

# IDAHO EMSPC MEETING MINUTES

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May 9, 2008

A meeting of the Idaho Emergency Medical Services Physician Commission was held on this date at the Courtyard by Marriott, Coronado Room, 1789 S. Eagle Rd., Meridian, Idaho. Chairman Kim called the meeting to order at 9:35 a.m.

**Members Present:**

Adam Deutchman, M.D.  
Cay Berg, M.M.  
Curtis Sandy, M.D.  
David Kim, M.D.  
Debra McKinnon, D.O.  
Keith Sivertson, M.D.  
Kenny Bramwell, M.D.  
Murry Sturkie, D.O.  
Scott French, M.D.

**Member's Position:**

American College of Surgeons Committee on Trauma  
Idaho EMS Bureau  
State Board of Medicine  
Idaho Medical Association  
Idaho Fire Chiefs Association  
Idaho Hospital Association  
American Academy of Pediatrics, Idaho Chapter  
American College of Emergency Physicians, Idaho Chapter  
Idaho Association of Counties

**Members Absent:**

Bat Masterson  
Elmer Martinez

**Member's Position:**

Citizen Representative  
Citizen Representative

**Vacant Seats:**

N/A

**Others Present:**

Dean Neufeld  
Denny Neibaur  
Dia Gainor  
Dr. Stephen Johnson  
Jill Hillee  
M. Neeki Larsen  
Mark Cadell  
Mark Johnson  
Mark Niemeyer  
Mary Lou Davis  
Michele Carreras  
Rick Krause  
Roy Allen  
Russ Pierson  
Scott Lossmann  
Tawni Newton  
Tom Allen  
Travis Myklebust  
Valerie Fend-Boehm

**Other's Position:**

Idaho EMS Bureau Regional Consultant  
Idaho EMS Bureau Regional Consultant  
Idaho EMS Bureau Chief  
Oneida County EMS  
Cascade Rural Fire/EMS  
Idaho EMS Bureau Systems Development Manager  
Micron  
INL-FD  
Meridian Fire Department  
Fremont County EMS  
Idaho EMS Bureau State Communications Manager  
Cascade Rural Fire/EMS  
Pocatello Fire Department  
Idaho EMS Bureau Compliance Specialist  
Micron  
Idaho EMS Bureau Credentialing Manager  
Nampa Fire Department/ IFCA  
Lewiston Fire  
Idaho EMS Bureau Administrative Assistant

Vicki Armbruster  
Wayne Denny  
William F. Powell

Challis Ambulance  
Idaho EMS Bureau Standards and Compliance Manager  
DHW – APS Rules Unit

## **Approval of Minutes**

**Commissioner Deutchman, American College of Surgeons Committee on Trauma, moved and Commissioner Berg, Idaho Emergency Medical Services Bureau, seconded to accept the draft minutes as submitted.**

**Motion passed unanimously.**

## **Financial Report**

Reviewed FY08 Budget Worksheet prepared by the EMS Bureau reflecting receipts and expenditures for fiscal year 2008 (FY08) through April. Chairman Kim asked if the amount included an allocation for the CME meetings approved at the last meeting (up to \$200). Wayne Denny reported this had not been taken out of the budget yet. Chairman Kim asked if the Bureau was intending to increase fees. Dia Gainor reported there were no plans to increase fees at this time.

## **EMS Code Task Force report**

Commissioner Sturkie serves with Chief Mark Niemeyer, Meridian Fire Department, on the EMS Code Task Force. Commissioner Sturkie asked Chief Niemeyer to be the primary spokesperson for EMS System (EMSS) draft legislation Power Point presentation. Two other members of the task force were present, Tom Allen, Nampa Fire Department, and Dia Gainor, EMS Bureau Chief. Chief Niemeyer explained that the task force began in 2006 when the Idaho State Fire Commissioners began to re-write fire laws relating to EMS. The counties and various other agencies caught wind and they all decided to work together as a group statewide because three separate sections of state law are intermingled and must be addressed together; the fire district statutes, the ambulance district statutes and the state EMS statutes and rules. Chief Niemeyer noted that the task force has third party facilitation coordinated, not run, by the EMS Bureau. The Bureau provides some administrative support, but other than that they are just a member of the task force along with the other six groups represented. A copy of the power point presentation, the talking points, and the proposed draft legislation may be obtained from the EMS Bureau. Feedback was encouraged at the end of the slide presentation.

