

**STATE OF IDAHO**  
**EMERGENCY MEDICAL**  
**SERVICES (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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## **DEFINITIONS.**

As promulgated by and in addition to the applicable definitions in Section 56-1012, Idaho Code, and IDAPA 16.02.03, "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 or certification issued by the EMS Bureau at the Advanced Emergency Medical Technician or Advanced Emergency Medical Technician-Ambulance 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.

**Certification.** A license issued by the EMS 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.

**Certified EMS Personnel.** Individuals who possess a valid certification issued by the EMS 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 certified 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 or certification issued by the EMS 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 EMS 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 certified 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 certified EMS personnel who are providing medical care.

**Emergency Medical Services (EMS).** The services utilized in responding to a perceived individual need for immediate care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.

**Emergency Medical Services Bureau.** The Emergency Medical Services Bureau of the Idaho Department of Health and Welfare.

**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 or certification issued by the EMS 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 or certification issued by the EMS 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 EMS Bureau to provide emergency medical services in Idaho.

**EMS Medical Director.** A physician who supervises the medical activities of certified 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 certified EMS personnel while employed or utilized for delivery of services in a hospital.

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

**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 certified 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 certified 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 certified 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 or certification issued by the EMS 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 or osteopathic medicine or surgery 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.”

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### **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 certified personnel, ambulance services, and non-transport agencies licensed by the EMS 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 certified by the department and the required level of supervision by a licensed physician.

Rules of the EMS Physician Commission, IDAPA 16.02.02.004 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 certified EMS personnel and to specify the type and degree of medical supervision for specific skills, treatments, and procedures by level of EMS certification.

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## **EMS Personnel Authority to Act**

To provide emergency medical services, EMS certified 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.

EMS personnel may act if they possess a valid certification issued by the EMS Bureau and are authorized by their EMS medical director, hospital supervising physician, or medical clinic supervising physician and will provide services under the following conditions:

- 1) When providing patient care that is:
  - a) within the scope of practice as defined by this Standards Manual; and
  - b) for which they have been trained, based on curricula or specialized training approved according to IDAPA 16.02.03, "Rules Governing Emergency Medical Services."; and
  - c) for which they have not been specifically prohibited by their EMS medical director, hospital supervising physician, or medical clinic supervising physician to perform; and
- 2) When they possess a valid credential issued by the EMS medical director, hospital supervising physician, or medical clinic supervising physician; and
- 3) When they are representing an Idaho EMS agency, hospital, or medical clinic; and
- 4) When they are part of a planned deployment of personnel resources approved by the EMS medical director, hospital supervising physician, or medical clinic supervising physician; or
- 5) When in a manner approved by the EMS medical director, hospital supervising physician, or medical clinic supervising physician, administering first aid or emergency medical attention in accordance with Idaho Code 5-330 or 5-331 without expectation of remuneration; or
- 6) When participating in a training program approved by the EMS Bureau, the EMS medical director, hospital supervising physician, or medical clinic supervising physician.

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## **OUT-OF-HOSPITAL SUPERVISION**

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

In accordance with Section 56-1011, Idaho Code, certified 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 certified EMS personnel affiliated with the EMS agency.
2. The EMS medical director can designate other physicians to supervise the certified 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.
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 certified EMS personnel.

The EMS medical director will provide the EMS 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 certified 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 EMS medical director is authorized to:

1. Provide explicit approval for certified EMS personnel under his supervision to provide medical care. Certified EMS personnel may not provide medical care without the explicit approval of an EMS medical director.
2. Credential certified 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 but may not exceed the scope of practice established by the Commission.
3. Restrict the scope of practice of certified EMS personnel under his supervision and withdraw approval of certified 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.

- Such restriction or withdrawal of approval must be reported in writing within fifteen (15) days of the action to the EMS 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 certified EMS personnel administer first aid or emergency medical attention 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 certified 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 certified 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 certified EMS personnel have protocols, standards of care and procedures that are consistent and compatible with one another.
9. Designating other physicians to supervise certified 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.

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### **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 certified 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 22.01.04, “Rules Relating to Complaint Investigation,” 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.

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

The medical supervision of certified 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 certified EMS personnel. The EMS medical director will submit the Medical Supervision Plan to the EMS Bureau by November 1, 2008 and thereafter annually or upon request. The EMS Bureau must be notified upon any changes in the Medical Supervision Plan, 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 certified EMS personnel.**

Credentialing is an EMS agency process by which certified 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 certified 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 EMS Bureau certification;
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; and
  - g. Successful completion of an EMS agency evaluation.

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 EMS Bureau certification.
- This credential will be sufficient evidence of “affiliation” for his or her certification or recertification by the EMS Bureau, if the dates are inclusive of the certification period and the credential has not been withdrawn by the EMS medical director.

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

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

1. Written standing orders and treatment protocols including direct (on-line) supervision criteria;
2. Initial and continuing education in addition to those required by the EMS Bureau;
3. Methods of assessment and improvement;
4. Periodic assessment of psychomotor skill proficiency;
5. Provisions for medical supervision of and defining the patient care provided by certified EMS personnel who are present for a multiple or mass casualty incident, disaster response, or other significant event involving response of certified EMS personnel;
6. Defining the response when certified EMS personnel discover a need for EMS while not on duty;
7. The credentialing of certified EMS personnel for emergency response;
8. The appropriate level of emergency response based upon dispatch information provided by the designated Public Safety Answering Point(s);
9. Triage, treatment, and transport guidelines;
10. Scene management for multiple EMS agencies anticipated to be on scene concurrently;
11. Criteria for determination of patient destination;
12. Criteria for utilization of air medical services in accordance with IDAPA 16.02.03, “Rules Governing Emergency Medical Services,” Section 415;
13. Policies and protocols for patient refusal, “treat and release”, advanced directives by patients and physicians, determination of death and other predictable patient non-transport scenarios;
14. Criteria for cancellation or modification of EMS response;
15. Equipment authorized for patient care;
16. Medical communications guidelines; and
17. Methods and elements of documentation of services provided by certified EMS personnel.

