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**STATE OF IDAHO**  
**EMS PHYSICIAN COMMISSION**  
**STANDARDS MANUAL**

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Authority:

Idaho Code § 56-1013A, § 56-1016, and § 56-1017(1)

Rules for EMS Physician Commission Idaho Administrative Procedures Act 16.02.02

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## **I. DEFINITIONS.**

As promulgated by and in addition to the applicable definitions in Section 56-1012, Idaho Code, and IDAPA 16.01.02, Idaho Department of Health and Welfare, “Rules Governing Emergency Medical Services,” the following terms are used in this manual as defined below:

Advanced Emergency Medical Technician (AEMT). A person who holds a current active license issued by the Bureau at the Advanced Emergency Medical Technician level and is in good standing with no restriction upon, or actions taken against, his license.

Affiliation. The recognition of an individual as a member or employee.

Bureau of Emergency Medical Services and Preparedness. The Bureau of Emergency Medical Services and Preparedness of the Idaho Department of Health and Welfare, hereafter referred to as “the Bureau.”

Contemporaneous. Originating, existing, or occurring during the same period of time.

Credentialed EMS Personnel. Individuals who are authorized to provide medical care by the EMS medical director, hospital supervising physician, or medical clinic supervising physician.

Credentialing. The local process by which licensed EMS personnel are authorized to provide medical care in the out-of-hospital, hospital, and medical clinic setting, including the determination of a local scope of practice.

Critical Care Paramedic. A person who holds a current active license issued by the Bureau at the Paramedic or Emergency Medical Technician-Paramedic level and has successfully completed training objectives as set forth in the Critical Care Transport Curriculum Guide of the Bureau and who possesses a current active credential to provide Critical Care.

Critical Care Transport. The transportation of a patient with continuous care, monitoring, medication, or procedures requiring knowledge or skills not contained within the Paramedic curriculum approved by the State Health Officer.

Designated Clinician. A licensed Physician Assistant (PA) or Nurse Practitioner designated by the EMS medical director, hospital supervising physician, or medical clinic supervising physician who is responsible for direct (on-line) medical supervision of licensed EMS personnel in the temporary absence of the EMS medical director.

Direct (On-Line) Supervision. Contemporaneous instructions and directives about a specific patient encounter provided by a physician or designated clinician to licensed EMS personnel who are providing medical care.

Emergency Medical Services (EMS). Under Section 56-1012(12), Idaho Code, emergency medical services or EMS is aid rendered by an individual or group of individuals who do the following:

- a. Respond to a perceived need for medical care in order to prevent loss of life, aggravation of physiological or psychological illness, or injury;
- b. Are prepared to provide interventions that are within the scope of practice as defined by the Idaho Emergency Medical Services Physician Commission (EMSPC), under IDAPA 16.02.02, “Rules of the Idaho Emergency Medical Services (EMS) Physician Commission”;
- c. Use an alerting mechanism to initiate a response to requests for medical care; and
- d. Offer, advertise, or attempt to respond as described in Section 56-1012(12), (a) through (c), Idaho Code.
- e. Aid rendered by a ski patroller, as described in Section 54-1804(1)(h), Idaho Code, is not EMS.

Emergency Medical Services Physician Commission. The Idaho Emergency Medical Services Physician Commission as created under Section 56-1013A, Idaho Code, hereafter referred to as “the Commission.”

Emergency Medical Responder (EMR). A person who holds a current active license issued by the Bureau at the First Responder or Emergency Medical Responder level and is in good standing with no restriction upon, or actions taken against, his license.

Emergency Medical Technician (EMT). A person who holds a current active license issued by the Bureau at the Emergency Medical Technician or Emergency Medical Technician-Basic level and is in good standing with no restriction upon, or actions taken against, his license.

EMS Agency. An organization licensed by the Bureau to provide emergency medical services in Idaho.

EMS Medical Director. A physician who supervises the medical activities of licensed personnel affiliated with an EMS agency.

Hospital. A facility in Idaho licensed under Sections 39-1301 through 39-1314, Idaho Code, and defined in Section 39-1301(a)(1), Idaho Code.

Hospital Supervising Physician. A physician who supervises the medical activities of licensed EMS personnel while employed or utilized for delivery of services in a hospital.

Indirect (Off-Line) Supervision. The medical oversight provided by a physician to licensed EMS personnel who are providing medical care. The components of medical supervision include EMS system design, education, quality management, patient care guidelines, medical policies, and compliance.

License. A license issued by the Bureau to an individual for a specified period of time indicating that minimum standards corresponding to one (1) of several levels of EMS proficiency have been met.

Licensed EMS Personnel. Individuals who possess a valid license issued by the Bureau.

Medical Clinic. A place devoted primarily to the maintenance and operation of facilities for outpatient medical, surgical, and emergency care of acute and chronic conditions or injury.

Medical Clinic Supervising Physician. A physician who supervises the medical activities of licensed EMS personnel while employed or utilized for delivery of services in a medical clinic.

Medical Supervision. The advice and direction provided by a physician, or under the direction of a physician, to licensed EMS personnel who are providing medical care, including direct and indirect supervision.

Medical Supervision Plan (MSP). The written document describing the provisions for medical supervision of licensed EMS personnel.

Nurse Practitioner. An Advanced Practice Professional Nurse, licensed in the category of Nurse Practitioner, as defined in IDAPA 23.01.01, “Rules of the Idaho Board of Nursing.”

Out-of-hospital. Any setting outside of a hospital, including inter-facility transfers, in which the provision of emergency medical services may take place.

Paramedic. A person who holds a current active license issued by the Bureau at the Paramedic or Emergency Medical Technician-Paramedic level and is in good standing with no restriction upon, or actions taken against, his license.

Physician. A person who holds a current active license issued by the Board of Medicine to practice medicine and surgery, osteopathic medicine and surgery, or osteopathic medicine in Idaho and is in good standing with no restriction upon, or actions taken against, his license.

Physician Assistant. A person who meets all the applicable requirements to practice as a licensed physician assistant under Title 54, Chapter 18, Idaho Code, and IDAPA 22.01.03, “Rules for the Licensure of Physician Assistants.”

## **II. EMS Physician Commission Standards Manual Authority**

Idaho Code 56-1013A(1) empowers the EMS Physician Commission with statutory authority to establish standards for scope of practice and medical supervision for licensed personnel, air medical, ambulance, and non-transport agencies licensed by the Bureau. Idaho Code 56-1017(1) specifically authorizes and directs the Commission to adopt appropriate rules defining the allowable scope of practice and acts and duties which can be performed by persons licensed by the department and the required level of supervision by a licensed physician.

IDAPA 16.02.02, “Rules of the EMS Physician Commission,” Section 004 incorporate this EMS Physician Commission Standards Manual by reference. The purposes of this EMS Physician Commission Standards Manual are to establish the scope of practice of licensed EMS personnel and to specify the type and degree of medical supervision for specific skills, treatments, and procedures by level of EMS licensure.

## **III. EMS Personnel Authority to Act**

To provide emergency medical services, EMS licensed personnel must comply with Idaho Code and IDAPA 16.02.02, “Rules of the EMS Physician Commission.” The policies of the EMS Physician Commission are documented in this Standards Manual.

Licensed EMS personnel who are representing an Idaho EMS agency and who possess a valid credential issued by that agency's EMS medical director may act and provide services in the out-of-hospital setting under the following conditions:

1. When participating in a planned deployment of personnel resources approved by the EMS medical director; or
2. When administering first aid or emergency medical attention as a "Good Samaritan" and without expectation of remuneration in accordance with Idaho Code 5-330 or 5-331 in a manner approved by the EMS medical director; or
3. When participating in a training program approved by the Bureau or the EMS medical director.
4. When on duty, visibly display at all times identification specifying name and level of EMS licensure.

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

1. The patient care does not exceed the scope of practice as defined by this Standards Manual; and
2. Licensed EMS personnel have been trained, based on curricula or specialized training approved according to IDAPA 16.01.05, Idaho Department of Health and Welfare, “Emergency Medical Services (EMS) – Education, Instructor, and Examination Requirements” and
3. The patient care does not exceed the scope of practice approved by their EMS medical director and does not include assessments or interventions that have been specifically

prohibited by their EMS medical director.

Licensed EMS personnel who are representing a hospital or medical clinic and who possess a valid credential issued by the hospital or medical clinic supervising physician may act and provide services in the hospital and medical clinic setting under the following conditions:

1. When participating in a planned deployment of personnel resources approved by the hospital or medical clinic supervising physician; or
2. When administering first aid or emergency medical attention as a "Good Samaritan" and without expectation of remuneration in accordance with Idaho Code 5-330 or 5-331 in a manner approved by the hospital or medical clinic supervising physician; or
3. When participating in a training program approved by the Bureau or the hospital or medical clinic supervising physician.

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 16.01.05, Idaho Department of Health and Welfare, "Emergency Medical Services (EMS) – Education, Instructor, and Examination Requirements," or additional training approved by the hospital or medical clinic supervising physician and
2. The patient care does not exceed the scope of practice approved by their hospital or medical clinic supervising physician and does not include assessments or interventions that have been specifically prohibited by their hospital or medical clinic supervising physician.

#### **IV. OUT-OF-HOSPITAL SUPERVISION**

All Idaho-licensed EMS agencies, including hospital-based EMS agencies, must comply with the requirements described in this section. Hospital-based EMS agencies must comply with both the requirements described in this section and with the hospital and clinic supervision requirements described later in this Standards Manual when their licensed EMS personnel also have patient care duties in the hospital or clinic setting.

