

**OPINION NO. 86-032****Syllabus:**

A licensed physician may not, in the absence of express statutory authorization therefor, issue a written or verbal order to an EMT-A, as defined in R.C. 3303.08(A), directing him to perform, in the administration of emergency medical care, advanced medical functions and life support techniques that are not expressly permitted an EMT-A by R.C. 3303.08(A).

**To: Thomas J. Halpin, Director, Department of Health, Columbus, Ohio;  
Robert J. D'Anniballe, Chairman, Emergency Medical Services Advisory Council, Columbus, Ohio**

**By: Anthony J. Celebrezze, Jr., Attorney General, May 21, 1986**

I have before me your letters requesting my opinion regarding the legal authority of a licensed physician to issue a written or verbal order to an emergency medical technician-ambulance. Information provided a member of my staff by the Emergency Medical Services Advisory Council indicates that you wish to know whether a licensed physician is legally authorized to issue a written or verbal order to an emergency medical technician-ambulance, as defined in R.C. 3303.08(A),<sup>1</sup> directing him to perform, in the administration of emergency medical care, certain medical functions in addition to those that an emergency medical technician-ambulance is authorized by statute to perform.

Resolution of your question requires me to consider initially the statutory scheme set forth in R.C. 3303.08-.99 pertaining to the training, certification, and responsibilities of emergency medical technicians. An emergency medical technician-ambulance, or EMT-A, is defined in R.C. 3303.08(A) as follows:

"Emergency medical technician-ambulance" or "EMT-A" means a trained or qualified person certified under division (A) of section 3303.15 or 3303.16 of the Revised Code, who is responsible for the operation of an ambulance and care of patients, and who in an emergency determines the nature and extent of illness

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<sup>1</sup> The General Assembly recently amended, for the purpose, inter alia, of adopting new section numbers, those sections of the Revised Code pertaining to the training, certification, and responsibilities of emergency medical technicians. See Am. Sub. H.B. 222, 116th Gen. A. (eff., in part, Feb. 13, 1986, and in part, May 15, 1986). Prior to the enactment of Am. Sub. H.B. 222, provisions pertaining to the training, certification, and responsibilities of emergency medical technicians appeared in R.C. 4731.82-.99. Those same provisions now appear in R.C. 3303.08-.99.

or injury and establishes priority for required emergency care; renders emergency care, such as opening and maintaining an airway, giving positive pressure ventilation, cardiac resuscitation, controlling of hemorrhage, treatment of shock, immobilization of fractures, bandaging, assisting in childbirth, management of mentally disturbed patients, and initial care of poison and burn patients; and where patients must in an emergency be extricated from entrapment, assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient; provides light rescue service if an ambulance has not been accompanied by a specialized unit; and after extrication, provides additional care in sorting of the injured in accordance with standard emergency procedures.

R.C. 3303.12(B) sets forth the types of instruction and training an institution must offer in order to be accredited as an EMT-A certification program, and which a student must complete in order to be certified as an EMT-A. See R.C. 3303.11; R.C. 3303.15. An accredited program must include instruction and training in emergency victim care, reading and interpreting a trauma victim's vital signs, in-hospital training, clinical experience, and training in ambulance driving.

Definitions of an advanced emergency medical technician-ambulance (ADV EMT-A) and an emergency medical technician-paramedic (paramedic), and accreditation standards and certification provisions pertaining thereto, appear in R.C. 3303.08(B) and (C), R.C. 3303.12(C) and (D), and R.C. 3303.15(B) and (C). See also R.C. 3303.11. An ADV EMT-A and a paramedic may perform the same medical functions in administering emergency care to victims of illness or injury as may be performed by an EMT-A. See R.C. 3303.08(B) and (C). An ADV EMT-A and a paramedic, however, may also perform a variety of advanced medical functions and life support techniques, which are not permitted an EMT-A, in administering emergency care, provided they act in accordance with the limitations imposed by statute upon their functions. Id. In this regard an ADV EMT-A may establish and maintain an intravenous lifeline, and, if trained to do so, may "administer injections of epinephrine to persons suffering life-threatening allergic reactions to insect stings," and "engage in cardiac monitoring and defibrillation." R.C. 3303.08(B). A paramedic, "in conjunction with a cooperating licensed medical doctor, doctor of osteopathic medicine and surgery, or a physician advisory board," may perform cardiac monitoring, defibrillation, airway or gastric intubation, relief of pneumothorax, and may administer appropriate drugs and intravenous fluids. R.C. 3303.08(C). Further, these advanced medical functions and life support techniques may only be performed by an ADV EMT-A or paramedic pursuant to the

written or verbal authorization of a licensed medical doctor or doctor of osteopathic medicine and surgery or of the cooperating physician advisory board, or pursuant to an authorization transmitted through a direct communication device by a licensed medical

doctor, doctor of osteopathic medicine and surgery, or registered nurse designated by a physician.

