IDAHO EMSPC MEETING MINUTES

May 8, 2009

A meeting of the Idaho Emergency Medical Services Physician Commission was held on this date at Cambria Suites – Sawtooth Room, 2970 W. Elder, Boise, Idaho, 83705. Chairman Kim called the meeting to order at 9:32 a.m.

Members Present:	**Member's Position:**
Adam Deutchman, M.D.	American College of Surgeons Committee on Trauma
Bat Masterson	Citizen Representative… via teleconference
Curtis Sandy, M.D.	State Board of Medicine… via teleconference
David Kim, M.D.	Idaho Medical Association
Debra McKinnon, D.O.	Idaho Fire Chiefs Association
Murry Sturkie, D.O.	American College of Emergency Physicians, Idaho Chapter
Pat Galvin	Citizen Representative
Scott French	Idaho Association of Counties… via teleconference
Members Absent:	**Member's Position:**
Cay Berg	Idaho EMS Bureau
Keith Sivertson, M.D.	Idaho Hospital Association
Kenny Bramwell, M.D.	American Academy of Pediatrics, Idaho Chapter
Vacant Seats:	N/A
Others Present:	**Other's Position:**
Barb Powell	Donnelly EMS
Dean Neufeld	Idaho EMS Bureau Compliance Specialist
Diana Hone	Idaho EMS Bureau Administrative Assistant
Jill Hiller	Cascade Rural Fire/EMS
John Cramer	Idaho EMS Bureau Systems Information Manager
Justin Clemons	Idaho EMS Bureau Compliance Specialist
Kay Chicoine	Idaho EMS Bureau Senior Analyst
Frank Powell	DHW - Rules
Kevin Bollar	Nampa Fire
Dr. Shanna Schantz	Walter Knox Memorial Hospital
Tawni Newton	Idaho EMS Bureau Investigations
Tina McGuffey	Gem County EMS
Trevor Robinson, MD	Bear Lake Memorial Hospital
Valerie Fend-Boehm	Idaho EMS Bureau Compliance Specialist
Wayne Denny	Idaho EMS Bureau Standards and Compliance Manager

Approval of Minutes from 2-13-09

Commissioner McKinnon, Idaho Fire Chiefs Association, moved and Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded the motion to accept the draft minutes as submitted.
Motion passed unanimously.

EMSPC Financial Report

Wayne Denny reviewed projected collections and expenses for FY09. There will be sufficient funds for the EMSPC meetings scheduled for the year and other items to be discussed later in the meeting.

Officer Elections

Commissioner Deutchman, American College of Surgeons Committee on Trauma, nominated Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, for Chair. Commissioner Sturkie accepted the nomination. There were no objections and no other nominations. Congratulations Commissioner Sturkie.

Commissioner McKinnon, Idaho Fire Chiefs Association, nominated Commissioner Deutchman, American College of Surgeons Committee on Trauma, for Vice Chair. Commissioner Deutchman accepted the nomination. There were no objections and no other nominations. Congratulations Commissioner Deutchman.

EMS Bureau Budget Update

Dia Gainor, EMS Bureau Chief, reviewed several budget issues arising from the legislative session including the 5.4% across the board state budget reductions in personnel. The bureau dealt with this in their reorganization and therefore did not need to lay off anyone. The Idaho Trauma Registry was almost discontinued during the legislature but due to interventions by the Idaho Hospital Association enough funding sources were stitched together to keep the Trauma Registry active for now but a long term solution will need to be discovered. The assurance of an alternate source of funding for Poison Control is only thru FY10 as well.

Legislative Update

Dia explained the main changes made by S1108a, which passed unanimously in both the House and Senate after amendments were made.

Code Task Force Update

Commissioner Sturkie reviewed the final Code Task Force EMS System draft legislation v3.3.1 and attempted to clarify several areas of concern for Commissioners.

Chairman Kim noted that the change requested by the EMSPC in November regarding the timeframe for EMSPC participation in medical directorate mediation (Section 60) had not been made. This request was due to the commission’s meeting schedule. Commissioner Sturkie felt it was an oversight and will make sure the task force scribe makes that change. There was no objection to this.

Commissioner Deutchman thanked Commissioner Sturkie for all his effort and time involved with the EMS Code Task Force.

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved that the EMSPC support the EMS Code Task Force legislation with modified language in § XX-XX60. Commissioner Deutchman, American College of Surgeons Committee on Trauma, seconded.

