Carroll County Department of Fire & EMS
Standard Operating Procedure

DOCUMENT DETAILS

Standard Operating Procedure: 3.21	**Effective Date: 08/01/2026**
Subject: Role Of Minor EMS Clinicians	**Section: EMS Operations**
Authorized: Eric Zaney, Assistant Chief	**Revision Date: N/A**

Applicability: **[X] Volunteer** **[X] Career**

I. PURPOSE

The Carroll County Department of Fire and EMS (CCDFEMS) recognizes the need to provide clarification regarding the role of minor (less than 18 years old) EMS clinicians on EMS crews. The purpose of this policy is to establish a consistent operational standard regarding the role of minor EMS clinicians operating within the Carroll County Department of Fire & EMS. This policy promotes patient safety, provider safety, operational consistency, sound risk management, and compliance with Maryland EMS regulations

II. APPLICABILITY

This policy applies to all CCDFEMS volunteer and career EMS personnel and governs the operational deployment of certified EMS clinicians who are less than 18 years old.

III. DEFINITIONS

Minor EMS Clinician: A certified EMS provider who has not yet reached their 18th birthday.

Primary Patient Care Provider: The EMS clinician responsible for patient assessment, treatment decisions, communications, documentation, and transfer of care.

Supervising Provider: An EMS clinician at least 18 years of age functioning as the primary patient care provider.

Two-Person EMS Crew: An EMS transporting unit staffed by at least two clinicians.

IV. BACKGROUND

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) establishes the minimum age requirements for EMS certification in Maryland. Under current MIEMSS regulations, individuals may obtain EMT certification prior to reaching 18 years of age provided they meet all certification requirements. While MIEMSS permits certification, it does **not** require local jurisdictions or EMS operational programs to utilize minor providers as the sole primary patient care provider on an operational EMS unit.

Operational deployment decisions remain the responsibility of each EMS Operational Program through its governing authority, medical direction, and local policies.

V. OPERATIONAL STANDARDS

- EMS providers who are < 18 years of age shall not function as the sole primary patient care provider on a two-person EMS crew.
- Minor clinicians may participate in patient care consistent with their certification level while working under the supervision of an EMS provider who is at least 18 years of age and functioning as the primary care provider.
- This restriction applies regardless of certification level or volunteer/career status.

VI. OPERATIONAL PROCEDURES

Crew Assignment:
Adult providers shall be designated as the primary patient care provider whenever a crew includes a clinician under the age of 18.

Patient Care:
Minor clinicians are encouraged to actively participate in patient assessment, treatment, skills performance, and clinical decision-making appropriate to their certification under direct supervision.

Documentation:
The adult primary provider remains responsible for all patient care decisions, communications, documentation, and transfer of care.

Mentorship:
Assigned adult providers shall provide mentoring and clinical education while maintaining appropriate oversight.

VII. RATIONALE

Although many minor EMS clinicians possess exceptional clinical knowledge and skills, serving as the sole primary patient care provider requires responsibilities that extend well beyond technical competency, including:

- Independent clinical decision-making.
- Medical-legal accountability.
- Documentation responsibilities.
- Patient advocacy.
- Interaction with hospitals, law enforcement, and family members.
- Incident command integration.
- Management of high-risk or emotionally challenging situations.

These responsibilities place significant legal and professional accountability on the primary care provider and are more appropriately assigned to an adult EMS clinician.

VIII. STATEWIDE PRACTICE

This operational standard is consistent with practices utilized by numerous Maryland Fire and EMS agencies. Several jurisdictions permit certified providers under the age of 18 to ride operationally but require that the designated primary EMS provider be at least 18 years of age before serving as the lead clinician on a transporting EMS unit.

This approach has become a widely accepted operational and risk management practice across Maryland.

IX. RISK MANAGEMENT REVIEW

Carroll County Risk Management has reviewed this operational standard and concurs that requiring the primary EMS provider on a two-person crew to be **18 years of age or older** represents a prudent risk mitigation strategy. This recommendation supports:

- Reduction of organizational liability.
- Protection of minor members.
- Protection of patients.
- Consistency with accepted employment and supervision practices.
- Appropriate assignment of medical-legal responsibility.

X. RISK MANAGEMENT

CCDFEMS encourages educational opportunities for junior EMS members through active participation under supervision. This policy reflects accepted operational practices, supports sound risk management, reduces organizational liability, protects both minor members and patients, and appropriately assigns medical-legal responsibility.

XI. MEDICAL DIRECTION

Nothing within this policy limits the educational opportunities available to junior EMS providers. Members under the age of 18 are encouraged to actively participate in patient assessments, interventions, documentation, and clinical decision-making under the supervision of an adult primary provider. This mentorship model promotes professional development while maintaining appropriate oversight.

XII. DOCUMENTATION

The supervising adult provider is responsible for ensuring all patient care documentation is complete and accurate. Minor clinicians may complete documentation for educational purposes under review of the supervising provider.

XIII. RECISSION

This Standard Operating Procedure rescinds any previous guidance or directives regarding the operational role of minor EMS clinicians that are inconsistent with this policy.

XIV. ATTACHMENTS