Scope of Practice EMS Rule Overview

Dear Reader:

The following document was created from the MTAS website (mtas.tennessee.edu). This website is maintained daily by MTAS staff and seeks to represent the most current information regarding issues relative to Tennessee municipal government.

We hope this information will be useful to you; reference to it will assist you with many of the questions that will arise in your tenure with municipal government. However, the Tennessee Code Annotated and other relevant laws or regulations should always be consulted before any action is taken based upon the contents of this document.

Please feel free to contact us if you have questions or comments regarding this information or any other MTAS website material.

Sincerely,

The University of Tennessee
Municipal Technical Advisory Service
1610 University Avenue
Knoxville, TN 37921-6741
865-974-0411 phone
865-974-0423 fax
www.mtas.tennessee.edu
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of Practice EMS Rule Overview</td>
<td>3</td>
</tr>
<tr>
<td>Current EMS Service Levels in Tennessee</td>
<td>3</td>
</tr>
<tr>
<td>Registry Check Law</td>
<td>3</td>
</tr>
</tbody>
</table>
Scope of Practice EMS Rule Overview

Reference Number: MTAS-1947

The scope of practice for Emergency Medical Services (EMS) in Tennessee recognizes four levels of EMS providers: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and paramedic. The level of First Responder no longer exists and was replaced by the level of Emergency Medical Responder (EMR). The current continuing education requirements for recertification took effect January 1, 2015.

The complete list of the rules of the Tennessee Department of Emergency Medical Services may be found at this link: https://publications.tnsosfiles.com/rules/1200/1200-12/1200-12.htm [1].

Current EMS Service Levels in Tennessee

Reference Number: MTAS-1948

Emergency Medical Responder (EMR)
A person who has successfully completed the Emergency Medical Responder training course and has qualified by examinations to perform lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport, under medical direction. (Rule 1200-12-01-.04(1)(a)5).

Emergency Medical Technician (EMT)
A person who has successfully completed the Emergency Medical Technician training course, has qualified by examinations to perform pre-hospital emergency patient care, and provides basic emergency medical care, under medical direction, pre-hospital and during transportation for critical, emergent and non-emergent patients who access the emergency medical system. (Rule 1200-12-01-.04(1)(a)6).

Advanced Emergency Medical Technician (AEMT)
A person who has successfully completed the Advanced Emergency Medical Technician training course, has qualified by examinations to perform pre-hospital emergency patient care, and provides basic and limited advanced emergency medical care, under medical direction, pre-hospital and during transportation for critical, emergent, and non-emergent patients who access the emergency medical system. (Rule 1200-12-01-.04(1)(a)1).

Paramedic
A person who has successfully completed an accredited Paramedic Program at the certificate or associate degree level, has qualified by examinations to perform pre-hospital emergency patient care, and provides basic and advanced emergency medical care, under medical direction, pre-hospital and during transportation for critical, emergent and non-emergent patients who access the emergency medical system. (Rule 1200-12-01-.04(1)(a)8).

The scope of practice for each level is found in Rule 1200-12-01-.04(b) through 1200-12-01-.04(e). Renewal requirements as also found in Rule 1200-12-01-.04. Here is the link to the rules as published by the Tennessee Secretary of State: https://publications.tnsosfiles.com/rules/1200/1200-12/1200-12.htm [1]

Registry Check Law

Reference Number: MTAS-1953

As of October 1, 2010, Tennessee requires that an employer complete a background check before employing or contracting with any person who would be providing direct patient care. The relevant section from state law is quoted below.

Tennessee Code Annotated 63-1-149. Registry check.
(a) On and after October 1, 2010, before employing or contracting with any person who would be providing direct patient care, for whom a background check has not been completed, a health care
professional licensed under any chapter of this title or title 68, chapters 24 and 140, shall initiate and perform a “registry check” which for the purposes of this section is defined as:

(1) A state-by-state look in any state in which the person has lived in the previous seven (7) years of the national sex offender public registry website coordinated by the United States department of justice, including, but not limited to, the sexual offender registry maintained by the Tennessee bureau of investigation pursuant to title 40, chapter 39, part 2; and

(2) Any adult abuse registry maintained for any state in which the person has lived in the previous seven (7) years; and

(3) The department of health’s elder abuse registry established pursuant to title 68, chapter 11, part 10.

(b) Should an applicant be listed on any of the registries listed in subdivisions (a)(1)-(3), the health care professional shall not employ or contract with the person if the person would be providing direct patient care.

(c) A health care professional who complies with the requirements to perform registry checks under subsection (a), or relies on a documented representation provided by an entity with which the health care professional contracts that the person who will work in the office is not on any of these registries, shall not be subject to civil or criminal liability solely based upon the information provided through a registry check under this section. This immunity shall extend to a claim related to the professional’s refusal to employ or contract with a person based on information obtained from a registry check.

(d) This section is not intended to apply to contracted, external staff who provide such services as cleaning services, maintenance of office or medical equipment or other services where direct patient contact is not intended.

(e) This section shall not apply to health care professionals licensed chapter 12 of this title.

(f) The department of health shall post no later than October 1, 2010, in a conspicuous location on its website as well as the website of each applicable licensing board a link to all potential databases the health care professional would be required to check pursuant to subsection (a). In addition, each applicable licensing board shall notify all of its licensees at least annually through board newsletters of their obligations under this section.

Links:

DISCLAIMER: The letters and publications written by the MTAS consultants were written based upon the law at the time and/or a specific sets of facts. The laws referenced in the letters and publications may have changed and/or the technical advice provided may not be applicable to your city or circumstances. Always consult with your city attorney or an MTAS consultant before taking any action based on information contained in this website.

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