Commissioner McKinnon asked if others were receiving favorable support. Commissioner Sturkie explained that task force members are supportive and are taking the draft legislation to their respective associations now for discussion.
Motion passed unanimously.

Kootenai County EMS - PCA Pump Clarification

This item was moved forward on the agenda so Commissioner Masterson could participate via teleconference. After discussion, it was determined that the PCA pump is a patient adjunct device controlled by the patient so it does not effect EMT scope of practice. Commissioner Deutchman felt using PCA pumps in this manner was irregular and was concerned that passing off part of the responsibility for using them to EMS was perhaps inappropriate.

Commissioner Masterson, Citizen Representative, moved to not require EMS oversight for a patient with a PCA pump during transport. Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded.
Vote in support: Galvin, McKinnon, Kim, Sandy, Masterson, Sturkie
Opposed: Deutchman
Motion passed.

Medical Director Education

The subcommittee is still working to secure an entity to create the Idaho specific web education program. Whether it can be integrated with the current on-line medical director course or if it will be a separate freestanding program on the list serve is yet to be determined. Dean Neufeld from the EMS Bureau is checking with an outreach company in northern Idaho but has not received a response back from them as to their interest or capability in doing something like this.

Commissioner McKinnon asked if some of the EMSPC money could be used for subcontracting some of this work.

Chairman Kim suggested using some of this year's money to secure future access to the on-line medical director course. He would prefer people actually do that course once the Idaho specific material is available. Perhaps a prerequisite for attendance at future face-to-face workshops would be completion of the on-line course once it includes the Idaho specifics. $5,000 will secure access for another year.

Commissioner Sturkie suggested another option for money allocation would be the new NAEMSP training manuals. It is a four (4) volume set that just came out in January. Volume 1 includes EMS medical direction. Another volume is an EMS quality assurance manual. They could be used as an award to those who complete the course or anyone who attends the workshop. Three (3) out of the four (4) volumes have material related to EMS.

Wildland Fire Update

Dia reported that the Incident Emergency Medical Task Group (IEMTG) has finished their compilation of the scope of practice of all existing federal programs that prepare or staff medical units at wildland fires. Their breakdown is generally limited to EMT and Paramedic. The Task Group is a temporarily chartered group under the Safety and Health Working Team so all products from the working group must be reviewed by this parent team. Once the parent group has completed their review the document will be available for review by others and then the identification of education standards will follow. The overall IEMTG plan for standardization and legal recognition can be viewed at: http://www.nwcg.gov/teams/shwt/iemtg/tactical-plan.html

Commissioner Deutchman noted that issues relating to occupational medicine are absent from the work the task group has done so far. Do they take it for granted it is part of what these EMT's do even though it is not part of their scope of practice? Dia felt that to be an important observation which hopefully will be raised

when public comment opportunities for work products from this task group are circulated. Commissioner Deutchman asked that the EMSPC be notified of this opportunity.

Commissioner Sturkie asked if there is anything the commission should be doing now? Commissioner McKinnon suggested that the EMSPC be proactive and make some statement of support and request that certain issues such as treat and release, hydration and a few other major things that the commission has identified as potentially being outside EMS scope of practice be addressed.

Commissioners feel site visits to wildland fire medical units show Idaho's interest and concern.

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to continue wildland fire site visits to Level 1 or Level 2 fires as EMSPC members are available in conjunction with the EMS Bureau. Commissioner McKinnon, Idaho Fire Chiefs Association, seconded. Motion passed unanimously.

Commissioner McKinnon, Idaho Fire Chiefs Association, moved to correspond with the National Wildfire Coordinating Group (NWCG) to voice the EMSPC's support of work done to date and encourages future focus on matters such as treat and release protocols, hydration and return to work after injury or illness. Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded.

Commissioner Deutchman expressed his concern about the timeliness of this letter as being only window dressing without much impact because the product has already gone from the work group to the parent group. Dia clarified that the SOP document is only one step in multiple tasks the working group will still be addressing.

Motion passed unanimously.

EMD

The letter requested at the last EMSPC meeting was sent to Eddie Goldsmith, Idaho E9-1-1 Program Co-Coordinator. A response had not been received and it was noted that this letter probably should have included Chairman Garret Nancolas who is the mayor of Caldwell as well.
Commissioner Sandy will follow up and see if they want to attend the September meeting.

