ARTICLE 20:61

EMERGENCY MEDICAL SERVICES PERSONNEL

Chapter

20:61:01 Licensure and certification.

20:61:02 Critical care endorsement.

20:61:03 Continuing education.

20:61:04 Community paramedic endorsement.

Declaratory Ruling: Declaratory Ruling of the Board of Medical and Osteopathic Examiners dated September 21, 1994, was vacated by the Board of Medical and Osteopathic Examiners by order of the board dated March 30, 2015.

CHAPTER 20:61:01

LICENSURE AND CERTIFICATION

Section

20:61:01:01 Meaning of terms.

20:61:01:02 Application for license and certification.

20:61:01:03 Required contents of applications for licensure.

20:61:01:04 Medical supervision agreement —Advanced life support personnel.

20:61:01:05 Application for reciprocity.

20:61:01:06 Application based on examination.

20:61:01:07 Application for approval of educational programs.

20:61:01:08 Testing team, Repealed.

20:61:01:09 Required contents of applications for ambulance ~~driver~~ operator certification.

20:61:01:10 Ambulance ~~driver~~ operator certification renewal.

20:61:01:11 Fees.

20:61:01:12 Emergency medical services personnel allowable skills and techniques.

20:61:01:02. Application for license and certification. Any person seeking any emergency medical services personnel license or ambulance ~~driver~~ operator certification in South Dakota shall apply to the board on applications provided by the board.

Source: 5 SDR 68, effective February 15, 1979; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 48 SDR 108, effective May 4, 2022; 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-13(2), 36-4B-41(2).

20:61:01:04. Medical supervision agreement --Advanced life support personnel. An applicant ~~shall file with the application~~ for an advanced life support ~~emergency medical services~~ personnel license shall file with the application~~:~~

~~(1)~~ An agreement with the physician attesting that the physician assumes the responsibility to ~~who will~~ supervise, observe, direct, and review the applicant's work record and practice~~; and~~.

~~(2) A statement from the physician attesting that the physician assumes the responsibility to supervise, observe, direct, and review the applicant's work record and practice.~~

~~Applicants~~ An applicant affiliated with an ambulance service that has been granted a hardship exemption in accordance with SDCL 34-11-12.2 may file the required agreement and statement from ~~a physician assistant or nurse practitioner serving as~~ the program director of the ambulance service.

The advanced life support personnel shall notify the board, in writing, if termination of the medical supervision agreement occurs. An advanced life support personnel may not practice without a medical supervision agreement approved by the board.

Source: 5 SDR 68, effective February 15, 1979; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-15.

20:61:01:09. Required contents of applications for ambulance ~~driver~~ operator certification. An application for an ambulance ~~driver~~ operator certification must contain:

(1) An affidavit, with a photograph of the applicant attached, attesting to the applicant's qualifications required by SDCL chapter 36-4B and this chapter;

(2) The dates and locations where the following ambulance ~~driver~~ operator competency trainings were completed:

(a) Cardiopulmonary resuscitation;

(b) Health Insurance Portability and Accountability Act awareness;

(c) Infection control;

(d) Patient movement;

(e) Equipment and communication system knowledge; and

(f) Emergency vehicles operation course;

(3) A signed statement listing any criminal offenses for which the applicant has been convicted; and

(4) Proof of a valid driver's license.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-41.

20:61:01:10. Ambulance ~~driver~~ operator certification renewal. An ambulance ~~driver~~ operator certified by the board shall renew the certification ~~biennially by~~ on or before April thirtieth in ~~even years~~ the second calendar year after issuance and every two years thereafter on a form approved by the board. The ~~certified ambulance driver~~ operator shall sign a statement confirming that the ~~certified ambulance driver~~ operator holds a current cardiopulmonary resuscitation certification and valid driver's license. The ~~certified ambulance driver~~ operator must present proof of the current cardiopulmonary resuscitation certification and valid driver's license if requested by the board.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-31, 36-4B-41.