R.C. 3303.19(A); R.C. 3303.20(A).

It is evident from a review of R.C. 3303.08(A) that an EMT-A is defined in terms of the medical functions he is expressly authorized to perform as delineated therein. It is also clear that an EMT-A may perform only those medical functions expressly authorized by R.C. 3303.08(A), and that those functions may be performed without the cooperation or authorization of a licensed medical doctor or other medical professional. 1982 Op. Att'y Gen. No. 82-099 at 2-275 ("an EMT-A is defined as a person who...performs those limited functions set forth in R.C. 4731.82(A)[now R.C. 3303.08(A)]...[and] [n]one of the functions which an EMT-A is authorized to perform must be carried out in cooperation with a licensed physician"); 1977 Op. Att'y Gen. No. 77-085 (syllabus) (an EMT-A, as defined in R.C. 4731.82(A), now R.C. 3303.08(A), is not permitted to administer intravenous fluids as a treatment for shock, even though such technician has completed a course of study in the administration of intravenous fluids approved by an emergency medical services board).

Thus, an EMT-A may render emergency medical care such as opening and maintaining an airway, giving positive pressure ventilation, cardiac resuscitation, controlling of hemorrhage, treatment of shock, immobilization of fractures, bandaging, assisting in childbirth, management of mentally disturbed patients, and initial care of poison and burn patients. R.C. 3303.08(A). An EMT-A may not, however, perform advanced medical functions, in addition to those authorized by R.C. 3303.08(A), such as those permitted an ADV EMT-A and a paramedic under R.C. 3303.08(B) and R.C. 3303.08(C). Thus, an EMT-A may not establish and maintain an intravenous lifeline, administer injections of epinephrine to persons suffering life-threatening allergic reactions to insect stings, perform cardiac monitoring, defibrillation, airway or gastric intubation, relief of pneumothorax, or administer appropriate drugs. A certified EMT-A, unlike a certified ADV EMT-A or paramedic, is not required to receive comprehensive instruction in the advanced medical functions and life support techniques enumerated in R.C. 3303.08(B) and R.C. 3303.08(C). Compare R.C. 3303.12(B) (accreditation standards for EMT-A certification programs) with R.C. 3303.12(C) and R.C. 3303.12(D) (accreditation standards for ADV EMT-A and paramedic certification programs). See also R.C. 3303.08(B) (an ADV EMT-A "means an EMT-A who is further certified under [R.C. 3303.15(C) or R.C. 3303.17]"); R.C. 3303.08(C) (a paramedic "means a person specially trained beyond the [EMT-A and ADV EMT-A] levels"); Op. No. 77-085 at 2-288 ("[t]hese statutes clearly draw a distinction between the training and qualifications of a certified EMT-A and those of a certified paramedic...[and] also distinguish between the types of emergency medical care each class of technicians is permitted to render"); 1976 Op. Att'y Gen. No. 76-060 at 2-202 (a paramedic requires more training and instruction than an EMT-A). Thus, an EMT-A, certified pursuant to R.C. 3303.15(A), is presumed not competent to perform, in the administration of emergency medical care, advanced medical functions and life support techniques other than those medical functions permitted him by R.C. 3303.08(A). Further, to the extent that an EMT-A, in performing advanced medical functions and life support techniques permitted only an ADV EMT-A or a paramedic,

represents himself as an ADV EMT-A or a paramedic, such false representation, as set forth in R.C. 3303.22(B) and (C), constitutes a criminal offense under R.C. 3303.99.<sup>2</sup>

I now direct my attention to your specific question, whether a licensed physician<sup>3</sup> is legally authorized to issue a written or verbal order to an EMT-A, directing him to perform, in the administration of emergency medical care, medical functions other than those that an EMT-A is permitted to perform by R.C. 3303.08(A). I note, as a general matter, that no provision in R.C. Chapter 3303 (vocational education) or R.C. Chapter 4731 (physicians; limited practitioners) expressly prohibits a licensed physician from issuing a written or verbal order to an EMT-A, directing him to perform, in the administration of emergency medical care, medical functions other than those permitted an EMT-A by R.C. 3303.08(A). I do not believe, however, that the absence of such a provision implies legal authority on the part of a licensed physician to issue such a written or verbal order to an EMT-A. See generally Op. No. 82-099 (suggesting a physician may not direct the actions of ADV EMT-A's and paramedics who are not certified in Ohio, but who are operating in Ohio); 1979 Op. Att'y Gen. No. 79-042 at 2-137 (although the General Assembly did not provide an express prohibition against the rendering of

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<sup>2</sup> R.C. 3303.22 provides in part as follows:

(B) On and after August 31, 1979, no person shall represent himself as an emergency medical technician-paramedic or paramedic until certified under division (B) of section 3303.15 or 3303.16 of the Revised Code.

