

# IDAHO EMSPC MEETING MINUTES

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May 8, 2015

A meeting of the Idaho Emergency Medical Services Physician Commission (EMSPC) was held on this date at the Guest House Inn and Suites, 850 Lindsay Blvd., Idaho Falls, Idaho.

**Members Present:**

Mark Urban, M.D.  
James Alter  
Jamie Karambay, M.D.  
Michael L. Lemon, D.O.  
Ian Butler-Hall, M.D.  
Curtis Sandy, M.D.

**Member's Position:**

American Academy of Pediatrics, Idaho Chapter  
Citizen Representative  
American College of Emergency Physicians, Idaho Chapter  
American College of Surgeons Committee on Trauma  
Idaho Medical Association  
Idaho State Board of Medicine

**Members Absent:**

Veronica Mitchell-Jones  
Eric Chun, M.D.  
Paul Johns, M.D.  
Keith Sivertson, M.D.

**Member's Position:**

Citizen Representative  
Idaho Fire Chiefs Association  
Idaho Bureau of Emergency Medical Services & Preparedness  
Idaho Hospital Association  
Idaho Association of Counties

**Vacant Seats:**

**Others Present:**

James Pickett, M.D.  
Edwin Wells, M.D.  
Mikel Walker  
Stewart Curtis  
Bob Montgomery  
Bruce Cheeseman  
Janna Nicholson  
Season Woods  
Mindi Anderson  
Derek Coleman  
Corrine Dalzell

**Other's Position:**

Oneida County Ambulance  
Fremont County Emergency Medical Services  
Madison Fire Department  
INL  
NW Medstar  
Idaho Bureau of EMS & Preparedness – EMS Section Manager  
Idaho Bureau of EMS & Preparedness - EMS Field Coordinator  
Idaho Bureau of EMS & Preparedness - EMS Field Coordinator  
Idaho Bureau of EMS & Preparedness – EMS Program Specialist  
Idaho Bureau of EMS & Preparedness – EMS Technical Records Lead  
Idaho Bureau of EMS & Preparedness – EMS Admin Assistant

- Chairman Sandy called the meeting to order at 8:30 a.m.

### **Wildland Fire Update**

Chairman Sandy reported that the Idaho Department of Lands contracting service and the federal government still don't have a standardized ordering process for Medical Directors with consistent roles, responsibilities, etc. Until the federal government can standardize their process, the state is trying to ensure that they at least have medical direction for each incident. The federal government combined the Western and Eastern Great Basin regions into just the Great Basin Region.

### **Enter closed executive session**

*Commissioner Butler-Hall, Idaho Medical Association, moved to enter closed executive session to review confidential material involving EMS personnel in accordance with Idaho Code § 67-2345(1)(b&f).*

*Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded the motion.*

*Motion passed unanimously.*

### **End closed executive session**

*Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, moved to come out of executive session.*

*Commissioner Butler-Hall, Idaho Medical Association, seconded the motion.*

*Motion passed unanimously.*

### **License Action Report**

*Case # 2015-05: Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, moved to accept recommendations made by the EMSPC in closed session. Commissioner Butler-Hall, Idaho Medical Association, seconded the motion.*

*Motion passed unanimously.*

### **Approval of Minutes from 2-6-15**

*Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, moved to accept the draft minutes as submitted.*

*Commissioner Butler-Hall, Idaho Medical Association, seconded the motion.*

*Motion passed unanimously.*

### **Emergency Medical Dispatch (EMD) Best Practices**

To help dispatch centers in Idaho develop an EMD program or improve their existing program, the Idaho EMSPC created a position paper describing the best practices for dispatch centers that provide EMS dispatching. Chairman Sandy presented the EMD Best Practices position paper (draft) that will be posted on the Idaho EMS Physician Commission when approved.

*Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, moved to accept the position paper with slight formatting edits and the attached National Association of EMS Physicians (NAEMSP) position paper.*

*Commissioner Lemon, American College of Surgeons Committee on Trauma, seconded the motion.*

*Motion passed unanimously.*

### **EMD in Idaho Collaboration**

The Idaho Emergency Communication Commission (IECC) sent a letter to the EMSPC last year that said 75% of all EMS dispatch agencies in Idaho are doing EMD and the IECC does not feel that there are any standards needed because agencies are all using "nationally accredited" programs. When the EMSPC received the IECC letter, it was sent to the International Academies of Emergency Dispatch (IAED), a third party, for review and input to assess the validity and assumptions of the IECC. IAED confirmed that there is no National Accreditation or Certification of dispatch systems by the federal government at this time.