##### **EMS Medical Director Qualifications, Authority and Responsibility.**

In accordance with Section 56-1011, Idaho Code, licensed EMS personnel must provide emergency medical services under the supervision of a designated EMS medical director.

1. The EMS agency must designate a physician for the medical supervision of licensed EMS personnel affiliated with the EMS agency.
2. The EMS medical director can designate other physicians to supervise the licensed EMS personnel in the temporary absence of the EMS medical director.

The EMS medical director will have a written agreement with the EMS agency(s) that includes the following elements:



1. Identification of the EMS agency(s) for which he provides medical supervision.
2. Acknowledgement of the authority of the EMS medical director as established in Idaho statute and IDAPA 16.02.02, "Rules of the EMS Physician Commission."
3. An effective date.
4. An expiration date or a provision for automatic renewal upon mutual agreement.
5. Assurance of EMS medical director access to relevant agency, hospital, or medical clinic records as permitted or required by statute to ensure responsible medical supervision of licensed EMS personnel.

The EMS medical director will provide the Bureau with documentation of the written agreement annually or upon request.

The EMS medical director must:

1. Accept responsibility for the medical direction and medical supervision of the activities provided by licensed EMS personnel.
2. Obtain and maintain knowledge of the contemporary design and operation of EMS systems.
3. Obtain and maintain knowledge of Idaho EMS laws, regulations and standards manuals.
4. The EMS medical director shall demonstrate appropriate training and/or expertise in adult and pediatric emergency medical services.
5. The EMS medical director for an air medical agency, in addition to the above requirements, must have training and experience in emergency medicine or critical care and have training in air ambulance operations that include flight physiology, stressors of flight, and air medical resource management.

The EMS medical director is authorized to:

1. Provide explicit approval for licensed EMS personnel under his supervision to provide medical care. Licensed EMS personnel may not provide medical care without the explicit approval of an EMS medical director.
2. Credential licensed EMS personnel under his supervision with a scope of practice. This scope of practice may be limited relative to the scope of practice authorized by the Commission and may not exceed the scope of practice established by the Commission.
3. Restrict the scope of practice of licensed EMS personnel under his supervision and withdraw approval of licensed EMS personnel to provide services when such personnel fail to meet or maintain proficiencies established by the EMS medical director or the Idaho EMS Bureau.
  - a. Such restriction or withdrawal of approval must be reported in writing within fifteen (15) days of the action to the Bureau in accordance with Section 39-1393, Idaho Code.

The EMS medical director is responsible for:

1. Approving the planned deployment of personnel resources.
2. Approving the manner in which licensed EMS personnel administer first aid or emergency medical attention as a “Good Samaritan” in accordance with Section 5-330 or 5-331, Idaho Code, without expectation of remuneration.
3. Documenting the review of the qualification, proficiencies, and all other EMS agency, hospital, and medical clinic affiliations of EMS personnel prior to credentialing the individual.
4. Documenting that the capabilities of licensed EMS personnel are maintained on an ongoing basis through education, skill proficiencies, and competency assessment.
5. Developing and implementing a program for continuous assessment and improvement of services by licensed EMS personnel under their supervision.
6. Reviewing and updating protocols, policies, and procedures at least every two (2) years.
7. Developing, implementing and overseeing a Medical Supervision Plan, as defined in this Standards Manual.
8. Collaborating with other EMS medical directors, hospital supervising physicians, and medical clinic supervising physicians to ensure EMS agencies and licensed EMS personnel have protocols, standards of care, and procedures that are consistent and compatible with one another.
9. Designating other physicians to supervise licensed EMS personnel in the temporary absence of the EMS medical director.
10. Designating Physician Assistants and Nurse Practitioners to serve as designated clinicians, as defined in this Standards Manual.

### **Direct Medical Supervision by Physician Assistants and Nurse Practitioners.**

The EMS medical director can designate Physician Assistants (PA) and Nurse Practitioners for purposes of direct (on-line) medical supervision of licensed EMS personnel. Such designated clinicians may only provide direct medical supervision when a designated physician is not present in the anticipated receiving health care facility. The following conditions must also be satisfied:

1. A written agreement between the designated Nurse Practitioner and the EMS medical director which describes the role and responsibilities of the designated Nurse Practitioner is required.
2. A written agreement between the designated PA and the EMS medical director which describes the role and responsibilities of the designated PA related to supervision of EMS personnel is required.
3. Designated clinicians must possess and be familiar with the Medical Supervision Plan, as defined in this Standards Manual, protocols, standing orders, and standard operating procedures authorized by the EMS medical director.

4. The physician supervising the PA, as defined in IDAPA 22.01.03, Idaho Department of Health and Welfare, “Rules for the Licensure of Physician Assistants,” must authorize the designated PA to provide direct (on-line) supervision.

Provisions for direct medical supervision by designated clinicians must be documented in the Medical Supervision Plan.

### **Medical Supervision Plan for the Out-Of-Hospital Setting.**

The medical supervision of licensed EMS personnel must be provided in accordance with a documented Medical Supervision Plan (MSP) that includes direct, indirect, on-scene, educational, and proficiency standards components. The EMS medical director is responsible for developing, implementing, and overseeing the MSP. However, non-physicians can assist the EMS medical director with the indirect medical supervision of licensed EMS personnel. The EMS medical director will submit the MSP to the Bureau upon request by the Bureau or the Commission. Medical Supervision Plans must be submitted within thirty (30) days of request. The Bureau must be notified of any changes in the MSP, including changes in designated clinicians, within thirty (30) days of the change(s).

At a minimum, the MSP must consist of the following elements:

#### **A. Credentialing of licensed EMS personnel.**

Credentialing is an EMS agency process by which licensed EMS personnel are authorized by the EMS medical director to provide medical care in accordance with a scope of practice that is established by the EMS medical director. The process for credentialing licensed EMS personnel is an extension of the “affiliating” of personnel and is consistent with contemporary EMS system design.

The process for credentialing will include the following:

1. Verification of Bureau licensure;
2. Affiliation to the EMS agency;
3. Review of the qualifications and proficiencies of the EMS provider, and all other EMS agency, hospital, and medical clinic affiliations.
4. Completion of an EMS agency orientation, as prescribed by the EMS agency, that includes:
  - a. EMS agency policies;
  - b. EMS agency procedures;
  - c. Medical treatment protocols;
  - d. Radio communications procedures;
  - e. Hospital/facility destination policies;
  - f. Other unique system features.

Upon successful completion of the credentialing process, the EMS medical director may issue the EMS provider with a card, certificate, or other document which indicates explicit approval to provide patient care and specifically authorizes a scope of practice for the EMS provider.

- This credential should include a specific expiration date which may be the same date of expiration as the Bureau license.
- This credential will be sufficient evidence of “affiliation” for his or her license or renewal by the Bureau, if the dates are inclusive of the licensure period and the credential has not been withdrawn by the EMS medical director.

## **B. Indirect (off-line) medical supervision.**

Indirect (off-line) supervision will include all of the following:

1. Written standing orders and treatment protocols for both adult and pediatric patients including direct (on-line) supervision criteria;
2. Description of authorized optional psychomotor skills and patient care interventions, as defined by the Commission;
3. Initial and continuing education in addition to those required by the Bureau;
4. Methods of assessment and improvement;
5. Periodic assessment of psychomotor skill proficiency;
6. Provisions for medical supervision of and defining the patient care provided by licensed EMS personnel who are present for a multiple or mass casualty incident, disaster response, or other significant event involving response of licensed EMS personnel;
7. Defining the response when licensed EMS personnel discover a need for EMS while not on duty;
8. The credentialing of licensed EMS personnel for emergency response;
9. The appropriate level of emergency response based upon dispatch information provided by the designated Public Safety Answering Point(s);
10. Triage, treatment, and transport guidelines;
11. Scene management for multiple EMS agencies anticipated to be on scene concurrently;
12. Criteria for determination of patient destination;
13. Criteria for utilization of air medical services in accordance with IDAPA 16.01.03, Idaho Department of Health and Welfare, “Emergency Medical Services (EMS) – Agency Licensing Requirements,” Section 700-799;
14. Policies and protocols for patient refusal, “treat and release”, advanced directives by patients and physicians, determination of death, termination of resuscitation and other predictable patient non-transport scenarios;
15. Criteria for cancellation or modification of EMS response;
16. Equipment authorized for patient care;

17. Medical communications guidelines; and
18. Methods and elements of documentation of services provided by licensed EMS personnel.
19. Policies and protocols for the identification, treatment and transport of patients with ST-elevation myocardial infarction to ensure timely re-perfusion therapy.
20. Policy for recognition and utilization of bystander providers that are not credentialed by the local EMS system.

**C. Direct (on-line) medical supervision.**

Direct supervision may be accomplished by concurrent communication with the EMS medical director, other physicians designated by the EMS medical director, or designated clinicians, who must be available twenty-four (24) hours a day seven (7) days a week. Provisions for direct supervision, including on-scene supervision, will be documented in the MSP which shall identify designated clinicians.

The EMS medical director will develop and implement procedures in the event of on-scene supervision by:

1. The EMS medical director or other physician(s) designated by the EMS medical director;
2. A physician with a pre-existing relationship with the patient; and
3. A physician with no pre-existing relationship with the patient who may or may not be present for the duration of treatment on scene or transportation.