Commissioner McKinnon asked if a county without an ambulance district presently, would become one of these? *Answer:* Yes, each county would form an EMS System district.

Commissioner French expressed his concern that the battle between county commissioners and fire chiefs who both want to control EMS would continue by offering two options for the system structure, *Answer:* Where there is some strife between elected officials, any one of the three groups (county commissioners, fire district, or city officials) can petition to form the new alternate type system.

What if one city tries to dominate the system? *Answer:* All the cities in the county will elect a representative for the board and if that person is not representing everyone fairly, that person can be voted off by the collective body of city officials. The hope is that eventually the EMSS board will be made up of representatives who truly have an interest in collaboration and cooperation and want to do what is right for the entire system.

Commissioner Deutchman asked who provides the impetus for the system to follow these rules?

*Answer:* Once the system is formed it is required to submit an operations plan to the state EMS Bureau, which will be a collaborative effort of all the representatives on the administrative authority board. Once the operations plan has been filed and an agency is found to not be in compliance, notification will be made to the EMS Bureau and a fine may be assessed if they don't become compliant. Eventually their license could be in jeopardy if they remain noncompliant with their system's operation plan.

Commissioner McKinnon asked if there could be more than one physician involved and if counties can combine medical authority. *Answer:* If two counties combine to form one EMSS district the medical authority could have as many physicians as they want from both or either county. The medical authority physicians would choose one representative from among themselves for the EMSS administrative authority board.

Chairman Kim felt that the make up of the governing board is biased toward municipal or fire based services. He asked if there was consideration of adding a representative from the private or non-municipal based agencies to the governing board? He felt that even when the private or non-municipal based agencies nominate a representative to the Administrative Authority, if there is disagreement among them and they submit more than one name, the governing board picks the individual to represent them. This could potentially be biased in favor of municipal or fire based EMS because of the make-up of the board. *Answer:* Chief Niemeyer explained that only elected officials have authority to set levies and such and that is why they make up the governing board. Chairman Kim noted that the authority for the EMSS district to levy fees comes from this statute, not from any roll-over authority from the members elected positions. Dia explained that all district boards in Idaho are comprised of elected officials only. There are no boards that include organizations that might benefit or otherwise uniquely profit from their position on a board. Elected officials make a safe separation from that appearance of conflict.

Commissioner French was also concerned that in counties where there are large rural areas and the volunteer agencies are not a part of a fire district, having a fire commissioner on the governing board from a fire district that doesn't have anything to do with EMS cuts out their voice. *Answer:* Commissioner Sturkie noted that they do have a voice on the administrative authority because there is a transport and a non-transport agency representative, therefore, they do have an opportunity to participate in the system administration.

Chairman Kim still felt there needs to be more of a check and balance for those agencies who don't fall under the municipal or fire based umbrella. Commissioner French reiterated that the agencies that are not municipal or fire based do not have a voice on the three person governing board. *Answer:* Chief Niemeyer stated again that they do have a voice at the administrative level, which is the group that will come up with the operational plan. Chairman Kim again noted that in a worst-case scenario with the EMS agencies not being able to agree on one person to represent them, then the governing board could pick a municipal or more fire friendly person to represent them on the administrative authority board. *Answer:* Tom Allen noted (1) There is nothing in place now that promotes collaboration. There is no representation like this in place today. Different entities have EMS authority but functionally they operate in a silo, for the most part they do not cooperate or collaborate. The task force views this as a problem. He urged everyone to consider what we have now and what this EMSS legislation proposes in the way of moving toward a system that promotes collaboration and communication. (2) Every type of EMS agency has representation on the administrative authority board, they are either transport or

non-transport. The private sector issues did receive a lot of debate on the task force. It was determined that the ability to levy taxes should be exclusively reserved for elected officials and we don't find private EMS activity in Idaho except through the wishes of elected officials anyway. A private EMS agency cannot go out and conduct private EMS operations without the blessings of whatever governing body of elected officials exists in the area that they want to operate in.