Airway Management Data Collection

Chairman Kim, John Cramer and Kay Chicoine from the EMS Bureau have worked on simplifying the airway management data collection tool. Chairman Kim reviewed mocked-up airway management data showing what will be collected by the new simplified tool. He explained that the new report is focused on the provider not the patient and each provider will fill out the collection tool. There could be 4 attempts made on a patient but one provider may have only done the 3rd attempt, which would be his first attempt and that is how that provider's attempt is reported. The other provider would report his three attempts and if his last attempt was successful it would be reported as a 3rd attempt for him even though it was the 4th attempt on the patient.

The new tool will be piloted by Ada County EMS to make sure the questions make sense and the survey monkey tool works before statewide collection begins again. A key concept to using the new tool will be that only electronic submissions will be accepted when it is rolled out statewide. This will help to ensure consistent data submission.

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to take the airway survey tool to Ada County EMS for pilot. Commissioner McKinnon, Idaho Fire Chiefs Association, seconded.
Motion passed unanimously.

References to airway management data collection needs to be changed in the EMSPC Standards Manual.

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to replace language on page 21 from the end of line four, section IX in the EMSPC Standards Manual with "The to-be determined required data elements must be supplied electronically upon development and adoption of the reporting system." Delete all pages after 32 which are appendices E and F. Commissioner Deutchman, American College of Surgeons Committee on Trauma, seconded.
Motion passed unanimously.

Medical Supervision Plans

The EMSPC and medical directors are still struggling with what exactly is required in medical supervision plans (MSP). The commission needs to provide better guidance for their creation and consistency in their review. This is another area where money could be spent in the future to contract development of guidance and review documents. This would bring some outside expertise into the process. Mary Sheridan at the state Office of Rural Health is interested in helping fund this development.

Some of the other issues with MSPs:

- some commissioners have not submitted reviews for the plans they were assigned
- follow up with agencies that have received their review but have not resubmitted their corrected MSP
- what to do about agencies that did not submit an MSP at all
- need consistency in what is considered the MSP, some submitted their protocols separate from the MSP and some considered them part of the MSP as well as other policies

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to write a Request for Proposal (RFP) for the development of an MSP guidance document and evaluation tool.

The cost will be evaluated when the RFP comes back. Commissioner McKinnon felt the money would be better spent by making statewide protocols.

Chairman Kim, Idaho Medical Association, seconded.

Commissioner McKinnon was concerned that this will not achieve what the commission wants because even with a better check list, if more than one person does the reviews, there will still be variance. She also felt that not every kind of unit needs the same kind of supervision. Air medical needs different kind of supervision than a QRU so having stricter guidelines may be harmful to and unnecessary for less sophisticated type units. Chairman Kim agreed that cookie cutter MSPs are not what the commission is wanting. Care will need to be taken in crafting the RFP.

Dia informed the commission that there is also something called a Request for Information (RFI) which solicits information from the pool of prospective bidders about what can they do, what would it be and how much money would it cost.

There was no objection to changing the motion from RFP to RFI.
Motion passed unanimously.

Patient Care Treatment Guidelines

Discussed need for statewide protocols at all levels. Chairman Kim stated he understood that some agencies have spent a lot of time creating protocols that work well for them which are evidence based. He felt those agencies should be allowed to use locally developed protocols with the specific authorization of the commission. Commissioner McKinnon already uses countywide protocols and spoke in favor of statewide protocols. She worked on this type of project in Maine. It took about a year to accomplish but was worth the effort. The EMS personnel liked it because they could go anywhere in the state and know what the protocol was going to be. Maine and North Carolina were noted as good examples to look at. Commissioner Sandy expressed concern that with statewide protocols you have to have them simple enough for the least sophisticated agency out there. He would prefer they not be "dumbed-down" but make the EMTs in the state rise to contemporary level protocols.

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to work toward development of mandatory statewide protocols by creating a Statewide Protocol Subcommittee to investigate mandatory protocols. Commissioner McKinnon, Idaho Fire Chiefs Association, seconded.
Motion passed unanimously.

Bureau will send e-mail to all commission members to see who is interested in participating on the subcommittee. Commissioner McKinnon and Chairman Kim volunteered to participate but prefer not to be the chairperson. The chair will be named later.