Direct supervision of licensed EMS personnel by other persons is prohibited except in the manner described in the MSP.

Designated on-line physicians and clinicians shall have appropriate training and/or expertise in adult and pediatric emergency care.

**D. Standards of supervision and training for students of state-approved training programs.**

The EMS medical director, in collaboration with the course medical director or course coordinator, will define standards of supervision and training for students of state-approved training programs, who have been placed for clinical practice and training. These standards will be defined, identified, and documented in the MSP.

## **V. HOSPITAL AND MEDICAL CLINIC SUPERVISION**

### **Licensed EMS Personnel Responsibilities.**

The licensed EMS personnel employed or utilized for delivery of services within a hospital or medical clinic must:

1. When on duty, visibly display at all times identification specifying their level of EMS licensure.
2. Report such employment or utilization to the Bureau within thirty (30) days of engaging in such activity.

Licensed EMS personnel will only provide patient care with on-site contemporaneous supervision by the hospital supervising physician, medical clinic supervising physician or designated clinicians, as defined in this Standards Manual.

### **Hospital Supervising Physician and Medical Clinic Supervising Physician Qualifications, Authority and Responsibility.**

In accordance with Section 56-1011, Idaho Code, licensed EMS personnel must provide emergency medical services under the supervision of a designated hospital supervising physician or medical clinic supervising physician.

1. The hospital or medical clinic administration must designate a physician for the medical supervision of licensed EMS personnel employed or utilized in the hospital or medical clinic.
2. The hospital supervising physician or medical clinic supervising physician can designate other physicians to supervise the licensed EMS personnel during the periodic absence of the hospital supervising physician or medical clinic supervising physician.
3. Licensed EMS personnel will only provide patient care with on-site contemporaneous supervision by the hospital supervising physician, medical clinic supervising physician or designated clinicians, who are defined in this Standards Manual.

The hospital supervising physician and medical clinic supervising physician must:

1. Accept responsibility for the medical direction and medical supervision of the activities provided by licensed EMS personnel.
2. Obtain and maintain knowledge of the contemporary design and operation of EMS systems.
3. Obtain and maintain knowledge of Idaho EMS laws, regulations and standards manuals.

The hospital supervising physician and medical clinic supervising physician are authorized to:

1. Provide explicit approval for licensed EMS personnel under his supervision to provide medical care. Licensed EMS personnel may not provide medical care without the explicit approval of a hospital supervising physician or medical clinic supervising physician.

2. Credential licensed EMS personnel under his supervision with a scope of practice. This scope of practice may be limited relative to the scope of practice authorized by the Commission. If the authorized scope of practice exceeds the out-of-hospital scope of practice established by the Commission, the hospital supervising physician and/or medical clinic supervising physician must approve additional training to ensure competency in the expanded scope of practice. The Commission recognizes that hospital and medical clinic policies, state rules and the local community standard of care will influence the specific elements of any expanded scope of practice and the development of additional local oversight requirements.
3. Restrict the scope of practice of licensed EMS personnel under his supervision and to withdraw approval of licensed EMS personnel to provide services when such personnel fail to meet or maintain proficiencies established by the hospital supervising physician or medical clinic supervising physician or the Bureau.
  - o Such restriction or withdrawal of approval must be reported in writing within fifteen (15) days of the action to the Bureau in accordance with Section 39-1393, Idaho Code.

The hospital supervising physician and medical clinic supervising physician are responsible for:

1. Approving the planned deployment of personnel resources.
2. Approving the manner in which licensed EMS personnel administer first aid or emergency medical attention as a “Good Samaritan” in accordance with Section 5-330 or 5-331, Idaho Code, without expectation of remuneration.
3. Approving additional training when the local scope of practice exceeds the out-of-hospital scope of practice established by the Commission.
4. Documenting the review of the qualification, proficiencies, and all other EMS agency, hospital, and medical clinic affiliations of EMS personnel prior to credentialing the individual.
5. Documenting that the capabilities of licensed EMS personnel are maintained on an ongoing basis through education, skill proficiencies, and competency assessment.
6. Developing, implementing and overseeing a Medical Supervision Plan, as defined in this Standards Manual.
7. Collaborating with other EMS medical directors, hospital supervising physicians, and medical clinic supervising physicians to ensure EMS agencies and licensed EMS personnel have protocols, standards of care and procedures that are consistent and compatible with one another.
8. Designating other physicians to supervise the licensed EMS personnel during the periodic absence of the hospital supervising physician or medical clinic supervising physician.
9. Designating Physician Assistants and Nurse Practitioners to serve as designated clinicians, as defined in this Standards Manual.

## **Direct Medical Supervision by Physician Assistants and Nurse Practitioners.**

The hospital supervising physician or medical clinic supervising physician can designate Physician Assistants (PA) and Nurse Practitioners for purposes of direct (on-line) medical supervision of licensed EMS personnel under the following conditions:

1. A written agreement between the designated Nurse Practitioner and the hospital supervising physician or medical clinic supervising physician which describes the role and responsibilities of the designated Nurse Practitioner is required,
2. A written agreement between the designated PA and the hospital supervising physician or medical clinic supervising physician which describes the role and responsibilities of the designated PA related to supervision of EMS personnel is required,
3. Designated clinicians must possess and be familiar with the Medical Supervision Plan, as defined in this Standards Manual, protocols, standing orders, and standard operating procedures authorized by the hospital supervising physician or medical clinic supervising physician.
4. The physician supervising the PA, as defined in IDAPA 22.01.03, "Rules for the Licensure of Physician Assistants," must authorize the designated PA to provide direct (on-line) supervision.

Provisions for direct medical supervision by designated clinicians must be documented in the Medical Supervision Plan.

## **Medical Supervision Plan for the Hospital and Medical Clinic Settings.**

The medical supervision of licensed EMS personnel must be provided in accordance with a documented medical supervision plan (MSP). The hospital supervising physician or medical clinic supervising physician is responsible for developing, implementing, and overseeing the MSP.

The MSP will include:

1. A credentialing process for licensed EMS personnel as defined by the hospital or medical clinic.
2. A current written description of acts and duties authorized by the hospital supervising physician or medical clinic supervising physician for credentialed EMS personnel.
3. The hospital or medical clinic will submit such descriptions upon request of the Commission or the Bureau.
4. Provisions for direct medical supervision by designated clinicians and the identification of designated clinicians.



## **VI. BUREAU RESPONSIBILITIES.**

The Bureau will provide:

1. Technical assistance to medical directors, hospital supervising physicians, medical clinic supervising physicians, and their administrators to develop appropriate Medical Supervision Plans.
2. The Commission with EMS agency Medical Supervision Plans upon request.
3. The Commission with the identification of EMS medical directors and their designated clinicians annually and upon request.

## **VII. EMS PHYSICIAN COMMISSION RESPONSIBILITIES.**

The Commission will provide interpretation of the Rules of the Commission.

## **VIII. IDAHO AUTHORIZED SCOPE OF PRACTICE.**

The Commission has approved the Scope of Practice for licensed EMS personnel, which is articulated in Appendix A. Appendix A lists specific psychomotor skills and patient care interventions and indicates the level of EMS licensure that may perform each skill or intervention. The EMS Medical Director, Hospital Supervising Physician, or Medical Clinic Supervising Physician must oversee a process to verify competency in all credentialed skills and interventions. The effective date of this Scope of Practice will be July 1, 2016.

It must be noted that not everyone is currently operating at the levels indicated by Xs in Appendix A and that it is only upon completion of required education, competency assessment, and endorsement or permission by their medical director that a provider can perform the procedures.

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 16.01.05, Idaho Department of Health and Welfare, “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 16.01.05, Idaho Department of Health and Welfare, “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.

Skills and interventions designated by “OM” in Appendix A may be authorized by the EMS Medical Director, Hospital Supervising Physician and/or Medical Clinic Supervising Physician and are considered optional. These skills and interventions lie between the “floor” and “ceiling” of the specified level of EMS licensure. The EMS Medical Director, Hospital Supervising

Physician and/or Medical Clinic Supervising Physician must ensure that licensed EMS personnel receive appropriate initial and continuing training for optional skills and interventions. In addition, the EMS Medical Director, Hospital Supervising Physician or Medical Clinic Supervising Physician must take an active role in verifying competency in optional skills and interventions since state EMS licensing will not address optional skills or interventions. Agencies must provide the minimum equipment required for their authorized OMs.

When an EMS Medical Director, Hospital Supervising Physician or Medical Clinic Supervising Physician desires to incorporate an OM, they must:

1. Report patient care response data to the Idaho Prehospital Electronic Record Collection System (PERCS) directly or by way of an Idaho validated export from a National EMS Information System (NEMSIS) compliant software application.
  - a. If an agency has not been able to obtain PERCS validation, they must report optional module usage on their annual agency renewal application. This method of reporting shall expire June 30, 2017.
2. Submit an addendum to their medical supervision plan to the Bureau that indicates which OM(s) they want to adopt.
3. Submit verification of credentialing to the Bureau prior to utilization of OM skills or interventions.

Psychomotor skills and patient care interventions that are not designated by either an “X” or “OM” in Appendix A fall outside the Commission’s established Scope of Practice for the specified level of EMS licensure and may not be performed by licensed EMS personnel at that level in the out-of-hospital setting. As such, Appendix A defines the “ceiling” for the specified level of EMS licensure.

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 critical care 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. 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 of critical care skills and interventions, and must take an active role in verifying proficiency in those skills and interventions since state EMS personnel licensing will not address critical care or optional skills and interventions.