Commissioner French agreed but still felt that in smaller counties with limited cities, you are limiting the input of the rural areas that make up most of the county. *Answer:* Tom Allen explained that a number of small cities still have a voice, because they outnumber the one big city. The majority of small cities has the ability to petition to remove any representative that is not in their view satisfactorily representing their interests. Chairman Kim could not find this ability in the proposed legislation. From what he could read, the only way to get rid of that person is to wait until their term expires or you have to have a unanimous vote of the governing board. See Line 308 pg 6 *Answer:* Task force members noted this is exactly the type of feedback they are looking for and this item will be taken back to the task force because that was not the intent.

Chairman Kim expressed concern over the apparent lack of checks and balances for private EMS in the document. *Answer:* Tom has asked others with this concern how they function today. Do you do it in any way other than through contract with some governmental entity? The answer has been across the board, no. Commissioner French then asked if he has done a similar check with rural and volunteer EMS agencies. *Answer:* Tom replied that the Idaho State Fire Commissioners Association is about as rural as you can get and they are heavily represented on the task force. Commissioner French still did not think this was adequate representation of rural EMS.

Commissioner McKinnon asked if you do not have any non-transport units in your area, can you put someone else in that position? *Answer:* No, that position would be exempted if there is no one to fill it in your system.

There was concern over the levy and the ability of districts to maintain current operations. *Answer:* This was discussed as recently as last Monday, May 5<sup>th</sup> meeting. See Sections 07 and 08 wherein we have given the ability that when an ambulance district converts to an EMSS district or at the initiation of an EMSS district they can go up to the current allowed levy rate of .04% without a vote. If more revenue is needed up to an additional .02% can be sought with a vote of the people. Those numbers come from existing sections of Idaho Code and therefore are not new taxes. Roy Allen with Pocatello Fire expressed concern that the ability for existing districts to reset their levy at the .04% rate when they become an EMSS district was not stated clear or concrete enough in Section 07.

There was a lot of concern over inter-facility transfers. It was felt that the language covering this topic is not clear enough in this current draft.

Chairman Kim asked what kind of medical disputes within the medical authority would come before the EMS Physician Commission (EMSPC) for mediation? *Answer:* Disputes between medical directors in the system related to things like scope of practice and medical options.

Vicki Armbruster, Challis Ambulance, stated that Custer County has four mayors, three ambulance services that are all transport, three fire districts with separate commissioners for each one, two clinics with separate wards and we are 60 miles apart. The only thing we share are county commissioners. Challis also covers a large part of Lemhi County and Stanley goes into Blaine County. So how does

that work? *Answer:* The task force discussed this at length, recognizing that different systems would be set up differently. The system responsibility would be there, but there is nothing that says they have to meet every week, every two months, etc. etc. but there has to be an established system set up. There is an obligation to set the board up and develop an operations plan on how business is going to be done within that geographic area. What we are trying to do is bring collaboration to the forefront among all the various agencies that provide service within the system. The task force is fully aware that each countywide or multi-county EMSS district will be unique.

Chairman Kim asked if their intent was to get this before the Legislature in 2009? *Answer:* Yes.

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

Commissioner Sturkie expressed appreciation to Andy Edgar of the EMS Bureau and the committee. Commissioner Sturkie distributed an information sheet which included the three course dates and locations along with the timeline of items that need to be accomplished to be able to present these courses this summer. The committee decided what the topics would be and also contracted with Guardian College to develop materials. The one item that the committee is still working on is the on-line course. A two-year open-end contract is being sought with the ability to renegotiate things as we go along. We are still working on the Category I CMEs, they should be available by June for access by the EMS physicians. Credit from the medical association has not been requested yet because the course is not complete and they like to see that first, but that is the intent. The three courses must be completed by the end of August because of the funding source.