SOP Implementation Timeline

Valerie Fend-Boehm from the EMS Bureau gave an update on the scope of practice (SOP) implementation timeline based on the National Education Standards being finalized in January 2009 which opened the door for the publishing companies to begin printing the corresponding materials such as text books for all levels including Advanced EMT in 2010. There is a transition course being developed on a national level. National Registry of EMT have tentatively set testing dates for the new levels starting in the fall of 2011 with EMR and EMT, following the next spring with Paramedic and then fall of 2012 for Advanced EMT.

Valerie and Chairman Kim explained that in looking at implementation time lines with dates for the national standards in view now and the fact that creating Idaho specific modules took longer to create than anticipated, it makes sense to postpone some of the skills that require Idaho specific statewide training standards, protocols and skill verification tools. There simply is not enough time to get everything done before implementing the national curriculum. The commission reviewed the 2009-1 grid to determine what could be postponed in a 2009-2 version until the National Standard programs are available. This may seem like it is yet another confusing change, but will actually simplify things in the long run. The attached "Summary of Changes" document explains the changes made from 2009-1 to 2009-2.

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to approve 2009-2 Scope of Practice with changes as listed. Commissioner McKinnon, Idaho Fire Chiefs Association, seconded.
Motion passed unanimously.

Commissioner McKinnon, Idaho Fire Chiefs Association, moved to change the EMSPC Rules to reflect Standards Manual version 2009-2, change terminology from "certified" to "licensed" personnel and update the EMSPC street address. This temporary rule change will be effective July 1, 2009. Commissioner Galvin, Citizen Representative, seconded.
Motion passed unanimously.

Planned Deployment Discussion

Walt Knox Hospital in Emmett are utilizing paramedics in the hospital setting. The question is whether those paramedics could then help transport patients to Boise. The local EMS agency is not licensed at the advanced life support (ALS) level. Commissioners discussed this with Dr. Shannon Schantz, Medical Director for Walter Knox Emergency Department. Dr. Schantz and Tina McGuffey from Gem County EMS were given information for an ALS IV license, which they would apply for jointly. The hospital and EMS agency will have to determine who will hold the ALS IV license. The license application will need to reveal where the resources are coming from and how jointly they meet or exceed the requirements for that level of licensure. The ALS IV does not require a paramedic on every call. This will allow the EMS agency to continue to provide prehospital/9-1-1 response at the BLS or ILS level and also provide ALS interfacility transfers for the local hospital. This information is found in the EMS Bureau Licensure Standards Manual, which can be accessed on their website at www.idahoems.org.

Idaho Simulation Network (ISN)

Chairman Kim introduced Dieter Zimmer from the Idaho Simulation Network (ISN) by saying that he feels there are potential benefits of hi-fidelity patient simulation in the EMS arena. He and Commissioner Sturkie have attended events presented by ISN and felt they were excellent. He feels there are some extremely exciting things happening statewide through ISN and that there is an opportunity for EMS medical directors to learn about simulation. The ISN has a lot of resources to offer and access to those are easiest through membership.

Dieter Zimmer stated that ISN sees this as an opportunity to coordinate simulation activities that are either underway or contemplated throughout the entire state. ISN's biggest desire is to optimize all of the resources that go into simulation, avoid duplication and make sure there are no gaps in what needs to be done. EMS is an area that is central to all of this. ISN has learned from emergency department physicians that there are lots of inconsistencies and lots of deficiencies when it comes to competency and the manner in which prehospital care is delivered to the emergency room. ISN feels the EMSPC is the prime candidate to try and engage EMS organizations in a simulation program that is well coordinated, efficient and consistent. ISN thinks it is highly appropriate for EMS medical directors to be formal members in the ISN. That said, ISN does not have an individual membership category. Membership categories have been academic, institutional such as hospitals, EMS organizations such as fire departments and ambulance services. ISN would like to offer individual membership to EMS medical directors and have talked with Chairman Kim about the cost of such a membership. Individual membership for medical directors would be $25 and ISN would prefer one (1) invoice unless that is impractical. There are about 90 Idaho EMS medical directors at this time = $2250.

Chairman Kim wants to get medical directors more aware of what simulation can do for them and specifically what is available in Idaho to help them with training and such. There are so many opportunities to incorporate simulation with EMS. Commissioner Sturkie asked if medical directors would have access to all the membership benefits such as access to the training modules at a discount? Yes.

It was decided that the commission could pay a blanket fee to cover all Idaho EMS medical directors for $2000. Commissioner French was concerned that the medical directors be made aware that this service is available to them. List the benefits. Dieter said Rachael Alter of the EMS Bureau is on the steering committee and there is an ISN website in which ISN events and programs are advertised. An EMS list serve could also be organized if desired. There is already an ISN EMS work group for things that are very specific to EMS.