20:61:01:11. Fees. The application fees for emergency medical services personnel licensure are:

(1) Initial licensure:

(a) Emergency medical responder, zero dollars;

(b) Emergency medical technician, zero dollars;

(c) Emergency medical technician-intermediate/85, fifty dollars;

(d) Emergency medical technician-intermediate/99, fifty dollars;

(e) Advanced emergency medical technician, fifty dollars; and

(f) Paramedic, fifty dollars;

(2) Licensure by reciprocity:

(a) Emergency medical responder, zero dollars;

(b) Emergency medical technician, zero dollars;

(c) Emergency medical technician-intermediate/85, seventy-five dollars;

(d) Emergency medical technician-intermediate/99, seventy-five dollars;

(e) Advanced emergency medical technician, seventy-five dollars; and

(f) Paramedic, seventy-five dollars;

(3) Licensure renewal:

(a) Emergency medical responder, zero dollars;

(b) Emergency medical technician, zero dollars;

(c) Emergency medical technician-intermediate/85, fifty dollars;

(d) Emergency medical technician-intermediate/99, fifty dollars;

(e) Advanced emergency medical technician, fifty dollars; and

(f) Paramedic, fifty dollars;

(4) Reissuance of a lost or destroyed license, ten dollars; and

(5) Reinstatement of ~~lapsed~~ a license~~, one hundred dollars~~ within twelve months after expiration:

(a) Emergency medical responder, zero dollars;

(b) Emergency medical technician, zero dollars;

(c) Emergency medical technician-intermediate/85, fifty dollars;

(d) Emergency medical technician-intermediate/99, fifty dollars;

(e) Advanced emergency medical technician, fifty dollars; and

(f) Paramedic, fifty dollars.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-29.

Law Implemented: SDCL ~~36-4B-2~~ 36-4B-29.

20:61:01:12. Emergency medical services personnel allowable skills and techniques. The allowable skills and techniques for all levels of emergency medical services personnel are contained in the South Dakota Scope of Practice Guide for Emergency Medical Services Personnel, revised ~~June 20, 2024~~ March 21, 2025. The board shall review the guide at least annually.

Source: 51 SDR 56, effective November 19, 2024.

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-16 to 36-4B-16.2, inclusive, 36-4B-17.

Collateral Reference: South Dakota Scope of Practice Guide for Emergency Medical Services Personnel, ~~revised June 20, 2024~~ March 21, 2025. South Dakota Department of Health. Copies may be obtained free of charge at https://www.sdbmoe.gov/professions-emergency-medical-services/.

CHAPTER 20:61:04

COMMUNITY PARAMEDIC ENDORSEMENT

Section

20:61:04:01 Definitions.

20:61:04:02 Educational requirements – Subjects covered.

20:61:04:03 Educational requirements – Structure.

20:61:04:04 Educational requirements – Proof of completion.

20:61:04:05 Protocols.

20:61:04:06 Supervisory standards.

20:61:04:01. Definitions. Terms defined in SDCL chapter 36-4B have the same meaning when used in this chapter.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-1, 36-4B-18.2, 36-4B-18.3.

20:61:04:02. Educational requirements – Subjects covered. The board shall approve a program of study for a community paramedic that focuses on increasing access to primary and preventative care. The program must include courses on:

(1) Community based needs;

(2) Multidisciplinary collaboration;

(3) Patient centric care;

(4) Community paramedic wellness and safety;

(5) Preventative care and education for patient and caregiver; and

(6) Ethical and legal considerations.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.2.

20:61:04:03 Educational requirements – Structure. The program must have a minimum of one hundred and fourteen didactic hours and one hundred and ninety six clinical hours. A written examination must be included at the conclusion of the program to prove competency.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.2.

20:61:04: 04 Educational requirements – Proof of completion. Before a paramedic may be issued a community paramedic endorsement through completion of a community paramedic education program, the paramedic must provide documentation to the board, showing that the paramedic has successfully completed a board-approved program.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.2.

20:61:04:05. Protocols. A paramedic who has been issued a community paramedic endorsement by the board shall provide services in accordance with the patient care plan developed pursuant to SDCL 36-4B-18.3. The care plan must ensure that the services provided by the community paramedic are not duplicated by another provider or home health service. In addition to providing services as required by the patient care plan, the community paramedic shall at each initial visit:

(1) Have the patient fill out initial consents and any additional paperwork as required;

(2) Obtain a complete history and physical, including vital signs;

(3) Provide additional assessments as indicated by the patient's medical needs or as requested by the patient or provider; and

(4) Schedule follow up visits as necessary.