The Commission has created additional requirements for certain psychomotor skills and patient care interventions that, if done improperly, represent a significant hazard to the patient. Additional standards may include but are not limited to on-line medical direction prior to performance of the skill or intervention, completion of specified training prior to credentialing, required elements for Patient Care Report documentation, required elements for performance assessment and improvement and/or compliance with a state-wide protocol or guideline. See

Appendices B through C. Skills and interventions with additional requirements are designated in Appendix A by a 1, 2, 3, 4, 5, etc. alongside the “X” or “OM”.

## **Emergency Medical Responder (EMR)**

The primary focus of the Emergency Medical Responder, which prior to July 1, 2009 was known as a certified First Responder, is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Responders perform basic interventions with minimal equipment.

### **Description of the Profession**

The Emergency Medical Responder’s scope of practice includes simple skills focused on lifesaving interventions for critical patients. Typically, the Emergency Medical Responder renders on-scene emergency care while awaiting additional EMS response and may serve as part of the transporting crew, but not as the primary care giver.

In many communities, Emergency Medical Responders provide a mechanism to increase the likelihood that trained personnel and lifesaving equipment can be rapidly deployed to serious emergencies. In all cases, Emergency Medical Responders are part of a tiered response system. Emergency Medical Responders work alongside other EMS and health care professionals as an integral part of the emergency care team.

The Emergency Medical Responder’s scope of practice includes simple, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, the Emergency Medical Responder provides care designed to minimize secondary injury and comfort the patient and family while awaiting additional EMS resources.

A major difference between the lay person and the Emergency Medical Responder is the “duty to act” as part of an organized EMS response.

In some systems, Emergency Medical Responders serve as a part of the crew on transporting EMS units; however, the Emergency Medical Responder is not intended to be the highest level caregiver in such situations. They must function with an EMT or higher level personnel during the transportation of emergency patients. The scope of practice model of an Emergency Medical Responder is limited to simple skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight.

After initiating care, the Emergency Medical Responder transfers care to higher level personnel. The Emergency Medical Responder serves as part of an EMS response system that ensures a progressive increase in the level of assessment and care.

## **Emergency Medical Technician (EMT)**

The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

### **Description of the Profession**

The Emergency Medical Technician's scope of practice includes basic skills focused on the acute management and transportation of critical and emergent patients. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

In many communities Emergency Medical Technicians provide a large portion of the prehospital care. In some jurisdictions, especially rural areas, Emergency Medical Technicians provide the highest level of prehospital care. Emergency Medical Technicians work alongside other EMS and health care professionals as an integral part of the emergency care team.

Emergency Medical Technicians' scope of practice includes basic, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, Emergency Medical Technicians provide care to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an emergency care facility.

An Emergency Medical Technician's knowledge, skills, and abilities are acquired through formal education and training. The Emergency Medical Technician has the knowledge of, and is expected to be competent in, all of the skills of the Emergency Medical Responder. A major difference between the Emergency Medical Responder and the Emergency Medical Technician is the knowledge and skills necessary to provide medical transportation of emergency patients.

The Emergency Medical Technician level is the minimum licensure level for personnel transporting patients in ambulances. The scope of practice is limited to basic skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight and limited training.

The Emergency Medical Technician transports all emergency patients to an appropriate medical facility. The Emergency Medical Technician is not prepared to make decisions independently regarding the appropriate disposition of patients. The Emergency Medical Technician serves as part of an EMS response system, assuring a progressive increase in the level of assessment and care. The Emergency Medical Technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Emergency Medical Technicians often perform medical transport services of patients requiring care within their scope of practice.

## **Advanced Emergency Medical Technician (AEMT)**

The primary focus of the Advanced Emergency Medical Technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

### **Description of the Profession**

The Advanced Emergency Medical Technician's scope of practice includes basic and limited advanced skills focused on the acute management and transportation of critical and emergent patients. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

For many communities, Advanced Emergency Medical Technicians provide an option to provide high benefit, lower risk advanced skills for systems that cannot support or justify Paramedic level care. This is frequently the case in rural and volunteer systems. In some jurisdictions, Advanced Emergency Medical Technicians are the highest level of prehospital care. In communities which utilize emergency medical dispatch systems, Advanced Emergency Medical Technicians may function as part of a tiered response system. In all cases, Advanced Emergency Medical Technicians work alongside other EMS and health care professionals as an integral part of the emergency care team.

The Advanced Emergency Medical Technician's scope of practice includes basic and limited advanced interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, Advanced Emergency Medical Technicians provide care to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an emergency care facility.

The Advanced Emergency Medical Technician's knowledge, skills, and abilities are acquired through formal education and training. The Advanced Emergency Medical Technician has the knowledge associated with, and is expected to be competent in, all of the skills of the Emergency Medical Responder and Emergency Medical Technician. The major difference between the Advanced Emergency Medical Technician and the Emergency Medical Technician is the ability to perform limited advanced skills for emergency patients.

The Advanced Emergency Medical Technician is the minimum licensure level for patients requiring limited advanced care at the scene or during transportation. The scope of practice is limited to lower risk, high benefit advanced skills that are effective and can be performed safely

in an out-of-hospital setting with medical oversight and limited training.

The Advanced Emergency Medical Technician transports all emergency patients to an appropriate medical facility. The Advanced Emergency Medical Technician is not prepared to independently make decisions regarding the disposition of patients. The Advanced Emergency Medical Technician serves as part of an EMS response system assuring a progressive increase in the level of assessment and care. The Advanced Emergency Medical Technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Advanced Emergency Medical Technicians often perform medical transport services of patients requiring care within their scope of practice.

Those AEMTs whose licensure is based on the Intermediate 85 curriculum and who have chosen not to complete either the EMT-2011 or the AEMT-2011 transition are expected to be competent in all the skills of the EMR and EMT with the exception of Pulse Oximetry, ATV non-intubated, aspirin, epi-auto injector, atropine sulfate & 2-Pralidoxime chloride auto-injector.

## **Paramedic**

The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

### **Description of the Profession**

The Paramedic's scope of practice includes basic and advanced skills focused on the acute management and transportation of the broad range of patients who access the emergency medical system. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

In some communities, Paramedics provide a large portion of the prehospital care and represent the highest level of prehospital care. In communities that utilize emergency medical dispatch systems, Paramedics may be part of a tiered response system. In all cases, Paramedics work alongside other EMS and health care professionals as an integral part of the emergency care team.

The Paramedic's scope of practice includes invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on an advanced assessment and the formulation of a field impression. The Paramedic provides care designed to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an appropriate health care

facility.

The Paramedic has knowledge, skills, and abilities developed by appropriate formal education and training. The Paramedic has the knowledge associated with, and is expected to be competent in, all of the skills of the Emergency Medical Responder, Emergency Medical Technician, and Advanced Emergency Medical Technician. The major difference between the Paramedic and the Advanced Emergency Medical Technician is the ability to perform a broader range of advanced skills. These skills carry a greater risk for the patient if improperly or inappropriately performed, are more difficult to attain and maintain competency in, and require significant background knowledge in basic and applied sciences.

The Paramedic is the minimum licensure level for patients requiring the full range of advanced out-of-hospital care. The scope of practice is limited to advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight.

The Paramedic transports all emergency patients to an appropriate medical facility. The Paramedic serves as part of an EMS response system, ensuring a progressive increase in the level of assessment and care. The Paramedic may make treat and release decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Paramedics often perform medical transport services of patients requiring care within their scope of practice.

## **IX. EMS Proficiency and Performance Assessment Requirement.**

Additional performance assessment requirements exist for advanced airway management including all intubation attempts and placements by any personnel affiliated with the EMS agency. The responsibility of the EMS medical director includes implementation of these requirements and EMS personnel compliance pursuant to IDAPA 16.02.02.300.05 and .06. The required data elements to be supplied by every EMS provider who attempts advanced airway management will be defined by the EMS Physician Commission. EMS providers will electronically submit the required data elements directly to the EMS Physician Commission starting January 1, 2010, in a manner established by the EMS Physician Commission. EMS providers will submit the required data elements contemporaneously with the completion of their patient care documentation. In the interest of evaluating aggregate performance, the EMS Physician Commission will compile and supply the EMS medical director with submitted data elements.