The IAED is a national standard setting organization that uses comprehensive standards development, evaluation processes, and required performance standards for the accrediting of centers to ensure unified protocols, curriculum, QA/case review standards. Their Medical Priority Dispatch System (MPDS) is used universally statewide in Utah, Delaware, Maryland, New Hampshire, Maine, and District of Columbia and extensively in California, Florida, Colorado, Missouri, New York, North Carolina, and South Carolina. They report that 53% of the dispatch agencies in Idaho have their MPDS

### **(EMD in Idaho Collaboration continued)**

software or cards and few of those have the quality assurance (QA) software. The key components of Triage and QA for the EMD process are missing for Idaho E911 to be considered EMD. IAED provided models for EMD Legislation, Rules & Regulations with their response. The EMSPC would like to send a letter to the IECC referencing the information sent from IAED and engage in collaboration to develop standards for EMD in Idaho.

*Commissioner Butler-Hall, Idaho Medical Association, moved that the EMSPC engage the IECC by written correspondence. Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded the motion. Motion passed unanimously.*

### **Medical Director Education Subcommittee Report**

The commission reviewed responses to the Idaho EMS Agency License Renewal Application questions about medical supervision. They are going to keep the questions the same. The commission discussed the Medical Supervision Roundtable that took place the night before. The CPR education and Spinal Immobilization education gave the medical directors and agency administrators' two very relevant trainings.

Based on feedback from attendees of the roundtable, the commission is considering a series of webinars or online courses for new Medical Directors that would be completed their first year of medical supervision. The material would be designed to cover the basic rules, requirements, and best practices of EMS medical supervision and would include a format for feedback to develop additional or advanced topics that would be used for the Medical Supervision Roundtables.

The commission will attempt to hold a Medical Roundtable in conjunction with the next ECC meeting in July.

### **Critical Care Agencies in Idaho**

The majority of states don't regulate Critical Care from a provider standpoint; Critical Care is not a license, but rather an endorsement. Some states use a system similar to Idaho's Optional Module system, but the majority has taken Critical Care a step further and said that the provider must complete education and pass a Critical Care exam. The commission recognizes the need to ensure that everyone is receiving the same level of care in regards to the Critical Care skills. The EMSPC will adopt the standard that a provider can get their education anywhere, but must pass the exam before providing specified Critical Care skills. The personnel providing Critical Care must have the education, skills and knowledge of a Critical Care Paramedic. The Idaho EMSPC Scope of Practice 2016-1 Appendix A will be updated with a 3X on required Critical Care skills for Paramedics, and the optional skills will remain 2, OM. For the skills marked 3X the additional standard as defined by the EMSPC is that the provider must successfully complete the Board for Critical Care Transport Paramedic Certification (BCCTPC) exam for Flight Paramedic (FP-C) or Critical Care Paramedic (CCP-C).

The Commission reviewed the Critical Care skill lines and made the following determinations.

Line 8 – 2, OM

Line 13 – 3X

Line 49 – 3X

Line 63 – 3X

Line 64 – 3X

Line 66 – 2, OM

Line 68 – 3X

Line 69 – Pacing; Permanent/ICD- Do some research for next meeting on the specifics of the skill.

Line 79 – 3X

Line 80 – 2, OM

Line 85 – 2, OM

Line 99 – 2, OM at the paramedic level, 3X at the Critical Care level

Line 124 – 3X

Line 126 – 2, OM

Line 132 – 3X

Line 151 – 3X

*Commissioner Butler-Hall, Idaho Medical Association, moved that we accept all changes to Critical Care Scope of Practice. Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded the motion. Motion passed unanimously.*

### **Scope of Practice**

Crew run Continuous Positive Airway Pressure (CPAP) machines for long transport times is hugely beneficial and can be added to the Scope of Practice for EMT-2011. EMTs can use a setting of 5 and Paramedics can go up to a setting of 10 on the CPAP machine.

*Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, moved that we make CPAP a 2, OM for the EMT-2011 on the Scope of Practice 2016-1 Appendix A. Commissioner Butler-Hall, Idaho Medical Association, seconded the motion.*

*Motion passed unanimously.*

### **Request for Medication Approval – Calcium Gluconate**

*Commissioner Butler-Hall, Idaho Medical Association, moved that we allow INL to use topical Calcium Gluconate for a period of two years with a report back to the EMSPC. Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded the motion.*

*Motion passed unanimously.*

### **Naloxone Legislation**

Idaho Code § 54-1733B provides that any prescriber or pharmacist acting in good faith and exercising reasonable care may prescribe an opioid antagonist to a person at risk of an opiate-related overdose, a person in a position to assist a person at risk of an opiate-related overdose, a person in the course of their official duties or business who may encounter a person at risk of an opiate-related overdose, or in the opinion of the prescriber or pharmacist, a person with a valid reason to be in possession of an opioid antagonist. Any person acting in good faith and exercising reasonable care may administer an opioid antagonist to another person who appears to be experiencing an opiate-related overdose. As soon as possible, the administering person shall contact emergency medical services.

*Commissioner Karambay, American College of Emergency Physicians, Idaho Chapter, moved to make Naloxone a “3, SS” for all levels in which it doesn’t exist at the floor scope of practice and define SS (State Statute) as Idaho Code § 54-1733B on the Scope of Practice 2016-1 Appendix A. The (3) additional standards as defined by the EMSPC requires an EMS provider to use the specified training and report the usage. Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded the motion.*

*Motion passed unanimously.*

### **Protocol Subcommittee Report**

Subcommittee retreat will be on November 12, 2015. They are researching evidence-based guidelines from National Association of State EMS Officials (NASEMSO) prior to the retreat.

### **Protective Custody and Restraints**

Topic has been held over for November 13, 2015 meeting.

### **Term of the Chair**

*Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, moved that we change the by-laws and the rules (if necessary) to reflect a two-year term. Commissioner Butler-Hall, Idaho Medical Association, seconded the motion.*

*Commissioner Lemon, American College of Surgeons Committee on Trauma,, Commissioner Alter, Citizen Representative, Commissioner Karambay, American College of Emergency Physicians, Idaho Chapter,, Chairmain Sandy, Idaho State Board of Medicine,, Commissioner Urban, American Academy of Pediatrics, Idaho Chapter,, Commissioner Butler-Hall, Idaho Medical Association, all vote aye. None opposed.*

### **Elections**

*Commissioner Butler-Hall, Idaho Medical Association, nominates Chairman Sandy, Idaho State Board of Medicine, as chair. Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded the motion.*

*Motion passed unanimously.*

*Chairman Sandy, Idaho State Board of Medicine, accepts.*

*Commissioner Butler-Hall, Idaho Medical Association, nominates Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, as vice-chair. Commissioner Lemon, American College of Surgeons Committee on Trauma, seconded the motion.*

*Motion passed unanimously.*

*Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, accepts.*

### **Commission Vacancies**

Idaho Association of Counties

### **Rules Changes**

EMS Education rules have been drafted so there are new education rules broken down by program, personnel, and exams. Draft of IDAPA 16.01.05 was presented. EMS Personnel Licensure rules are being modified to adjust continuing education requirements for license renewal. Draft of IDAPA 16.01.07 was presented.

### **Approve PARF for 2016 changes**

*Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, moved to approve the Proposed Administrative Rules Form (PARF) to initiate rulemaking to change the standards manual edition to 2016-1 to be effective July 1, 2016.*

*Commissioner Butler-Hall, Idaho Medical Association, seconded the motion.*

*Motion passed unanimously.*

### **Budget**

*Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, moved that we use any extra funding to purchase NREMT vouchers. Commissioner Butler-Hall, Idaho Medical Association, seconded the motion.*

*Motion passed unanimously.*

### **CHEMS**

Dr. Karambay is the EMSPC representation for the Community Health Emergency Medical Services (CHEMS) Task Force. Initially, the commission sees CHEMS as a change in role rather than a scope change. This is based on the understanding that the CHEMS program is seeking opportunities that take advantage of their current scope to expand their role in providing care. June's CHEMS taskforce meeting is going to be a lot of developing a guide and looking at the ILS/BLS levels in the progression of CHEMS. Medical Director education and training for their role in CHEMS needs to be determined. Is the task force going to create it and EMSPC can facilitate it? The CHEMS budget doesn't have much funding allocated for mentoring Medical Directors. The CHEMS Taskforce would like to participate in the Medical Supervision Roundtables in an effort to communicate the specifics.

### **Adjourn**

*Commissioner Butler-Hall, Idaho Medical Association, moved to adjourn. Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded the motion.*

*Motion passed unanimously.*

- Adjournment 3:48 pm

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Curtis Sandy, Chairman  
Idaho Emergency Medical Services Physician Commission