The community paramedic shall at each follow up visit:

(1) Provide services as outlined in the patient care plan; and

(2) Document any additional services provided if indicated upon arrival.

Upon completion of an initial or follow up visit, the community paramedic shall document the visit notes in the patient health record within twenty four hours of the completed visit.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.3.

20:61:04:06. Supervisory standards. The paramedic who has been issued a community paramedic endorsement by the board shall have on file with the board a medical supervision agreement as required by § 20:61:01:04.

Source:

General Authority: SDCL 36-4B-35.

Law Implemented: SDCL 36-4B-18.3.

EMR Additions

Medication Administration Routes
Auto-Injector ~~or Nasal Spray~~
Intranasal

Medication List
Naloxone Hydrochloride (Narcan) Auto Injector or ~~Nasal Spray~~ Intranasal Route

EMT-B Additions

Medication Administration Routes
Auto-Injector ~~or Nasal Spray~~
Intranasal (IN)
Nebulizer
Medication List
Albuterol (Proventil, Ventolin)
Glucagon Draw & Inject
Glucagon Nasal Powder (Baqsimi)
Glucagon Auto Injector (GlucaGen or Gvoke)
Levalbuterol (Xopenex)
Naloxone Hydrochloride (Narcan) Auto Injector or ~~Nasal Spray~~ Intranasal Route

EMT I/85 Additions
Assessment Skills / Miscellaneous
Venous Blood Sampling (Obtaining)
Medication Administration Routes
Intranasal (IN)
Intravenous (IV)
Nebulizer
Initiation / Maintenance / Fluids
Non-Medicated IV Fluids
Crystalloid IV Solution
Hypertonic Dextrose IV Solution
IV Pump (Approved IV medications only)
Peripheral
Saline Lock
Medication List
Albuterol (Proventil, Ventolin)
Dextrose (Glucose, D50, D25, D10)
Glucagon Draw & Inject
Glucagon Nasal Powder (Baqsimi)
Glucagon Auto Injector (GlucaGen or Gvoke)
Levalbuterol (Xopenex)
IV Solutions
Lactated Ringers (LR)
5% Dextrose in Water (D5W)
0.9% Sodium Chloride (Normal Saline)

AEMT Additions
Medication Administration Routes
Intraosseous (IO)
Intravenous - Push/Bolus
Inhaled - Self-Administered (Nitrous Oxide)
Nebulizer
Subcutaneous (SQ)
Medication List
Acetamionphen (Tylenol)
Albuterol (Proventil, Ventolin)
Dextrose (Glucose, D50, D25, D10)
Diphenhydramine (Benadryl)
Epinephrine Racemic (Micronefrin)
Glucagon Draw & Inject
Glucagon Nasal Powder (Baqsimi)
Glucagon Auto Injector (GlucaGen or GVoke)
Ibuprofen (Motrin)
Ipratropium (Atrovent)
Levalbuterol (Xopenex)
Nitrous Oxide 50:50 (Nitronox)
Ondansetron Hydrochloride (Zofran)
Thiamine (Betaxin)
IV Solutions
0.45% Sodium Chloride (1/2 Normal Saline)
5% Dextrose in 0.9% Sodium Chloride (D5NS)
5% Dextrose in Lactated Ringers (D5LR)