## **X. Idaho EMS Physician Commission Contact Information**

[EMSPhysiciancomm@dhw.idaho.gov](mailto:EMSPhysiciancomm@dhw.idaho.gov)

[www.emspc.dhw.idaho.gov](http://www.emspc.dhw.idaho.gov)

Call Toll Free: 1-877-554-3367

Idaho EMS Physician Commission  
2224 W. Old Penitentiary Road  
PO Box 83720  
Boise, Idaho 83720-0036  
(208) 334-4000  
Fax (208) 334-4015

## **XI. Idaho Bureau of EMS and Preparedness Contact Information**

[IdahoEMS@dhw.idaho.gov](mailto:IdahoEMS@dhw.idaho.gov)

[www.idahoems.org](http://www.idahoems.org)

Call Toll Free: 1-877-554-3367

2224 W. Old Penitentiary Road  
PO Box 83720  
Boise, ID 83720-0036  
(208) 334-4000  
Fax (208) 334-4015



AIRWAY / VENTILATION / OXYGENATION		
1	Airway – Nasal	X
2	Airway – Oral	X
3	Bag-Valve-Mask (BVM)	X
4	Cricoid Pressure (Sellick)	X
5	Finger Sweep	X
6	Head-tilt/chin-lift	X
7	Jaw-thrust	X
8	Jaw-thrust - Modified (trauma)	OM
9	Modified Chin Lift	X
10	Mouth-to-Barrier	X
11	Mouth-to-Mask	X
12	Mouth-to-Mouth	X
13	Mouth-to-Nose	X
14	Mouth-to-Stoma	X
15	Obstruction – Manual	X
16	Oxygen Therapy – Humidifiers	X
17	Oxygen Therapy – Nasal Cannula	X
18	Oxygen Therapy – Non-rebreather Mask	X
19	Oxygen Therapy – Partial Rebreather Mask	X
20	Oxygen Therapy – Simple Face Mask	X
21	Oxygen Therapy – Venturi Mask	X
22	Suctioning – Upper Airway	X
CARDIOVASCULAR / CIRCULATION		
24	Cardiopulmonary Resuscitation (CPR)	X
25	Defibrillation – Automated / Semi-Automated	X
26	Hemorrhage Control – Direct Pressure	X
27	Hemorrhage Control - Dressing	X
28	Hemorrhage Control – Tourniquet	2,OM
IMMOBILIZATION		
30	Cervical Stabilization – Cervical Collar	2,OM
31	Spinal Immobilization – Long Board	2,OM
32	Cervical Stabilization – Manual	X
33	Spinal Immobilization – Seated Patient (KED, etc.)	2,OM
34	Extremity Stabilization - Manual	X
35	Extremity Splinting	2,OM
TECHNIQUE OF MEDICATION ADMINISTRATION		
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.		
36	Auto-Injector	X
37	Intramuscular (IM)	2,OM
MISCELLANEOUS		
39	Assisted Childbirth Delivery - Normal	X
40	Blood Pressure – Manual	X
41	Emergency Moves for Endangered Patients	X
42	Taser Barb Removal	OM
MEDICATION FORMULARY		
44	Epinephrine (Adrenalin)	2,4,OM
45	Atropine sulfate & 2-Pralidoxime chloride auto-injector (Chempack patient use - emergency stockpile release only)	5X
46	Naloxone (Narcan)	3, SS
47	Oxygen	X
48	Vaccinations - at the request of the public health district if credentialed in IM administration	5,OM

Education based on Idaho Standard Curriculum (ISC) which was based on National Standard Curricula	
SS=State Statute (54-1733B) OM=Optional Module	
Levels of Medical Supervision	
Requires completion of training that meets or exceeds specified state-wide training content established by the EMS Bureau	2
Requires EMSPC protocol	4
Just In Time Training	5

<b>AIRWAY / VENTILATION / OXYGENATION</b>		
49	Airway – Oral	X
50	Bag-Valve-Mask (BVM)	X
51	Cricoid Pressure (Sellick)	X
52	Finger Sweep	X
53	Head-tilt/chin-lift	X
54	Jaw-thrust	X
55	Jaw-thrust - Modified (trauma)	OM
56	Modified Chin Lift	X
57	Mouth-to-Barrier	X
58	Mouth-to-Mask	X
59	Mouth-to-Mouth	X
60	Mouth-to-Nose	X
61	Mouth-to-Stoma	X
62	Obstruction – Manual	X
63	Oxygen Therapy – Nasal Cannula	X
64	Oxygen Therapy – Non-rebreather Mask	X
65	Suctioning – Upper Airway	X
<b>CARDIOVASCULAR / CIRCULATION</b>		
66	Cardiopulmonary Resuscitation (CPR)	X
67	Defibrillation – Automated / Semi-Automated	X
68	Hemorrhage Control – Direct Pressure	X
69	Hemorrhage Control – Dressing	X
70	Hemorrhage Control – Tourniquet	X
<b>IMMOBILIZATION</b>		
71	Cervical Stabilization – Cervical Collar	2,OM
72	Spinal Immobilization – Long Board	2,OM
73	Cervical Stabilization – Manual	X
74	Spinal Immobilization – Seated Patient (KED, etc.)	2,OM
75	Extremity Stabilization - Manual	X
76	Extremity Splinting	2,OM
<b>TECHNIQUE OF MEDICATION ADMINISTRATION</b>		
<b>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.</b>		
77	Auto-Injector	X
78	Intramuscular (IM)	2,OM
<b>MISCELLANEOUS</b>		
79	Assisted Childbirth Delivery - Normal	X
80	Blood Pressure – Manual	X
81	Emergency Moves for Endangered Patients	X
82	Eye Irrigation	X
83	Taser Barb Removal	OM
<b>MEDICATION FORMULARY</b>		
84	Epinephrine (Adrenalin)	2,4,OM
85	Atropine sulfate & 2-Pralidoxime chloride auto-injector (e.g. MARK-I, DuoDote) self & peer	X
86	Atropine sulfate & 2-Pralidoxime chloride auto-injector (Chempack patient use - emergency stockpile release only)	4X
87	Naloxone (Narcan)	3, SS
88	Oxygen	X
89	Vaccinations - at the request of the public health district if credentialed in IM administration	5,OM

<b>Education based on new 2011 Idaho EMS Curricula (IEC) which is based on National Education Standards</b>	
<b>SS=State Statute (54-1733B) OM=Optional Module</b>	
<b>Levels of Medical Supervision</b>	
Requires completion of training that meets or exceeds specified state-wide training content established by the EMS Bureau	<b>2</b>
Requires EMSPC protocol	<b>4</b>
Just In Time Training	<b>5</b>

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<b>AIRWAY / VENTILATION / OXYGENATION</b>		
95	Airway – Nasal	X
96	Airway – Oral	X
97	Bag-Valve-Mask (BVM)	X
98	Cricoid Pressure (Sellick)	X
99	Demand Valve – Manually triggered, flow restricted, ventilation	X
100	Finger Sweep	X
101	Head-tilt/chin-lift	X
102	Jaw-thrust	X
103	Jaw-thrust - Modified (trauma)	X
104	Modified Chin Lift	X
105	Mouth-to-Barrier	X
106	Mouth-to-Mask	X
107	Mouth-to-Mouth	X
108	Mouth-to-Nose	X
109	Mouth-to-Stoma	X
110	Obstruction – Manual	X
111	Oxygen Therapy – Humidifiers	X
112	Oxygen Therapy – Nasal Cannula	X
113	Oxygen Therapy – Non-rebreather Mask	X
114	Oxygen Therapy – Partial Rebreather Mask	X
115	Oxygen Therapy – Simple Face Mask	X
116	Oxygen Therapy – Venturi Mask	X
117	Pulse Oximetry	2,OM
118	CO Oximetry	2,4,OM
119	Suctioning – Upper Airway	X
<b>CARDIOVASCULAR / CIRCULATION</b>		
120		
121	EKG - 12-lead data acquisition	2,OM
122	Cardiopulmonary Resuscitation (CPR)	X
123	Defibrillation – Automated / Semi-Automated	X
124	Hemorrhage Control – Direct Pressure	X
125	Hemorrhage Control - Dressing	X
126	Hemorrhage Control – Tourniquet	X
127	Impedance Threshold Device (ITD)	OM
128	Mechanical CPR Device	X
<b>IMMOBILIZATION</b>		
129		
130	Cervical Stabilization – Cervical Collar	X
131	Spinal Immobilization – Long Board	X
132	Cervical Stabilization – Manual	X
133	Spinal Immobilization – Seated Patient (KED, etc.)	X
134	Extremity Stabilization - Manual	X
135	Extremity Splinting	X
136	Extremity Splinting – Traction	X
137	MAST/PASG for Pelvic Immobilization Only	X
138	Pelvic Immobilization Devices	OM

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TECHNIQUE OF MEDICATION ADMINISTRATION		
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.		
139	Auto-Injector	X
140	Buccal	X
141	Intramuscular (IM)	2,OM
142	Oral	X
143	Subcutaneous	2,OM
MISCELLANEOUS		
145	Assist with Prescribed Meds	X
146	Assisted Childbirth Delivery - Normal	X
147	Assisted Childbirth Delivery- Complicated	X
148	Blood Glucose Monitoring - Automated	2,4,OM
149	Blood Pressure – Manual	X
150	Blood Pressure – Automated	X
151	Emergency Moves for Endangered Patients	X
152	Eye Irrigation	X
153	Mechanical Patient Restraints	X
154	Rapid Extrication	X
155	Taser Barb Removal	OM
MEDICATION FORMULARY		
157	Acetylsalicylic Acid (Aspirin) for suspected cardiac chest pain	OM
158	Epinephrine (Adrenalin)	2,4,OM
159	Glucagon	2,4,OM
160	Glucose (Oral)	X
161	Inhaled Beta Agonist (MDI)	X**
162	Atropine sulfate & 2-Pralidoxime chloride auto-injector (Chempack patient use - emergency stockpile release only)	5X
163	Naloxone (Narcan)	3, SS
164	Nitroglycerin - Sublingual	X**
165	Oxygen	X
166	Vaccinations - at the request of the public health district if credentialed in IM administration	5,OM
Education based on Idaho Standard Curriculum (ISC) which was based on National Standard Curricula		
SS=State Statute (54-1733B) OM=Optional Module		
Levels of Medical Supervision		
Requires completion of training that meets or exceeds specified state-wide training content established by the EMS Bureau	2	
Requires EMSPC protocol	4	
Just In Time Training	5	
** May carry and administer only if already prescribed		

