



**NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**MARK PAYNE** • Director

**MEMORANDUM**

**FROM:** Tom Mitchell, Chief  
North Carolina Office of EMS

**DATE:** March 26, 2020

**RE:** Alternative Practice Settings

As healthcare facilities are addressing staffing issues around the Covid-19 situation, the North Carolina Office of EMS has been approached about the utilization of EMS Professionals as employees and members of healthcare teams in alternative practice settings.

An alternative practice setting is defined in NCAC 13P .0102 as, “a practice setting that utilizes credentialed EMS personnel that may not be affiliated with or under the oversight of an EMS System or EMS System Medical Director.”

Facilities wishing to utilize EMS professionals must ensure that the EMS professional is functioning under the medical oversight of a physician licensed by the North Carolina Medical Board that is associated with the facility. Additionally, the EMS professional may only perform within their scope of practice as defined by the North Carolina Medical Board pursuant to G.S. 143-514.

At this time, no application or approval is required from the Office of EMS for alternative practice settings to utilize EMS professionals.

Following is text of North Carolina Administrative Code outlining practice settings for EMS personnel.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION  
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10A NCAC 13P .0506 PRACTICE SETTINGS FOR EMS PERSONNEL

(a) Credentialed EMS Personnel may function in the following practice settings in accordance with the protocols approved by the OEMS and by the Medical Director of the EMS System or Specialty Care Transport Program with which they are affiliated:

- (1) at the location of a physiological or psychological illness or injury;
- (2) at public or community health facilities in conjunction with public and community health initiatives;
- (3) in hospitals and clinics;
- (4) in residences, facilities, or other locations as part of wellness or injury prevention initiatives within the community and the public health system;
- (5) at mass gatherings or special events; and
- (6) community paramedicine programs.

(b) Individuals functioning in an alternative practice setting as defined in Rule .0102 of this Subchapter consistent with the areas identified in Subparagraphs (a)(1) through (a)(5) of this Rule that are not affiliated with an EMS System shall:

- (1) be under the medical oversight of a physician licensed by the North Carolina Medical Board that is associated with the practice setting where the individual will function; and
- (2) be restricted to performing within the scope of practice as defined by the North Carolina Medical Board pursuant to G.S. 143-514 for the individual's level of EMS credential.