EMT I/99 Additions
Airway / Ventilation / Oxygenation
Airway Obstruction - Forceps & Laryngoscope
CPAP
Capnography - End Tidal CO2 Monitoring
Chest Decompression - Needle
Gastric Decompression - For non-visualized Airway with
Gastric Access
Gastric Decompression - NG/OG Tube
Intubation - Endotracheal
Intubation - Medication Assisted (non-paralytic)
Intubation - Nasotracheal
Cardiovascular / Circulation
3, 4, 12, 15 or 18 Lead EkG Monitoring / Interpretation
Blood & Blood Product Monitoring
Cardioversion - Electrical
Defibrillation - Manual
Valsalva Maneuver
Transcutaneous Cardiac Pacing
Medication Administration Routes
Endotracheal Tube (ET)
Intravenous - Piggyback
Rectal
Transdermal
Initiation / Maintenance / Fluids
Medicated IV Fluids: may continue medicated IV infusions/drips for non-ALS medications
Medication List
Adenosine (Adenocard)
Amiodarone (Cordarone, Pacerone)
Atropine Sulfate
Diazepam (Valium)
Digoxin (Lanoxin)
Diltiazem (Cardizem)
Dopamine Hydrochloride (Intropin)
Epinephrine (Adrenalin) 1:10,000
Furosemide (Lasix)
Glucagon Draw & Inject
Glucagon Nasal Powder (Baqsimi)
Glucagon Auto Injector (GlucaGen or Gvoke)
Labetalol (Normodyne, Trandate)
Levalbuterol (Xopenex)
Lidocaine Hydrochloride (Xylocaine)
Magnesium Sulfate
Morphine Sulfate (Roxanol, MS Contin)

Nicardipine (Cardene)
Nitroprusside (Nitropress)
Reglan (Metoclopramide)
Sodium Bicarbonate
Terbutaline Sulfate (Brethine)
TXA (Tranexamic Acid)
Vasopressin (Pitressin)
Verapamil Hydrochloride (Isoptin, Calan)

Paramedic Additions
Airway / Ventilation / Oxygenation
Cricothyrotomy - Surgical/Needle
Intubation - Medication Assisted (Paralytic, RSI) includes the following medications: Etomidate (Amidate), Pancuronium, Bromide (Pavulon), Rocuronium Bromide (Zemuron), Succinylcholine Chloride (Anectine), and Vecuronium Bromide (Norcuron).
Ventilators - Variable Setting
Assessment Skills / Miscellaneous
Chest Tube Monitoring
Cardiocerebral Resuscitation (CCR)
Medication Administration Routes
Nasogastric
Initiation / Maintenance / Fluids
Central Line - Monitoring Only
Maintain an Infusion of Blood or Blood Product
Umbilical - Initiation & Use
PICC Line - Use and Maintenance
Medication List
Amyl Nitrite
Atenolol (Tenormin)
Benzocaine Spray
Bumetanide (Bumex)
Calcium Gluconate
Clopidogrel (Plavix)
Dexamethasone Sodium Phosphate (Decadron)
Dobutamine Hydrochloride (Dobutrex)
Dolasetron (Anzemet)
Eptifibatide (Integrilin)
Fentanyl Citrate (Sublimaze)
Flumazenil (Romazicon)
Fosphenytoin (Cerebyx)
Glucagon Draw & Inject
Glucagon Nasal Powder (Baqsimi)
Glucagon Auto Injector (GlucaGen or Gvoke)
Haloperidol Lactate (Haldol)
Hydrocortisone Sodium Succinate (Solu-Cortef)
Hydroxocobalamin (Cyanokit)
Hydroxyzine (Atarax, Vistaril)
Isoetharine (Bronchosol, Bronkometer)
Ketamine (Ketalar)
Ketorolac Tromethamine (Toradol)
Levalbuterol (Xopenex)
Lorazepam (Ativan)

Mannitol (Osmitrol)
Meperidine Hydrochloride (Demerol)
Methylprednisone Sodium Succinate (Solu-Medrol)
Metoprolol Tartrate (Lopressor)
Midazolam Hydrochloride (Versed)
Nalbuphine Hydrochloride (Nubain)
Nifedipine (Procardia, Adalat)
Norepinephrine Bitartrate (Levophed)
Oxytocin (Pitocin)
Phenobarbital (Luminal)
Phenytoin (Dilantin)
Pralidoxime (2-PAM, Protopam)
Procainamide Hydrochloride (Pronestyl)
Promethazine Hydrochloride (Phenergan)
Propranolol Hydrochloride (Inderal)
Sodium Nitrate
Sodium Thiosulfate
TXA (Tranexamic Acid)
IV Solutions
Hetastarch (Hespan)