

**Summary of Changes**  
**EMS Physician Commission Standards Manual**  
**2009-2 to 2009-3**  
*Effective October 1, 2009*

Change all “certified” personnel references to “licensed” personnel. This updates the language to conform to the new Idaho Code Title 56 Chapter 10.

Insert “air medical” as a type of agency in Section II, pg 4, to conform to the new Idaho Code § 56-1016.

Delete confusing requirement under Medical Supervision Plan for the Out-Of-Hospital Setting, A. Credentialing of licensed EMS personnel, #4.g. (Section IV pg 8) “Successful completion of an EMS agency evaluation” seems to infer that the new personnel will be providing an evaluation of the agency. This was not the intent and it was determined that this line was unnecessary.

**Scope of practice grid:**

Make aspirin at the EMT and AEMT level an optional module for suspected cardiac chest pain.

The asterisk is not necessary on “Mechanical CPR Device.”

Clarify footnote #2 to say: “Requires completion of training that meets or exceeds specified state-wide training standards established by the EMS Bureau”

Clarify Technique of Medication Administration section to mean: “Only includes techniques required to administer meds listed in the medication formulary. Does not include techniques for assisting a patient in administering his/her own medications.”

EMR Spinal Immobilization – There has been some confusion about this skill in the field because the EMSPC had gone back and forth with it in the scope of practice grid. Some felt that EMRs who had previously been trained and tested on this skill were grandfathered in. The Commissioners all agreed that this skill is to be a 2OM with no grandfathering. Which means that when the curriculum becomes available it can be implemented by those medical directors who choose to do it.