(C) On and after the effective date of this section, no person shall represent himself as an advanced emergency medical technician-ambulance or ADV EMT-A until certified under division (C) of section [3303.15] or division (A) of section 3303.17 of the Revised Code.

R.C. 3303.99 also provides in part as follows:

Whoever violates division (A), (B), (C), or (D) of section 3303.22 of the Revised Code is guilty of a minor misdemeanor on a first offense; on each subsequent offense, such person is guilty of a misdemeanor of the fourth degree.

See 1976 Op. Att'y Gen. No. 76-060 at 2-203 (when a person arrives at the scene of an emergency for the purpose of rendering emergency medical treatment, he may be representing himself as an EMT even though he does not identify himself as an EMT; such a determination, however, is a factual one, and thus is controlled by the circumstances of each case).

<sup>3</sup> The term, "licensed medical doctor," as used in R.C. 4731.82(A)-(C), now R.C. 3303.08(A)-(C), R.C. 4731.89(A), now R.C. 3303.19(A), and R.C. 4731.891(A), now R.C. 3303.20(A), refers to a physician who has been certified under R.C. Chapter 4731 to practice medicine and surgery or who is authorized by R.C. 4731.36 to practice medicine and surgery in Ohio without a certificate. 1982 Op. Att'y Gen. No. 82-099 at 2-276 to 2-277.

emergency medical assistance by noncertified personnel, it seems clear from the overall content of R.C. 4731.82-.99, now R.C. 3308.08-.99, that it did intend to require certification for all those persons who render emergency medical services outside the scope of R.C. 2305.23, the "Good Samaritan" statute). Rather, insofar as the scope of practice of an EMT-A is limited to those medical functions specified in R.C. 3303.08(A), I believe one may reasonably infer the contrary. In this regard it is clear that an EMT-A may not perform, in the administration of emergency medical care, any advanced medical functions and life support techniques in addition to those authorized by R.C. 3303.08(A), such as those permitted an ADV EMT-A and a paramedic under R.C. 3303.08(B) and R.C. 3303.08(C). An EMT-A who does perform such advanced medical functions and life support techniques may be subject to criminal prosecution under R.C. 3303.22 and R.C. 3303.99 for falsely representing himself as an ADV EMT-A or a paramedic. See generally Op. No. 82-099. Thus, an EMT-A may properly refuse to comply with a written or verbal order directing him to perform, in the administration of emergency medical care, medical functions that are not expressly permitted him by R.C. 3303.08(A). I also note that in the case of ADV EMT-As and paramedics, the General Assembly has expressly authorized a licensed physician to issue a written or verbal order directing them to perform the advanced medical functions and life support techniques enumerated in R.C. 3303.08(B) and R.C. 3303.08(C). See R.C. 3303.19(A); R.C. 3303.20(A). No such similar authorization is provided a licensed physician with respect to EMT-As. From this I believe one may infer an intent on the part of the General Assembly that a licensed physician may not issue such an order to an EMT-A.

I believe the foregoing circumstances furnish strong support for the proposition that a licensed physician may not, in the absence of express statutory authorization therefor, issue a written or verbal order to an EMT-A, as defined in R.C. 3303.08(A), directing him to perform, in the administration of emergency medical care, advanced medical functions and life support techniques that are not expressly permitted an EMT-A by R.C. 3303.08(A).<sup>4</sup> In particular, a licensed physician may

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<sup>4</sup> A physician who issues such an order to an EMT-A may also be criminally charged with complicity under R.C. 2923.03(A), which provides as follows:

No person, acting with the kind of culpability required for the commission of an offense, shall do any of the following:

- (1) Solicit or procure another to commit the offense;
- (2) Aid or abet another in committing the offense;
- (3) Conspire with another to commit the offense in violation of section 2923.01 of the Revised Code;
- (4) Cause an innocent or irresponsible person to commit the offense.

R.C. 2923.03(F) further provides that, "[w]hoever violates this section is guilty of complicity in the commission of an offense, and shall be prosecuted and punished as if he were a principal offender," and that a "charge of complicity may be stated in terms of this section, or in terms of the principal offense."

not issue a written or verbal order to an EMT-A directing him to perform the specific medical functions and life support techniques described in R.C. 3303.08(B) and R.C. 3303.08(C), such as cardiac monitoring, defibrillation, and administering intravenous fluids.

Accordingly, it is my opinion, and you are advised that a licensed physician may not, in the absence of express statutory authorization therefor, issue a written or verbal order to an EMT-A, as defined in R.C. 3303.08(A), directing him to perform, in the administration of emergency medical care, advanced medical functions and life support techniques that are not expressly permitted an EMT-A by R.C. 3303.08(A).