Andy Edgar and one other EMS Bureau representative will facilitate each course along with two members of the EMS Physician Commission. Materials and guidelines will be provided the commissioners so each course is consistent in it's content.

Pocatello – July 19 - Sandy & Sivertson  
Moscow – July 26 - McKinnon & French  
McCall – August 2 - Kim & Sturkie

### **Chempack update**

Denny Neibaur, EMS Bureau, distributed the Idaho Chempack Auto-Injector Training Curriculum Guide. It is a copy of the epi-pen training program which is already being used. The initial plan is to put out the training plan and injectors to each regional EMS office and then they can distribute it to the agencies in their area as they develop their plans. The communications plan is still being worked on with State Communications and the others involved.

The emergency kits have expanded to include Diazepam (or Valium) in a separate spring loaded injector. The EMS Chempacks are specifically designed for self and buddy aid, not for treating patients. It is to keep those that are responding up and running.

### **Glucagon and Automated Blood Glucometry Draft Protocol**

Commissioner Sivertson provided a new “Blood Glucometry Procedure” and “Administration of Glucagon Procedure” documents that were built from the draft provided by Commissioner McKinnon and reviewed by the commission at the last meeting. He also distributed corresponding new draft skill sheets from the Wood River / Sawtooth Region EMS Association Standard Procedure manual they are developing based on the anticipated new scope of practice.

Glucagon is part of the floor of the National Scope of Practice for Advanced EMT. Adding it to the EMT level as an optional module, which requires training similar to the epi-pen, is a deviation, so we need a statewide guideline. The EMS Bureau will have to develop training curriculum.

After discussing indications it was agreed to amend #1. to read “The patient is known (via blood glucometry or other laboratory method) to be HYPOGLYCEMIC.

Also need to correct the spelling of Glucagon in the title and call it a Guideline not a Procedure.

It is the desire of the commissioners to have all the statewide guidelines in a similar format but they did not indicate whether they want this format or the old box format. The caution to follow specific product and manufacturer instructions should be included in all statewide guidelines.

Commissioner Bramwell asked why the prohibition of a second dose. It was indicated that a second dose would be of no value. Commissioners agreed to take the all capital letters off line #10 under Procedure.

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to adopt the amended “Administration of Glucagon Procedure” document as a statewide guideline. Commissioner French, Idaho Association of Counties, seconded. Motion passed unanimously.**

Add “seizures” to the indications for use of the blood glucometer.

Change “bandaid” to “dressing” in Procedure #9.

Delete the Caution at the bottom.

**Commissioner French, Idaho Association of Counties, moved to adopt amended “Blood Glucometry Procedure” document as a statewide guideline. Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded. Motion passed unanimously.**

## **Drug and Device Review Process**

Commissioner Sturkie presented a document outlining a simple process by which products that are not currently covered by the scope of practice may be submitted for review to the commission. After discussion it was decided that only EMS medical directors or EMSPC commissioners could submit items for review. Only devices requiring FDA approval would be reviewed. Clinical evidence demonstrating benefits is desirable. Drop the fee but consider a rule change giving the EMSPC the ability to charge fees for services in the future as the functions of the commission continue to expand. Application for review of medications would also use this form.

**Commissioner French, Idaho Association of Counties, moved to adopt the amended New Product Review, without the fee, as policy for the EMSPC. Commissioner Deutchman, American College of Surgeons Committee on Trauma, seconded. Motion passed unanimously.**

## **Wildland Fire Report**

Dia Gainor reported that the Incident Emergency Medical Task Group (IEMTG) has met every two weeks for a minimum of three hours at a time and met in person for an entire day since the last report in February. A very long list of tasks to perform and a nearly final draft work plan will be available soon. Dia feels very optimistic. They have reinforced the policy requiring notification by medical unit leaders to states when they are coming in to set up shop. They are interested in multiple physician participation. So far they have turned to Dr. Jim Upchurch in Montana and Dr. Jon Jui in Oregon for direction because of their historical participation in these kinds of processes.

