

Summary of Changes

EMS Physician Commission Standards Manual

2009-1 to 2009-2

Effective July 1, 2009

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

EMR Scope of Practice

1. *Atropine sulfate & 2-Pralidoxime chloride auto-injectors (self & peer)*. This skill was deleted but will be re-added when the National EMS Scope of Practice Model is implemented.
2. *Atropine sulfate & 2-Pralidoxime chloride auto-injectors (Chempack patient use – emergency stockpile release only)*. This skill was changed to a 5X from a 2,4,X (floor skill requiring specified state-wide training and use of a specified state-wide protocol). As a 5X skill, EMRs may only use these auto-injectors in the event of an emergency Chempack stockpile release and after receiving “just-in-time” training.
3. *Extremity splinting*. This skill was changed to a 2,OM. As a 2,OM skill, EMRs may perform this skill upon completion of training that meets or exceeds specified state-wide training standards and upon credentialing by the local EMS Medical Director.

EMT Scope of Practice

1. *Atropine sulfate & 2-Pralidoxime chloride auto-injectors (self & peer)*. This skill was deleted but will be re-added when the National EMS Scope of Practice Model is implemented.
2. *Atropine sulfate & 2-Pralidoxime chloride auto-injectors (Chempack patient use – emergency stockpile release only)*. This skill was changed to a 5X from a 2,4,X (floor skill requiring specified state-wide training and use of a specified state-wide protocol). As a 5X skill, EMTs may only use these auto-injectors in the event of an emergency Chempack stockpile release and after receiving “just-in-time” training.
3. *Pelvic immobilization devices*. This skill was changed to OM (optional) from an X (floor skill). As an OM skill, EMTs may utilize these devices upon completion of training provided by the local EMS agency and credentialing by the local EMS Medical Director.
4. *Pulse oximetry*. This skill was deleted but will be re-added when the National EMS Scope of Practice Model is implemented.

AEMT Scope of Practice

1. *Atropine sulfate & 2-Pralidoxime chloride auto-injectors (self & peer)*. This skill was deleted but will be re-added when the National EMS Scope of Practice Model is implemented.
2. *Atropine sulfate & 2-Pralidoxime chloride auto-injectors (Chempack patient use – emergency stockpile release only)*. This skill was changed to a 5X from a 2,4,X (floor skill requiring specified state-wide training and use of a specified state-wide protocol). As a 5X skill, AEMTs may only use these auto-injectors in the event of an emergency Chempack stockpile release and after receiving “just-in-time” training.
3. *Pelvic immobilization devices*. This skill was changed to OM (optional skill) from an X (floor skill). As an OM skill, AEMTs may utilize these devices upon completion of training provided by the local EMS agency and credentialing by the local EMS Medical Director.
4. *Intraosseous-adult (vascular access)*. This skill was changed to OM from 2,OM (optional skill requiring specified state-wide training). As an OM skill, AEMTs may perform adult IO vascular access upon completion of training provided by the local EMS agency and credentialing by the local EMS Medical Director.
5. *Dextrose 50% and Dextrose, concentrated solutions (medication formulary)*. These medications were deleted but will be re-added when the National EMS Scope of Practice Model is implemented.
6. *Activated charcoal*. This medication was changed to a white X from an X. This designation clarifies that administration of activated charcoal is currently a floor skill but that the skill will be deleted when the National EMS Scope of Practice Model is implemented. This medication is not included in the National EMS Scope of Practice Model at the AEMT level.
7. *Glucagon (medication formulary)*. This medication was changed to a 2,4, OM from an X. Although a state-wide protocol and training is available for this medication, a state-wide competency verification tool is not. As 2,4,OM skill, AEMTs may administer glucagon in accordance with a specified state-wide protocol upon completion of training that meets or exceeds specified state-wide training standards and upon credentialing by the local EMS Medical Director.
8. *Intraosseous-adult (medication administration)*. This skill was deleted but will be re-added when the National EMS Scope of Practice Model is implemented.
9. *Intramuscular medication administration*. This skill was changed to 2,OM from an X. As a 2,OM skill, AEMTs may administer authorized medications intramuscularly upon completion of training that meets or exceeds specified state-wide training standards and upon credentialing by the local EMS Medical Director.
10. *Subcutaneous medication administration*. This skill was changed to 2,OM from an X. As a 2,OM skill, AEMTs may administer authorized medications subcutaneously upon completion of training that meets or exceeds specified state-wide training standards and upon credentialing by the local EMS Medical Director.
11. *IV push medication administration, D50/concentrated dextrose solutions only*. This skill was deleted but will be re-added when the National EMS Scope of Practice Model is implemented.
12. *Venous blood sampling*. This skill was changed to a white X from an X. This designation clarifies that this is currently a floor skill but that the skill will be deleted when the National EMS Scope of Practice Model is implemented. This skill is not included in the National EMS Scope of Practice Model at the AEMT level.

Paramedic Scope of Practice

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

Advanced Airway Management Data Collection and Submission

1. The previous tools for airway management data collection and submission, Appendices E and F, were deleted from the Standards Manual. The EMSPC intends to create new airway management data elements and will implement them statewide after pilot testing.
2. EMS agencies are still required to implement a performance assessment and improvement plan for AEMT intubation and Paramedic RSI and non-RSI intubation that meets or exceeds the standards in Appendices B, C and D of the Standards Manual.