Dieter also explained that ISN does not have the revenue base to actually perform simulation. ISN does high level education that helps organizations do simulation correctly. This will help develop consistency so EMS

agencies can feel highly confident that whomever is doing the simulation it will be done in a manner that meets their expectation.

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to purchase a one-year ISN membership for all Idaho EMS Medical Directors for $2000. This will support the development of ISN and get medical directors familiar with it. Commissioner French, Idaho Association of Counties, seconded.
Motion passed unanimously.

Chairman Kim, Idaho Medical Association, moved to allocate $5,000 for one year of EMS Medical Director on-line training. Commissioner Sandy, State Board of Medicine, seconded.
Motion passed unanimously.

Commissioner McKinnon, Idaho Fire Chiefs Association, moved to allocate any remaining EMSPC FY09 funds to the purchase of NREMT testing vouchers. Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded.
Motion passed unanimously.

Investigations

Tawni Newton, EMS Bureau investigator, reviewed EMSPC rules regarding their role in making disciplinary action recommendations pertaining to certified/licensed personnel. She reviewed IDAPA 16.02.03 and the authority the EMS Bureau has to conduct administrative investigations. Tawni presented the EMS Bureau's proposed investigation process for peer reviews which includes an EMSPC member, an agency administrator and an EMS provider licensed at the same level as the subject of investigation. She also reviewed the EMS licensure sanction options. The goal is to present cases to the full commission within a short time from the peer review date to enable the EMS Bureau to take any necessary sanction action quickly.

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to accept the Bureau's recommended process for reviewing complaints. Commissioner French, Idaho Association of Counties, seconded.
Motion passed unanimously.

September 11th meeting to be held in Boise at the Cambria Suites.
November 13th meeting to be held in Pocatello.

Adjournment

MOTION: It was moved by Commissioner Sandy to adjourn the February 8, 2008 Idaho Emergency Medical Services Physician Commission meeting at 5:15p.m. The motion passed unanimously.

____

David Kim, Chairman
Idaho Emergency Medical Services Physician Commission

Summary of Changes
EMS Physician Commission Standards Manual
2009-1 to 2009-2

Effective July 1, 2009

On May 8, 2009, the Idaho EMS Physician Commission (EMSPC) amended the 2009-1 edition of the EMSPC Standards Manual. The 2009-2 edition includes several scope of practice changes which were necessitated by the absence of state-wide training materials and validated tools for state-wide competency verification. To allow implementation of these skills at the local level using locally developed training programs and local credentialing, many of these skills were made optional in 2009-2. Deleted skills will be re-added when training materials and competency verification tools are made available with implementation of the National EMS Scope of Practice Model (est. late 2011). At the same meeting, the EMSPC also amended its requirements for advanced airway management data collection and submission.

EMR Scope of Practice

1. *Atropine sulfate & 2-Pralidoxime chloride auto-injectors (self & peer).* This skill was deleted but will be re-added when the National EMS Scope of Practice Model is implemented.

2. *Atropine sulfate & 2-Pralidoxime chloride auto-injectors (Chempack patient use – emergency stockpile release only).* This skill was changed to a 5,X from a 2,4,X (floor skill requiring specified state-wide training and use of a specified state-wide protocol). As a 5,X skill, EMRs may only use these auto-injectors in the event of an emergency Chempack stockpile release and after receiving “just-in-time” training.

3. *Extremity splinting.* This skill was changed to a 2,OM. As a 2,OM skill, EMRs may perform this skill upon completion of training that meets or exceeds specified state-wide training standards and upon credentialing by the local EMS Medical Director.

EMT Scope of Practice

1. *Atropine sulfate & 2-Pralidoxime chloride auto-injectors (self & peer).* This skill was deleted but will be re-added when the National EMS Scope of Practice Model is implemented.

2. *Atropine sulfate & 2-Pralidoxime chloride auto-injectors (Chempack patient use – emergency stockpile release only).* This skill was changed to a 5X from a 2,4,X (floor skill requiring specified state-wide training and use of a specified state-wide protocol). As a 5X skill, EMTs may only use these auto-injectors in the event of an emergency Chempack stockpile release and after receiving “just-in-time” training.

