

Summary of Changes

EMS Physician Commission Standards Manual

2015-1 to 2016-1

Updated IDAPA reference (pages 4-5)

III. EMS PERSONNEL AUTHORITY TO ACT

In addition, licensed EMS personnel may only provide out-of-hospital care when:

2. Licensed EMS personnel have been trained, based on curricula or specialized training approved according to IDAPA ~~16.02.03~~ 16.01.05, Idaho Department of Health and Welfare, ~~“Rules Governing Emergency Medical Services;”~~ “Emergency Medical Services (EMS) – Education, Instructor, and Examination Requirements” and

In addition, licensed EMS personnel may only provide hospital and medical clinic care when:

1. Licensed EMS personnel have been trained, based on curricula or specialized training approved according to IDAPA ~~16.02.03~~ 16.01.05, Idaho Department of Health and Welfare, ~~“Rules Governing Emergency Medical Services;”~~ “Emergency Medical Services (EMS) – Education, Instructor, and Examination Requirements,” or additional training approved by the hospital or medical clinic supervising physician and

EMS education requirements are now in the new IDAPA 16.01.05, Idaho Department of Health and Welfare, “Emergency Medical Services (EMS) – Education, Instructor, and Examination Requirements.” IDAPA 16.02.03 has been repealed.

Effective date of new standards manual and scope of practice (page 14): July 1, 2016

Updated IDAPA reference (page 14), removed IDAPA reference (page 15)

VIII. IDAHO AUTHORIZED SCOPE OF PRACTICE

Appendix A implicitly defines both a “floor” and “ceiling” for each level of EMS licensure. Licensed EMS personnel must receive training and demonstrate competency in each skill and intervention that lies within their “floor.” Training for skills and interventions within the “floor” is based on curricula or specialized training approved according to IDAPA ~~16.02.03~~ 16.01.05, Idaho Department of Health and Welfare, ~~“Rules Governing Emergency Medical Services;”~~ “Emergency Medical Services (EMS) – Education, Instructor, and Examination Requirements.” Training and competency in skills and interventions within the “floor” are verified by examination and state EMS licensure according to IDAPA ~~16.02.03~~ 16.01.05, Idaho Department of Health and Welfare, ~~“Rules Governing Emergency Medical Services;”~~ “Emergency Medical Services (EMS) – Education, Instructor, and Examination Requirements” and IDAPA 16.01.07, Idaho Department of Health and Welfare, “Emergency Medical Services (EMS) – Personnel Licensing Requirements.” Skills and interventions designated by an “X” in Appendix A are included in the “floor” for the specified level of EMS licensure.

EMS education requirements are now in the new IDAPA 16.01.05, Idaho Department of Health and Welfare, “Emergency Medical Services (EMS) – Education, Instructor, and Examination Requirements.” IDAPA 16.02.03 has been repealed.

Appendix A includes a CC Skills (Critical Care Skills) column that designates optional psychomotor skills and patient care interventions that may be performed by a Paramedic who receives additional training in critical care transport and who is education and has successfully completed the Board for Critical Care Transport Paramedic Certification (BCCTPC) exam for Flight Paramedic (FP-C) or Critical Care Paramedic (CCP-C). A Paramedic must be appropriately credentialed by the EMS Medical Director, Hospital Supervising Physician or Medical Clinic Supervising Physician before performing critical care skills. This formal training program must meet or exceed the applicable objectives of the curriculum approved according to IDAPA 16.02.03, Idaho Department of Health and Welfare, "Rules Governing Emergency Medical Services." Completion of the entire curriculum is not required. Curriculum objectives are currently listed in the "Idaho EMS Critical Care Transport Curriculum Guide." The In addition, the EMS Medical Director, Hospital Supervising Physician and/or Medical Clinic Supervising Physician must ensure that licensed EMS personnel receive appropriate initial and continuing education for optional of critical care skills and interventions, In addition, the EMS Medical Director, Hospital Supervising Physician or Medical Clinic Supervising Physician and must take an active role in verifying competency proficiency in optional those skills and interventions since state EMS personnel licensing will not address critical care or optional skills and interventions.

Successful completion of the Board for Critical Care Transport Paramedic Certification (BCCTPC) for Flight Paramedic (FP-C) or Critical Care Paramedic (CCP-C) is required by Paramedics who provide care as defined in the CC Skills column of Appendix A of the 2016-1 EMSPC Standards Manual.

Appendix A Changes:

- EMR – 2011
 - Narcan added to the scope of practice as a 3, SS (line 87)
- EMT - 2011
 - CPAP added to the scope of practice as a 2, OM (line 170)
 - Narcan added to the scope of practice as a 3, SS (line 247)
- Advanced EMT – 2011
 - No changes
- Paramedic – EMTP98
 - Scope of practice removed
- Paramedic – 2011
 - Surgical Cricothyrotomy changed to 2, OM at the Paramedic level (line 590)
 - IV Programmable Volume Infusion Device added as 2,OM to Paramedic scope of practice (line 678)
 - Vaccinations – at the request of the Public Health District if credentialed in IM administration added to Paramedic – 2011 scope of practice (line 713)
 - Thrombolytic Therapy Administration added to Paramedic – 2011 scope of practice (line 712)
- Critical Care Skills (Paramedic – 2011)
 - Chest tube changed from 2, OM to 2, 3, OM (line 585)
 - Surgical Cricothyrotomy changed to 3X for (line 590)
 - Ventilators, Automated – Enhanced Assessment & Management changed from 2, OM to 3X (line 626)
 - IABP monitoring & management changed from 2, OM to 3X (line 640)
 - Invasive Hemodynamic Monitoring changed from 2, OM to 3X (line 641)
 - Pericardiocentesis changed from 2, OM to 2,3,OM (line 643)
 - Pacing – Transvenous & Epicardial – monitoring & management changed from 2, OM to 3X (line 645)
 - Pacing – Permanent/ICD 2, OM removed (line 646)
 - Arterial Line – Monitoring & Access Only changed from 2, OM to 3X (line 658)
 - Central Line – Placement changed from 2, OM to 2,3,OM (line 659)
 - Umbilical – Initiation changed from 2, OM to 2,3,OM (line 664)

- IV Programmable Volume Infusion Device changed from 2, OM to 3X (line 678)
- ICP Monitoring changed from 2, OM to 3X (line 704)
- Urinary Catheterization changed from 2, OM to 2,3,OM (line 706)
- Maintenance of Blood Administration and Blood Products Administration lines swapped (lines 709 and 710)
- Blood Products Administration changed from 2, OM to 3X (line 709)
- Plasma Volume Expander Administration changed from 2, OM to 3X (line 711)

Appendix B Changes:

- “Cuffed sizes = 3.5mm – 8.0mm” and “Uncuffed Size = 2.5mm” added under available options for Selection of tube size (page 36)

Appendix C Changes:

- “Cuffed sizes = 3.5mm – 8.0mm” and “Uncuffed Size = 2.5mm” added under available options for Selection of tube size (page 38)