Commissioner Sivertson asked which EMSPC concerns are being addressed. Dia reported that they acknowledge occupational type activities are happening but have pushed that to a lower priority on the deliverables. The IEMTG feel that the expertise of the group will have to change to address that topic. However, the correspondence from the EMSPC as well as the resolution from NASEMSO are appendices to the work plan itself. Therefore, other parties who read the work plan and are interested in what IEMTG is doing and why, can refer to those documents. They are first looking at and identifying what emergency medical skills, devices or equipment are warranted on the fire line or in the medical unit that are not in the National EMS Scope of Practice Model.

Jan Peterson is not going to let up on this. Even when many of the folks are called up during the fire season, Jan will be stationary to work with those that can throughout the season. The hope is to turn some of the tasks listed in the plan to other groups during the fire season, such as the scope of practice review.

Commissioner Sturkie asked how the things they are doing will effect the current fire season? Dia reported there is a refresher message about the requirement to notify states when a medical unit is being established. There is also a rudimentary set of standards that will give medical unit leaders more structure to follow than what they may receive from the Forest Service Incident Medical Specialist Program.

Commissioners then discussed continuing their site inspections with the EMS Bureau personnel to gather information and show their continued interest and concern about medical oversight. Commissioner Deutchman expressed his desire that wildland fire medical units be encouraged to refer their patients to the local or regional community medical clinics and hospitals for appropriate triage and treatment as required by the Board of Medicine. The desire to obtain Medical Unit After Action Reports to compare with what commissioners observe during inspections was discussed.

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to continue the practice of inspecting type 1 and 2 fires with EMS Bureau personnel, to have an inspection checklist for consistency, identify a mechanism to obtain Medical Unit After Action Reports, and to continue the ongoing support for the improvement process by IEMTG. Commissioner McKinnon, Idaho Fire Chiefs, seconded the motion. Motion passed unanimously.**

## **EMSPC 2008.1 Standards Manual**

*Intramuscular (IM) and Subcutaneous techniques* should be marked with a dark orange 2,OM box at the EMT level and a dark orange X in the AEMT box to accommodate Glucagon . The EMS Bureau will have to include this in their training curriculum.

Commissioner McKinnon asked about Aerosolized (MDI) on line 99, why it is only marked at the paramedic level when it is an assisted med. Chairman Kim explained that the distinction on the grid was that if they were assisting medication it didn't warrant an X on the grid. They can do assisting meds but they are not technically taught that route of administration.

Double checked to make sure they were in agreement to add *Adult IO* (Intraosseous – Adult on line 92 of Vascular Access) to the AEMT level because the National Scope of Practice model only covers IO for pediatric. It was agreed that it should be 2,OM. IO is also listed on line 105 under Techniques.

### *Grandfathering of currently certified EMS personnel*

Chairman Kim summarized the issue. When the new EMSPC scope of practice is implemented this summer and even more so when the new National Scope of Practice model is implemented at some point in the future, a currently certified Advanced EMT will have to complete additional training to maintain their certification at the new scope. Many feel the additional training hours is onerous or impossible to meet. Three options have been discussed: 1) Allow today's Advanced EMTs to remain at their current level until they either let their certification lapse or they retire, knowing that at some point the state is going to have to support them because the National Registry will not. 2) Allow them to remain at their current level until their recertification time is up and at that time they would have to either move up or drop down. 3) Require everyone to either drop to a lower level of certification or pass the additional training to move up by a set date. With any of these options, new applicants will be required to train and test at the new Advanced EMT scope of practice level set in the EMSPC Standards Manual.