3. *Pelvic immobilization devices.* This skill was changed to OM (optional) from an X (floor skill). As an OM skill, EMTs may utilize these devices upon completion of training provided by the local EMS agency and credentialing by the local EMS Medical Director.

4. *Pulse oximetry.* This skill was deleted but will be re-added when the National EMS Scope of Practice Model is implemented.

AEMT Scope of Practice

1. *Atropine sulfate & 2-Pralidoxime chloride auto-injectors (self & peer).* This skill was deleted but will be re-added when the National EMS Scope of Practice Model is implemented.

2. *Atropine sulfate & 2-Pralidoxime chloride auto-injectors (Chempack patient use – emergency stockpile release only).* This skill was changed to a 5X from a 2,4,X (floor skill requiring specified state-wide training

and use of a specified state-wide protocol). As a 5X skill, AEMTs may only use these auto-injectors in the event of an emergency Chempack stockpile release and after receiving "just-in-time" training.

3. *Pelvic immobilization devices.* This skill was changed to OM (optional skill) from an X (floor skill). As an OM skill, AEMTs may utilize these devices upon completion of training provided by the local EMS agency and credentialing by the local EMS Medical Director.

4. *Intraosseous-adult (vascular access).* This skill was changed to OM from 2,OM (optional skill requiring specified state-wide training). As an OM skill, AEMTs may perform adult IO vascular access upon completion of training provided by the local EMS agency and credentialing by the local EMS Medical Director.

5. *Dextrose 50% and Dextrose, concentrated solutions (medication formulary).* These medications were deleted but will be re-added when the National EMS Scope of Practice Model is implemented.

6. *Activated charcoal.* This medication was changed to a white X from an X. This designation clarifies that administration of activated charcoal is currently a floor skill but that the skill will be deleted when the National EMS Scope of Practice Model is implemented. This medication is not included in the National EMS Scope of Practice Model at the AEMT level.

7. *Glucagon (medication formulary).* This medication was changed to a 2,4, OM from an X. Although a state-wide protocol and training is available for this medication, a state-wide competency verification tool is not. As 2,4,OM skill, AEMTs may administer glucagon in accordance with a specified state-wide protocol upon completion of training that meets or exceeds specified state-wide training standards and upon credentialing by the local EMS Medical Director.

8. *Intraosseous-adult (medication administration).* This skill was deleted but will be re-added when the National EMS Scope of Practice Model is implemented.

9. *Intramuscular medication administration.* This skill was changed to 2,OM from an X. As a 2,OM skill, AEMTs may administer authorized medications intramuscularly upon completion of training that meets or exceeds specified state-wide training standards and upon credentialing by the local EMS Medical Director.

10. *Subcutaneous medication administration.* This skill was changed to 2,OM from an X. As a 2,OM skill, AEMTs may administer authorized medications subcutaneously upon completion of training that meets or exceeds specified state-wide training standards and upon credentialing by the local EMS Medical Director.

11. *IV push medication administration, D50/concentrated dextrose solutions only.* This skill was deleted but will be re-added when the National EMS Scope of Practice Model is implemented.

12. *Venous blood sampling.* This skill was changed to a white X from an X. This designation clarifies that this is currently a floor skill but that the skill will be deleted when the National EMS Scope of Practice Model is implemented. This skill is not included in the National EMS Scope of Practice Model at the AEMT level.

Paramedic Scope of Practice

1. *CPAP.* This skill was changed to OM (optional skill) from an X (floor skill). As an OM skill, Paramedics may provide CPAP upon completion of training provided by the local EMS agency and credentialing by the local EMS Medical Director.

2. *Intubation-fiber optic.* This skill was changed to OM (optional skill) from an X (floor skill). As an OM skill, Paramedics may utilize this intubation technique upon completion of training provided by the local EMS agency and credentialing by the local EMS Medical Director.

3. *Pelvic immobilization devices.* This skill was changed to OM (optional skill) from an X (floor skill). As an OM skill, Paramedics may utilize these devices upon completion of training provided by the local EMS agency and credentialing by the local EMS Medical Director.

Advanced Airway Management Data Collection and Submission

1. The previous tools for airway management data collection and submission, Appendices E and F, were deleted from the Standards Manual. The EMSPC intends to create new airway management data elements and will implement them statewide after pilot testing.

2. EMS agencies are still required to implement a performance assessment and improvement plan for AEMT intubation and Paramedic RSI and non-RSI intubation that meets or exceeds the standards in Appendices B, C and D of the Standards Manual.