically state what medical practice(s) would be newly allowed by this proposed expansion. List which levels of EMS providers would be eligible for this expanded scope of practice. Discuss whether the expansion would apply to all providers statewide, selectively to individual EMS organizations through the mobile intensive care upgrade process or only to specific EMS organizations as part of a pilot program. In the case of a pilot program, specify which EMS organizations would participate, the proposed endpoint(s) of the pilot (including a maximal duration), who will be responsible for providing medical oversight, the method for ongoing evaluation, the interval and method for reporting back on the progress of the pilot, and prospective criteria for determining the success or failure of the pilot program. If applicable, include or attach a protocol or guideline.]

## What are the risks/problems (if any) with implementation of this change/addition?



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4. **Indication:** [State the specific circumstances or conditions where this medical practice would be indicated]  
**Contraindication:** [State the specific circumstances or conditions where this medical practice would be contraindicated]

Scientific evidence in the form of formal scientific studies, reviews (not just a private company's information packet) if such exist. It is expected that a formal literature search is made. A sponsor hospital may assist with this as appropriate.

5. **Training:** *[Provide a description of the training program to be required for individuals authorized to practice under this expanded scope of practice. Include requisite learning objectives and core competencies. Provide an attached sample training curriculum and/or presentation.]*

**Provide some discussion of what training/costs are involved.**