IOWA | Health and Human Services

Bureau of Emergency Medical and Trauma Services

Scope of Practice September 1, 2026 – Change Overview

The following provides an overview of the updates to the Iowa Emergency Medical Care Clinician Scope of Practice (Sept. 1, 2026). EMS clinicians, whether employed by or volunteering with Iowa's authorized EMS service programs, or employed by a regulated facility where healthcare is normally provided, such as a hospital or medical clinic, the Scope of Practice defines and establishes which activities, skills, and procedures are vested in Iowa's EMS clinicians.

As a reminder, Iowa certified EMS clinicians, EMS service programs, and EMS training programs should review the entire Scope of Practice. The Scope of Practice can be downloaded from the BEMTS website by going to https://hhs.iowa.gov/health-prevention/providers-professionals/emergency-medical-services-trauma/emergency-medical-services.

The Iowa Emergency Medical Care Clinician Scope of Practice (September 1, 2026) effective date is November 1, 2026.

Emergency Medical Responder (EMR)

1) Intramuscular (IM) administration of auto-injector Epinephrine for anaphylaxis only (limited to utilizing the patient's prescribed auto-injector only) was added.

Emergency Medical Technician (EMT)

1) BiPAP was removed as a specific skill. EMT's are still allowed to perform CPAP.
2) Monitoring of saline or heparin-locked peripheral IV was added.
3) Oral administration of Diphenhydramine (OTC) for suspected allergic reaction was added.
4) Intramuscular (IM) administration of auto-injector Epinephrine for anaphylaxis only (limited to utilizing the patient's prescribed or service carried auto-injector only) was added.

Advanced Emergency Medical Technician (AEMT)

1) BiPAP was removed as a specific skill. AEMT's are still allowed to perform CPAP.
2) Oral administration of Diphenhydramine (OTC) for suspected allergic reaction was added.

3) Oral administration of Ondansetron for nausea was added.

Paramedic

1) Initiation, maintenance, and monitoring of blood and blood products was added.
2) The use of Point of Care Ultrasound (POCUS) for peripheral intravenous initiation was added.
3) The use of Point of Care Ultrasound (POCUS) to determine cardiac standstill was added.
4) Initiation of foley catheters was added.

Critical Care Paramedic (CCP)

1) Initiation, maintenance, and monitoring of blood and blood products was added.
2) The use of Point of Care Ultrasound (POCUS) for peripheral intravenous initiation was added.
3) The use of Point of Care Ultrasound (POCUS) to determine cardiac standstill was added.
4) The use of Point of Care Ultrasound (POCUS) to perform an eFAST examination was added.
5) Initiation of foley catheters was added.
6) Finger thoracostomy (limited to traumatic cardiac arrest only) was added.

If you have any questions, please contact BEMTS at 515-631-0100 or contact your services field coordinator.