A copy of the EMSAC Education Subcommittee April 16, 2008, motion regarding this was included in the meeting materials and was read to the commission by Travis Myklebust. "Endorse a process that allows existing Advanced EMTs to be maintained at their current level in the state and supported indefinitely until certification has lapsed and that those that are not certified at the level on the day of implementation of the new level will be initially certified and recertified thereafter at the new level."

Commissioner Sturkie explained that the concern in the rural communities is that the Advanced EMT provides an essential benefit to the public which is more than what the EMT Basic can provide and that the additional hours may be an undue hardship and they would have to drop down to the Basic level. The compromise would be that current Advanced EMTAs would be able to maintain that level of certification through the current process of recertification, ie. refresher course, CEs, skill check by medical director. Once that level is no longer supported by National Registry, anyone else that wanted to become an Advanced EMT would have to take the new curriculum. We would support the old Advanced EMTAs program until there were no more of those EMTs available. Either they had retired or they let their certification lapse. We would be supporting the local communities without changing the level of care they have been receiving.

Commissioner McKinnon expressed her feeling that IV access skills are very important in the rural setting and would be lost to a large degree if the majority of Advanced EMTs reverted to Basic. She felt there would be some that would take the time to get the additional training to move up, especially

if they can do it in a module so they don't have to commit to 200 hours all at once. Therefore, she would be in favor of the first option. Commissioner Deutchman agreed that the 200 hours would be a challenge.

Commissioner Berg asked if the additional skills would be available as optional modules as long as they took the training for that specific skill. Commissioner Sturkie said that had not been discussed as an option. That is a separate issue. Whether the transition is going to be a modular growth into the Advanced EMT or it is going to be a course that you have to take will be left to the educators and administrators to figure out and develop. That hasn't been decided yet. He did not think it would be all modules.

Commissioner Berg expressed her concern that "grandfathered" Advanced EMTAs will have a different scope of practice from the new Advanced EMT. It will be on the medical director to keep track of who has had the new training and who has not.

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to allow Advanced EMTAs to continue at their current level.**

Clarification was made to an audience member, Mr. Johnson, that those currently certified at the Advanced EMTA level may remain at that level with that old scope forever and ever. Commissioner Deutchman asked if that meant they would not be able to do anything added to the new scope in the EMSPC 2008-1 Standards Manual like giving Glucagon, etc.

Commissioner Sivertson clarified that ALL Advanced EMTs will have to abide by the intubation requirements in Appendix B, whether they move up or not.

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, amended the motion to include: "Regardless of certification status EMS providers who intubate must comply with the additional EMSPC intubation requirements including data collection consistent with the current standards manual.**

More discussion ensued causing Commissioner Sturkie to withdraw this motion. The discussion clarified that it was not Commissioner Sturkie's intent to exclude current Advanced EMTAs from taking the modular training courses to acquire the new or optional skills of Glucagon, Glucometry, etc. as provided in the 2008-1 EMSPC Standards Manual. He does not feel they are objecting to the transition from 2007-1 EMSPC Standards Manual to 2008-1. His intent was that in the future, when the 200 hour bridge course is needed to transition Advanced EMTAs to the new National Scope of Practice Model Advanced EMT (perhaps in 2010 or later), that then the Advanced EMTAs would have the option to remain at their current level of certification and not be forced to move up or down to meet the new National SOP model requirements. The EMS Bureau would then support their recertification requirements, since they will not be supported by the National Registry after that time.

Commissioner Sturkie also explained that the 150 to 200 hours of additional training referenced is for the future bridge course to transition to the National Scope of Practice Model and it includes all the didactic, the practical skills, psychomotor time, the internship time and clinical hours. It incorporates everything. It is not just measuring time listening to lectures. Our current educational programs talk about how many hours of education you get so the comparison does not quite match up. The 200 hours of training will not be necessary to meet the 2008-1 standards.