<b>AIRWAY / VENTILATION / OXYGENATION</b>		
166	Advanced Airway devices not intended to be inserted into trachea	2,3,OM*-
167	Airway – Nasal	X
168	Airway – Oral	X
169	Bag-Valve-Mask (BVM)	X
170	CPAP	2, OM
171	Cricoid Pressure (Sellick)	X
172	Demand Valve – Manually triggered, flow restricted, ventilation	X
173	End Tidal CO <sub>2</sub> Monitoring/Capnometry	2,3,OM-
174	Finger Sweep	X
175	Head-tilt/chin-lift	X
176	Jaw-thrust	X
177	Jaw-thrust - Modified (trauma)	X
178	Modified Chin Lift	X
179	Mouth-to-Barrier	X
180	Mouth-to-Mask	X
181	Mouth-to-Mouth	X
182	Mouth-to-Nose	X
183	Mouth-to-Stoma	X
184	Obstruction – Manual	X
185	Oxygen Therapy – Humidifiers	X
186	Oxygen Therapy – Nasal Cannula	X
187	Oxygen Therapy – Non-rebreather Mask	X
188	Oxygen Therapy – Partial Rebreather Mask	X
189	Oxygen Therapy – Simple Face Mask	X
190	Oxygen Therapy – Venturi Mask	X
191	Pulse Oximetry	X
192	CO Oximetry	2,4,OM
193	Suctioning – Tracheobronchial via advanced airway	2,OM
194	Suctioning – Upper Airway	X
195	Ventilators – Automated Transport (ATV) for non-intubated patients	X
<b>CARDIOVASCULAR / CIRCULATION</b>		
196	EKG - 12-lead data acquisition	2,OM
197	Cardiopulmonary Resuscitation (CPR)	X
198	Defibrillation – Automated / Semi-Automated	X
199	Hemorrhage Control – Direct Pressure	X
200	Hemorrhage Control – Dressing	X
201	Hemorrhage Control – Tourniquet	X
202	Impedance Threshold Device (ITD)	OM
203	Mechanical CPR Device	X
<b>IMMOBILIZATION</b>		
204	Cervical Stabilization – Cervical Collar	X
205	Spinal Immobilization – Long Board	X
206	Cervical Stabilization – Manual	X
207	Spinal Immobilization – Seated Patient (KED, etc.)	X
208	Extremity Stabilization - Manual	X
209	Extremity Splinting	X
210	Extremity Splinting – Traction	X
211	MAST/PASG for Pelvic Immobilization Only	X
212	Pelvic Immobilization Devices	OM
<b>VASCULAR ACCESS / FLUIDS</b>		
213	Intraosseous – Pediatric	2,OM
214	Intraosseous – Adult	2,OM
215	Peripheral – Initiation (includes External Jugular)	2,OM
216	IV Fluid infusion - Non-medicated	2,OM

<b>TECHNIQUE OF MEDICATION ADMINISTRATION</b>		
<b>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.</b>		
217	Auto-Injector	X
218	Buccal	X
219	Intramuscular (IM)	2,OM
220	Intraosseous - Pediatric	2,4,OM
221	Intraosseous - Adult	2,4,OM
222	Oral	X
223	Subcutaneous	2,OM
<b>MISCELLANEOUS</b>		
224	Assist with Prescribed Meds	X
225	Assisted Childbirth Delivery - Normal	X
226	Assisted Childbirth Delivery- Complicated	X
227	Blood Glucose Monitoring - Automated	2,4,OM
228	Blood Pressure – Manual	X
229	Blood Pressure – Automated	X
230	Emergency Moves for Endangered Patients	X
231	Eye Irrigation	X
232	Mechanical Patient Restraints	X
233	Rapid Extrication	X
234	Taser Barb Removal	OM
235	Venous Blood Sampling – Obtaining	2,OM
<b>MEDICATION FORMULARY</b>		
236	Acetylsalicylic Acid (Aspirin) for suspected cardiac chest pain	X
237	Activated Charcoal	X
238	Epinephrine (Adrenalin)	X
239	Glucagon	2,4,OM
240	Glucose (Oral)	X
241	Inhaled Beta Agonist (MDI)	X**
242	Inhaled Beta Agonist (SVN)	X**
243	Lidocaine - as an adjunct for IO fluid administration	4 OM
244	Atropine sulfate & 2-Pralidoxime chloride auto-injector (e.g. MARK-I, DuoDote) self & peer	X
245	Atropine sulfate & 2-Pralidoxime chloride auto-injector (e.g. MARK-I, DuoDote)	X
246	Atropine sulfate & 2-Pralidoxime chloride auto-injector (Chempack patient use - emergency stockpile release only)	4X
247	Naloxone (Narcan)	3, SS
248	Nitroglycerin - Sublingual	X**
249	Oxygen	X
250	Vaccinations - at the request of the public health district if credentialed in IM administration	5,OM

<b>Education based on new 2011 Idaho EMS Curricula (IEC) which is based on National Education Standards</b>	
<b>SS=State Statute (54-1733B) OM=Optional Module</b>	
<b>Levels of Medical Supervision</b>	
Requires completion of training that meets or exceeds specified state-wide training content established by the EMS Bureau	2
Requires additional standards as defined by the EMSPC	3
Requires EMSPC protocol	4
Just In Time Training	5
~End Tidal CO2 Monitoring/ Capnometry must be included if the Supraglottic Airway is selected as an EMT-2011 2,3 OM	
* Adults Only	
** May carry and administer only if already prescribed	

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<b>AIRWAY / VENTILATION / OXYGENATION</b>		
257	Advanced Airway devices not intended to be inserted into trachea	X*
258	Airway – Nasal	X
259	Airway – Oral	X
260	Bag-Valve-Mask (BVM)	X
261	CPAP	2,OM
262	Cricoid Pressure (Sellick)	X
263	Demand Valve – Manually triggered, flow restricted, ventilation	X
264	End Tidal CO <sub>2</sub> Monitoring/Capnometry	2,OM
265	Finger Sweep	X
266	Head-tilt/chin-lift	X
267	Jaw-thrust	X
268	Jaw-thrust - Modified (trauma)	X
269	Modified Chin Lift	X
270	Mouth-to-Barrier	X
271	Mouth-to-Mask	X
272	Mouth-to-Mouth	X
273	Mouth-to-Nose	X
274	Mouth-to-Stoma	X
275	Obstruction – Manual	X
276	Oxygen Therapy – Humidifiers	X
277	Oxygen Therapy – Nasal Cannula	X
278	Oxygen Therapy – Non-rebreather Mask	X
279	Oxygen Therapy – Partial Rebreather Mask	X
280	Oxygen Therapy – Simple Face Mask	X
281	Oxygen Therapy – Venturi Mask	X
282	Pulse Oximetry	2,OM
283	CO Oximetry	2,4,OM
284	Suctioning – Tracheobronchial via advanced airway	X
285	Suctioning – Upper Airway	X
<b>CARDIOVASCULAR / CIRCULATION</b>		
287	EKG - 12-lead data acquisition	2,OM
288	Cardiopulmonary Resuscitation (CPR)	X
289	Defibrillation – Automated / Semi-Automated	X
290	Hemorrhage Control – Direct Pressure	X
291	Hemorrhage Control – Dressing	X
292	Hemorrhage Control - Pressure Point	X
293	Hemorrhage Control – Tourniquet	X
294	Impedance Threshold Device (ITD)	OM
295	Mechanical CPR Device	X
<b>IMMOBILIZATION</b>		
297	Cervical Stabilization – Cervical Collar	X
298	Spinal Immobilization – Long Board	X
299	Cervical Stabilization – Manual	X
300	Spinal Immobilization – Seated Patient (KED, etc.)	X
301	Extremity Stabilization - Manual	X
302	Extremity Splinting	X
303	Extremity Splinting – Traction	X
304	MAST/PASG for Pelvic Immobilization Only	X
305	Pelvic Immobilization Devices	OM
<b>VASCULAR ACCESS / FLUIDS</b>		
307	Intraosseous – Pediatric	X
308	Intraosseous – Adult	OM
309	Peripheral – Initiation (includes External Jugular)	X
310	IV Fluid infusion - Non-medicated	X

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<b>TECHNIQUE OF MEDICATION ADMINISTRATION</b>		
<b>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.</b>		
311	Auto-Injector	X
312	Buccal	X
313	Intramuscular (IM)	2,OM
314	Intraosseous - Pediatric	2,4,OM
315	Intraosseous - Adult	2,4,OM
316	Oral	X
317	Subcutaneous	2,OM
<b>MISCELLANEOUS</b>		
319	Assist with Prescribed Meds	X
320	Assisted Childbirth Delivery - Normal	X
321	Assisted Childbirth Delivery- Complicated	X
322	Blood Glucose Monitoring - Automated	X
323	Blood Pressure – Manual	X
324	Blood Pressure – Automated	X
325	Emergency Moves for Endangered Patients	X
326	Eye Irrigation	X
327	Mechanical Patient Restraints	X
328	Rapid Extrication	X
329	Taser Barb Removal	OM
330	Venous Blood Sampling – Obtaining	X
<b>MEDICATION FORMULARY</b>		
332	Acetylsalicylic Acid (Aspirin) for suspected cardiac chest pain	OM
333	Activated Charcoal	X
334	Epinephrine (Adrenalin)	2,4,OM
335	Glucagon	2,4,OM
336	Glucose (Oral)	X
337	Inhaled Beta Agonist (MDI)	X**
338	Lidocaine - as an adjunct for IO fluid administration	4,OM
339	Naloxone (Narcan)	3, SS
340	Atropine sulfate & 2-Pralidoxime chloride auto-injector (Chempack patient use - emergency stockpile release only)	5X
341		
342	Nitroglycerin - Sublingual	X**
343	Oxygen	X
344	Vaccinations - at the request of the public health district if credentialed in IM administration	5,OM