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, made a motion to state that the intent of the EMSPC is to maintain the Advanced EMTA at its then current level prior to adoption of a standards manual that largely incorporates the National Scope of Practice Model.**

**Commissioner Sivertson, Idaho Hospital Association, seconded.**

**Motion passed. One abstention from Commissioner Berg, Idaho EMS Bureau.**

It was agreed that the following language be added to Section VIII of the standards manual: “EMS personnel will transition to the 2008-1 scope of practice by the end of their current certification period or June 30, 2010, whichever is later.”

#### *Airway Data Collection – Appendix E*

The Advanced Airway Data Elements are not part of the Idaho PCR project and they are outside of NEMESIS at this time. Therefore, we are considering including this information along with the paper reporting template for data collection in the 2008-1 Standards Manual which would go into effect July 1, 2008, under the temporary rules. The feasibility of requiring providers to submit a paper report to the Bureau, that cannot be scanned, was discussed. Dia Gainor, EMS Bureau Chief, said the Bureau would work out the mechanism for collecting the data from the reporting sheets. She was more concerned about making it clear in the standards manual that submitting these data elements is a requirement not just a suggestion. It is mentioned in the last paragraph on page 16. Language for a new section was developed to make it more clear and specific:

#### **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 are documented in Appendix E. The data must be collected starting October 1, 2008. The data must be submitted on the form found in Appendix F. In the interest of evaluating aggregate performance, the EMS medical director is required to submit documentation as supplied by the EMS personnel on, at a minimum, a quarterly basis to the EMS Physician Commission. Upon development and adoption of an electronic means of submitting this data by the EMS Physician Commission, the EMS medical director will permit the EMS personnel to submit the data directly to the Commission, records from which will be compiled and supplied to the EMS medical director.

Introducing the airway management information and reporting sheet at the medical director courses this summer was recommended. It was determined that the data is important and necessary and the commissioners want it included in the 2008-1 version of the standards manual.

Commissioner Bramwell asked for a few corrections: Spell cricothyroidotomy “cricothyrotomy” in #3 and #30. Change Physician Assistant in #13 to Physician Assistant and Nurse Practitioner. Remove the periods at the end of lines 15 thru 19 on the form.

**Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, moved to adopt the 2008-1 Standards Manual as amended today.**

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded. Motion passed unanimously.**

### *Approve Temporary Rule Change*

The change is replacing the 2007-1 EMSPC Standards Manual with 2008-1.

**Commissioner Sivertson, Idaho Hospital Association, moved to approve the temporary rule changes.**

**Commissioner Deutchman, American College of Surgeons Committee on Trauma, seconded. Motion passed unanimously.**

Commissioner Sivertson requested a clean electronic as well as paper copy of the updated 2008-1 EMSPC Standards Manual be sent to the commissioners as soon as it is available.

Frank Powell, Department of Health and Welfare, reviewed the policy regarding what would necessitate town hall meetings on the temporary rule change and the time line for these.

Commissioners asked Mr. Powell if the EMSPC has authority to charge a fee for the drug and device reviews because of the time they take? The authority would come from statute not rule.

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to explore the possibility of transitioning the authority over certification fees from the EMS Bureau to the EMSPC and to establish the authority to enact new fees.**

**Commissioner Sivertson, Idaho Hospital Association, seconded. Motion passed unanimously.**

The American Academy of Family Practice (AAFP) approached Chairman Kim with the desire to have a seat on the EMSPC since most EMS medical directors are family practice doctors. Chairman Kim had invited them to come and discuss it with the commission and also informed them that there are four seats up for reappointment at this time. It would require a statute change to add a seat. Dia Gainor explained that when the commission was established with three seats being filled by EMS medical directors it was assumed that at least one of those would be a family practice doctor, but that did not happen with these first appointments.

### **Expiration of Terms / New Member Transition**

Commissioners Deutchman, McKinnon, Sandy, and Sturkie's terms expire August 1, 2008. Letters notifying the representing bodies of this were sent out April 14. The Commission is awaiting appointments by the Governor. Gratitude was expressed to the four commissioners for their work and commitment and the hope that all will be coming back. It was proposed that some type of recognition be developed for members when they leave the Commission.