<b>Education based on Idaho Standard Curriculum (ISC) which was based on National Standard Curricula</b>	
<b>SS=State Statute (54-1733B) OM=Optional Module</b>	
<b>Levels of Medical Supervision</b>	
Requires completion of training that meets or exceeds specified state-wide training content established by the EMS Bureau	2
Requires EMSPC protocol	4
Just In Time Training	5
* Adults Only	
**may carry and administer only if already prescribed	



AEMT-2011

AIRWAY / VENTILATION / OXYGENATION		
344		
345	Advanced Airway devices not intended to be inserted into trachea	X*
346	Airway – Nasal	X
347	Airway – Oral	X
348	Bag-Valve-Mask (BVM)	X
349	CPAP	2,OM
350	Cricoid Pressure (Sellick)	X
351	Demand Valve – Manually triggered, flow restricted, ventilation	X
352	End Tidal CO <sub>2</sub> Monitoring/Capnometry	2,OM
353	Finger Sweep	X
354	Head-tilt/chin-lift	X
355	Jaw-thrust	X
356	Jaw-thrust - Modified (trauma)	X
357	Modified Chin Lift	X
358	Mouth-to-Barrier	X
359	Mouth-to-Mask	X
360	Mouth-to-Mouth	X
361	Mouth-to-Nose	X
362	Mouth-to-Stoma	X
363	Obstruction – Manual	X
364	Oxygen Therapy – Humidifiers	X
365	Oxygen Therapy – Nasal Cannula	X
366	Oxygen Therapy – Non-rebreather Mask	X
367	Oxygen Therapy – Partial Rebreather Mask	X
368	Oxygen Therapy – Simple Face Mask	X
369	Oxygen Therapy – Venturi Mask	X
370	Pulse Oximetry	X
371	CO Oximetry	2,4,OM
372	Suctioning – Tracheobronchial via advanced airway	X
373	Suctioning – Upper Airway	X
374	Ventilators – Automated Transport (ATV) for non-intubated patients	X
375		
CARDIOVASCULAR / CIRCULATION		
376	EKG - 12-lead data acquisition	2,OM
377	Cardiopulmonary Resuscitation (CPR)	X
378	Defibrillation – Automated / Semi-Automated	X
379	Hemorrhage Control – Direct Pressure	X
380	Hemorrhage Control – Dressing	X
381	Hemorrhage Control - Pressure Point	X
382	Hemorrhage Control – Tourniquet	X
383	Impedance Threshold Device (ITD)	OM
384	Mechanical CPR Device	X
385		
IMMOBILIZATION		
386	Cervical Stabilization – Cervical Collar	X
387	Spinal Immobilization – Long Board	X
388	Cervical Stabilization – Manual	X
389	Spinal Immobilization – Seated Patient (KED, etc.)	X
390	Extremity Stabilization - Manual	X
391	Extremity Splinting	X
392	Extremity Splinting – Traction	X
393	MAST/PASG for Pelvic Immobilization Only	X
394	Pelvic Immobilization Devices	OM
395		
VASCULAR ACCESS / FLUIDS		
396	Intraosseous – Pediatric	X
397	Intraosseous – Adult	X
398	Peripheral – Initiation (includes External Jugular)	X
399	IV Fluid infusion - Non-medicated	X

<b>TECHNIQUE OF MEDICATION ADMINISTRATION</b>		
<b>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.</b>		
400	Aerosolized (MDI)	X
401	Auto-Injector	X
402	Buccal	X
403	Inhaled - patient administered (nitrous oxide)	X
404	Intramuscular (IM)	X
405	Intranasal	X
406	Intraosseous - Pediatric	X
407	Intraosseous - Adult	X
408	IV Push-D50/concentrated dextrose solutions only / Naloxone (Narcan)	X
409	Nebulized (SVN)	X
410	Oral	X
411	Subcutaneous	X
412	Sub-lingual	X
413	Topical	OM
<b>MISCELLANEOUS</b>		
415	Assist with Prescribed Meds	X
416	Assisted Childbirth Delivery - Normal	X
417	Assisted Childbirth Delivery- Complicated	X
418	Blood Glucose Monitoring - Automated	X
419	Blood Pressure – Manual	X
420	Blood Pressure – Automated	X
421	Emergency Moves for Endangered Patients	X
422	Eye Irrigation	X
423	Mechanical Patient Restraints	X
424	Rapid Extrication	X
425	Taser Barb Removal	OM
426	Venous Blood Sampling – Obtaining	OM
<b>MEDICATION FORMULARY</b>		
428	Acetylsalicylic Acid (Aspirin) for suspected cardiac chest pain	X
429	Activated Charcoal	X
430	Dextrose 50%	X
431	Dextrose, concentrated solutions	X
432	Epinephrine (Adrenalin)	X
433	Glucagon	X
434	Glucose (Oral)	X
435	Inhaled Beta Agonist (MDI)	X
436	Inhaled Beta Agonist (SVN)	X
437	Lidocaine - as an adjunct for IO fluid administration	4,OM
438	Atropine sulfate & 2-Pralidoxime chloride auto-injector (e.g. MARK-I, DuoDote) self & peer	X
439	Atropine sulfate & 2-Pralidoxime chloride auto-injector (e.g. MARK-I, DuoDote)	X
440	Atropine sulfate & 2-Pralidoxime chloride auto-injector (Chempack patient use - emergency stockpile release only)	4X
441	Naloxone (Narcan)	X
442	Nitroglycerin - Paste	OM
443	Nitroglycerin - Sublingual	X
444	Nitrous Oxide (Nitronox)	X
445	Oxygen	X
446	Vaccinations - at the request of the public health district if credentialed in IM administration	X

<b>Education based on new 2011 Idaho EMS Curricula (IEC) which is based on National Education Standards</b>	
<b>OM=Optional Module</b>	
<b>Levels of Medical Supervision</b>	
Requires completion of training that meets or exceeds specified state-wide training content established by the EMS Bureau	<b>2</b>
Requires EMSPC protocol	<b>4</b>
* Adults Only	

Paramedic-2011

AIRWAY / VENTILATION / OXYGENATION		
Skill	Paramedic-2011 (Licensed after 1-1-2013)	CC Skills Paramedic 2011
578	Advanced Airway devices not intended to be inserted into trachea	X
579	Airway – Nasal	X
580	Airway – Oral	X
581	Airway – Obstruction - removal of foreign body by direct laryngoscopy	X
582	Bag-Valve-Mask (BVM)	X
583	BiPAP	X
584	Chest Decompression – Needle	X
585	Chest Tube Placement	2,3,OM
586	Chest Tube – Monitoring & Management	X
587	CPAP	X
588	Cricoid Pressure (Sellick)	X
589	Cricothyrotomy – Needle/Percutaneous	X
590	Cricothyrotomy - Surgical	2,OM 3X
591	Demand Valve – Manually triggered, flow restricted, ventilation	X
592	End Tidal CO <sub>2</sub> Monitoring/Capnometry	X
593	Finger Sweep	X
594	Gastric Decompression – NG Tube	X
595	Gastric Decompression – OG Tube	X
596	Head-tilt/chin-lift	X
597	Intubation – Digital	X
598	Intubation – Medication Assisted (non-paralytic)	X
599	Intubation – Medication Assisted (paralytics) (RSI)	2,3,OM
600	Intubation - Nasotracheal	X
601	Intubation - Orotracheal	X
602	Intubation – Retrograde	
603	Jaw-thrust	X
604	Jaw-thrust - Modified (trauma)	X
605	Modified Chin Lift	X
606	Mouth-to-Barrier	X
607	Mouth-to-Mask	X
608	Mouth-to-Mouth	X
609	Mouth-to-Nose	X
610	Mouth-to-Stoma	X
611	Obstruction – Direct Laryngoscopy	X
612	Obstruction – Manual	X
613	Oxygen Therapy – Humidifiers	X
614	Oxygen Therapy – Nasal Cannula	X
615	Oxygen Therapy – Non-rebreather Mask	X
616	Oxygen Therapy – Partial Rebreather Mask	X
617	Oxygen Therapy – Simple Face Mask	X
618	Oxygen Therapy – Venturi Mask	X
619	PEEP – Therapeutic (>6cm H <sub>2</sub> O pressure)	X
620	Pulse Oximetry	X
621	CO Oximetry	OM
622	Suctioning – Tracheobronchial via advanced airway	X
623	Suctioning – Upper Airway	X
624	Ventilators – Automated Transport (ATV) for non-intubated patients	X
625	Ventilators – Automated Transport (ATV)	X
626	Ventilators, Automated – Enhanced Assessment & Management	3X

Paramedic-2011

CARDIOVASCULAR / CIRCULATION		
Skill	Paramedic-2011 (Licensed after 1-1-2013)	CC Skills Paramedic 2011
627	EKG - 12-lead data acquisition	X
628	EKG - 12-lead interpretation	X
629	EKG - 3-lead rhythm interpretation	X
630	Cardiopulmonary Resuscitation (CPR)	X
631	Cardioversion – Electrical	X
632	Carotid Massage	X
633	Defibrillation – Automated / Semi-Automated	X
634	Defibrillation – Manual	X
635	Hemorrhage Control – Direct Pressure	X
636	Hemorrhage Control – Dressing	X
637	Hemorrhage Control - Pressure Point	X
638	Hemorrhage Control – Tourniquet	X
639	Impedance Threshold Device (ITD)	OM
640	IABP monitoring & management	3X
641	Invasive Hemodynamic Monitoring	3X
642	Mechanical CPR Device	X
643	Pericardiocentesis	2,3,OM
644	Pacing - Transcutaneous	X
645	Pacing - Transvenous & Epicardial – monitoring & management	3X
646	Pacing - Permanent/ICD	
IMMOBILIZATION		
647		
648	Cervical Stabilization – Cervical Collar	X
649	Spinal Immobilization – Long Board	X
650	Cervical Stabilization – Manual	X
651	Spinal Immobilization – Seated Patient (KED, etc.)	X
652	Extremity Stabilization - Manual	X
653	Extremity Splinting	X
654	Extremity Splinting – Traction	X
655	MAST/PASG for Pelvic Immobilization Only	X
656	Pelvic Immobilization Devices	OM
VASCULAR ACCESS / FLUIDS		
657		
658	Arterial Line – Monitoring & Access Only	3X
659	Central Line – Placement	2,3,OM
660	Central Line – Monitor & Maintain Only	X
661	Intraosseous – Pediatric	X
662	Intraosseous – Adult	X
663	Peripheral – Initiation (includes External Jugular)	X
664	Umbilical - Initiation	2,3,OM
665	IV Fluid infusion - Non-medicated	X
666	IV Fluid infusion - Maintenance of Medicated Fluids	X

Paramedic-2011

<b>TECHNIQUE OF MEDICATION ADMINISTRATION</b>		
<b>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.</b>		
<b>Skill</b>	<b>Paramedic-2011 (Licensed after 1-1-2013)</b>	<b>CC Skills Paramedic 2011</b>
667	Aerosolized (MDI)	X
668	Auto-Injector	X
669	Buccal	X
670	Endotracheal Tube (ET)	X
671	Inhaled - patient administered (nitrous oxide)	X
672	Intramuscular (IM)	X
673	Intranasal	X
674	Intraosseous - Pediatric	X
675	Intraosseous - Adult	X
676	IV Infusion	X
677	IV Piggyback	X
678	IV Programmable Volume Infusion Device	2, OM
679	IV Push	X
680	IV Push-D50/concentrated dextrose solutions only / Naloxone (Narcan)	X
681	Accessing Implanted Central IV Port	X
682	Nasogastric	X
683	Nebulized (SVN)	X
684	Oral	X
685	Rectal	X
686	Subcutaneous	X
687	Sub-lingual	X
688	Topical	X
689	<b>MISCELLANEOUS</b>	
690	Arterial Blood Sampling, Radial Site - Obtaining	
691	Assist with Prescribed Meds	X
692	Over-the-Counter Medications (OTC)	X
693	Assisted Childbirth Delivery - Normal	X
694	Assisted Childbirth Delivery- Complicated	X
695	Blood Chemistry Analysis	X
696	Blood Glucose Monitoring - Automated	X
697	Blood Pressure – Manual	X
698	Blood Pressure – Automated	X
699	Emergency Moves for Endangered Patients	X
700	Eye Irrigation	X
701	Eye Irrigation – Morgan Lens	X
702	Mechanical Patient Restraints	X
703	Rapid Extrication	X
704	ICP Monitoring	3X
705	Taser Barb Removal	OM
706	Urinary Catheterization	2,3,OM
707	Venous Blood Sampling – Obtaining	X

**Paramedic-2011**

<b>MEDICATION FORMULARY</b>		
<b>Formulary</b>	<b>Paramedic-2011 (Licensed after 1-1-2013)</b>	<b>CC Skills Paramedic 2011</b>
708 Medical Director Approved Medications	X	
709 Blood Products Administration		3X
710 Maintenance of Blood Administration	X	
711 Plasma Volume Expander Administration		3X
712 Thrombolytic Therapy Administration	X	
713 Vaccinations - at the request of the public health district if credentialed in IM administration	X	

<b>Education based on new 2011 Idaho EMS Curricula (IEC) which is based on National Education Standards</b>	
<b>OM=Optional Module</b>	
<b>Levels of Medical Supervision</b>	
Requires completion of training that meets or exceeds specified state-wide training content established by the EMS Bureau	<b>2</b>
Requires additional standards as defined by the EMSPC	<b>3</b>

## Paramedic Non-RSI Statewide Intubation Standards

Topic	Requirements	Available Options
<b>Patient Selection</b>		
Adult / Peds	Unconscious w/ineffective respiration	
	Cardiac arrest	
	Apnea or agonal respirations	
	Conscious with ineffective respirations (Nasal intubations only)	
<b>Equipment</b>		
Laryngoscope blades	adult & ped blade sizes	Macintosh
	2 different blade types	Miller
		other blade types permissible
Continuous Pulse Oximetry	before, during & after intubation	
Rescue device	must have at least one available	LMA
		Combitube
		King LT
		bougie/flexguide
Tube placement	must have at least one available	ETCO2, qualitative
		esophageal detector device (EDD)
Selection of tube size	based on patient age or size of 5th finger	Cuffed Sizes = 3.5 - 8.0 mm
		Uncuffed Sizes = 2.5 mm
Suction device	per minimum EMS Bureau equipment list	
Bag Valve Mask	per minimum EMS Bureau equipment list	
Oxygen	per minimum EMS Bureau equipment list	
<b>Intubation Attempts</b>		
Preoxygenation	100% oxygen prior to any attempts	Bag Valve Mask
		Non-Rebreather Mask
Provider limited to 3 attempts	duration: each attempt should be no more than 30 seconds. If unsuccessful should oxygenate before subsequent attempts.	
Patient limited to 5 attempts	multiple attempts should not delay transport	
NAEMSP definition of attempt: insertion of laryngoscope blade into mouth or insertion of tube through nares		
<b>Confirmation of Tube Placement</b>		
Confirmation of Tube Placement	Utilize multiple methods	Breath sounds
		Epigastric sounds
		ETCO2
		EDD
		chest rise
		tube misting
		Patient response
<b>PCR Documentation</b>		
See 'EMSPC Intubation PCR Documentation List' for required data elements.		

## Required Elements for Performance Assessment and Improvement

<b>Monitoring</b>		
100% chart review		
Intubation success rate	agency	
	provider	
1st attempt success rate	agency	
	provider	
Rescue airway device utilization		
Complications (agency vs provider)		
	R mainstem (unrecognized)	
	esophageal intubation (unrecognized)	
	airway/dental trauma	
	hypoxia during intubation	
	bradycardia during intubation	
	inappropriate tube size	
	inappropriate tube depth	
<b>Training</b>		
1. Minimum annual demonstration of intubation proficiency		
2. Minimum annual review of intubation to include cognitive and psychomotor components with an emphasis on team coordination.		
<b>Remediation</b>		
Remediation at the discretion of the local EMS medical director		



## EMSPC RSI Statewide Standards

Topic	Requirements	Available Options
<b>Patient Selection</b>		
Adult /Peds	Patient requires intubation; AND is not flaccid, or has intact protective airway reflexes. Not a difficult airway	
<b>Equipment</b>		
Laryngoscope blades	adult & ped blade sizes 2 different blade types	Macintosh Miller other blade types permissible
Medications	As per local EMS Medical Director	
Continuous Pulse Oximetry	before during and after intubation	
Rescue device	must have at least one available	LMA Combitube King LT other
Tube placement	must have at least one available	ETCO2, qualitative esophageal detector device (EDD)
Selection of tube size	based on patient age or size of 5th finger	Cuffed Sizes = 3.5 - 8.0 mm Uncuffed Sizes = 2.5 mm
Suction device	per minimum EMS Bureau equipment list	
Bag Valve Mask	per minimum EMS Bureau equipment list	
Oxygen	per minimum EMS Bureau equipment list	
<b>Intubation Attempts</b>		
Preoxygenation	100% oxygen prior to any attempts	Bag Valve Mask Non-Rebreather Mask
Provider limited to 3 attempts	duration: each attempt should be no more than 30 seconds. If unsuccessful should oxygenate before subsequent attempts.	
Patient limited to 5 attempts	multiple attempts should not delay transport	
NAEMSP definition of attempt: insertion of laryngoscope blade into mouth		
<b>Confirmation of Tube Placement</b>		
Confirmation of Tube Placement	Utilize multiple methods	Breath sounds Epigastric sounds ETCO2 EDD chest rise tube misting Patient response
<b>PCR Documentation</b>		
See 'EMSPC Intubation PCR Documentation List' for required data elements.		

## Required Elements for Performance Assessment and Improvement

<b>Monitoring</b>		
100% chart review		
Intubation success rate	agency	
	provider	
1st attempt success rate	agency	
	provider	
Rescue airway device utilization		
Complications (agency vs provider)		
	R mainstem (unrecognized)	
	esophageal intubation (unrecognized)	
	airway/dental trauma	
	hypoxia during intubation	
	bradycardia during intubation	
	inappropriate tube size	
	inappropriate tube depth	
<b>Training</b>		
1. Minimum annual demonstration of intubation proficiency		
2. Minimum annual review of intubation to include cognitive and psychomotor components with an emphasis on team coordination.		
<b>Remediation</b>		
Remediation at the discretion of the local EMS medical director		