New member orientation would be a handbook similar to what the commissioners received initially including Roberts Rules of Order and the Open Meeting Law.

### **Micron Exemption Request – Topical Calcium Gluconate Gel**

This is a non-transport industrial BLS agency. They previously received a waiver from the EMS Bureau to administer topical calcium gluconate for hydrofluoric acid exposure.

Dr. Scott Lossmann, Micron's new medical director, distributed Hydrofluoric Acid Material Safety Data Sheets and gave a short Power Point presentation on hydrofluoric acid and treatment with

calcium gluconate. Hydrofluoric acid is used extensively in the computer chip industry as an etching agent. Dr. Lossmann explained the medical risks from contamination and the necessity for immediate treatment even when there is only suspicion of exposure to the skin. Micron requested continued usage of the topical gel due to the severity of danger from hydrofluoric acid contamination and the necessity for immediate treatment to avoid tissue loss and hypocalcaemia. No side effects have been reported from the use of the topical gel. If pain persists, patients are sent to the hospital for further treatment. All patients are to receive follow up medical attention within 24 hours of treatment with the calcium gluconate gel.

**Commissioner McKinnon, Idaho Fire Chiefs, moved to grant the Micron exemption request for the application of calcium gluconate gel by emergency medical technicians. The exemption will carry through the current licensure period and will be reviewed at each subsequent licensure renewal.**

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

**Motion passed unanimously.**

### **EMS Pandemic Influenza Guidelines**

The EMSPC received a letter from the Idaho Department of Health and Welfare Pandemic Influenza Working Group referencing two federal documents “Emergency Medical Services Pandemic Influenza Guidelines for Statewide Adoption” and “Preparing for Pandemic Influenza: Recommendations for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points.” There is not a lead agency nor federal funding to take these national templates and apply them to Idaho.

The commissioners discussed the fact that EMS is only part of the bigger picture when it comes to pandemic flu or other large emergency health issues such as anthrax, natural disasters, the ability to quarantine, the ability to marshal needed personnel and resources, what to do when 40% of nurses, doctors and EMS personnel are incapacitated, etc. Commissioners are concerned that there is not an overarching look at all the components in disaster planning, but feel their purview and authority in regards to EMS scope of practice does not include such a role. The EMSPC requested that the EMS Bureau continue to monitor the activities of the Health Resources and Preparedness Bureau and the Emergency Communications Commission to keep them informed of any opportunities for more active participation.

Commissioner Sandy brought up the issue of consolidated 911 services and emergency medical dispatch. He asked if the EMSPC would request a definition from the Attorney General Office. This item will be put on the next EMSPC agenda.

### **Future Meeting Schedule**

It was agreed to change the August meeting to September 12<sup>th</sup> in Boise and hold officer elections at that time. The pending rule change would need to be reviewed and approved at that meeting as well. The fall meeting will be November 9 perhaps outside of Boise.

2009 meetings tentatively: February 13, May 8, September 11, and November 13 – 2<sup>nd</sup> Fridays

Commissioner Sturkie brought it to the attention of the commission that the Ryan White Act had been reauthorized without the provision that required hospitals to notify EMS personnel of possible

contamination when an infectious contagious disease is discovered. Commissioner Sturkie felt it might be appropriate for the EMSPC to write a letter to the congressional representatives in the state to address the issue. Dia Gainor said it would require a bit of research. She suggested the commission may want to ask the state epidemiologist to come speak about it. She thinks there may be an Idaho specific mechanism that may fill the void that actually predates the Ryan White Act.

## **Adjournment**

**MOTION: It was moved by Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, to adjourn the May 9, 2008 Idaho Emergency Medical Services Physician Commission meeting at 5:15p.m. Commissioner Sivertson, Idaho Hospital Association, seconded. Motion passed unanimously.**

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David Kim, Chairman  
Idaho Emergency Medical Services Physician Commission