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**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 is present for the duration of treatment on scene or transportation.

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

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**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.

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## **HOSPITAL AND MEDICAL CLINICS SUPERVISION**

### **Certified EMS Personnel Responsibilities.**

The certified 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 certification.
2. Report such employment or utilization to the EMS Bureau within thirty (30) days of engaging in such activity.

Certified 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.

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

In accordance with Section 56-1011, Idaho Code, certified 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 certified 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 certified EMS personnel during the periodic absence of the hospital supervising physician or medical clinic supervising physician.
3. Certified 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 certified 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 certified EMS personnel under his supervision to provide medical care. Certified EMS personnel may not provide medical care without the explicit approval of a hospital supervising physician or medical clinic supervising physician.

2. Credential certified 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 but may not exceed the scope of practice established by the Commission.
3. Restrict the scope of practice of certified EMS personnel under his supervision and to withdraw approval of certified 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 Idaho EMS Bureau.
  - o Such restriction or withdrawal of approval must be reported in writing within fifteen (15) days of the action to the EMS 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 certified EMS personnel administer first aid or emergency medical attention 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 certified EMS personnel are maintained on an ongoing basis through education, skill proficiencies, and competency assessment.
5. Developing, implementing and overseeing a Medical Supervision Plan, as defined in this Standards Manual.
6. Collaborating with other EMS medical directors, hospital supervising physicians, and medical clinic supervising physicians to ensure EMS agencies and certified EMS personnel have protocols, standards of care and procedures that are consistent and compatible with one another.
7. Designating other physicians to supervise the certified EMS personnel during the periodic absence of the hospital supervising physician or medical clinic supervising physician.
8. Designating Physician Assistants and Nurse Practitioners to serve as designated clinicians, as defined in this Standards Manual.

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### **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 certified 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 22.01.04, "Rules Relating to Complaint Investigation," 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.

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

The medical supervision of certified 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 certified 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.
  - o The hospital or medical clinic will submit such descriptions upon request of the Commission or the EMS Bureau.
3. Provisions for direct medical supervision by designated clinicians and the identification of designated clinicians.

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### **EMS Bureau Responsibilities.**

The EMS 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 annually and upon request.
3. The Commission with the identification of EMS medical directors and their designated clinicians annually and upon request.

### **EMS Physician Commission Responsibilities.**

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

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## **Idaho Authorized Scope of Practice**

The Commission has approved the following Scope of Practice for certified EMS personnel:

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

The primary focus of the Emergency Medical Responder, also 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 EMR 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 EMR 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 Responders may perform the following acts and duties:**

1. Obtain vital signs;

2. Obtain a medical history;
3. Assess mechanism of injury;
4. Assess nature of illness;
5. Perform an initial (primary) patient assessment;
6. Perform a detailed (secondary) physical examination;
7. Perform patient reassessments;
8. Perform manual techniques to assure a patent airway;
9. Insert airway adjuncts in the oral and nasal cavity;
10. Provide ventilatory support for a patient;
11. Attempt to resuscitate a patient in cardiac arrest and provide post-resuscitative care;
12. Use of oxygen delivery system components;
13. Provide treatment for a patient in respiratory distress or experiencing chest pain-discomfort
14. Provide care for external and internal bleeding, hypoperfusion (shock), a penetrating chest injury, soft tissue injury, open abdominal injury, impaled object, or an acute amputation;
15. Provide care to a patient with an altered mental status, a history of diabetes, experiencing a seizure, having an allergic reaction, possibly exposed to a poisoning, suspected of overdosing on a substance, experiencing a behavioral problem, or has been exposed to cold or heat;
16. Provide care to a patient who is involved in a near-drowning incident, has been bitten or stung by an animal or insect, sustained a burn injury, has a suspected head or spinal injury, and has a painful, swollen, deformed extremity
17. Provide care for the obstetric and the gynecological patient and assist with the delivery of an infant;
18. Cardiac defibrillation utilizing a semi-automated external defibrillator; and
19. Extricate a patient from entrapment.

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## **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 EMR. 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.

**An EMT may perform the following acts and practices:**

1. All scope of practice activities for the EMR;
2. Use of the pneumatic anti-shock garment;
3. Assist patients with administration of prescribed medications; and
4. Assist patients with the administration of over-the-counter medications for poisoning and hypoglycemia.

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## **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 EMR and EMT. 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.

**An Advanced EMT may perform the following acts and practices:**

1. All scope of practice activities for the EMR and EMT;
2. Advanced airway management of the esophagus and/or trachea;
3. Peripheral venous puncture; Initiate and maintain peripheral intravenous fluid therapy lines using simple crystalloid solutions; Initiate and maintain intraosseous infusions;
4. Draw peripheral blood specimens; and
5. Assess blood glucose with automated glucometry.

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## **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 EMR, EMT, and AEMT. 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.

**A Paramedic may perform the following acts and practices:**

1. All scope of practice activities for the EMR, EMT, and Advanced EMT;
2. Manual cardiac defibrillation;
3. Synchronized cardioversion;
4. Electrocardiogram rhythm monitoring and interpretation;
5. Transcutaneous cardiac pacing;
6. Advanced airway management using invasive procedures, suctioning, and gastric tubes;
7. Initiate heparin locks;
8. Monitor and maintain intravenous fluid therapy lines containing medications;
9. Initiate and maintain central intravenous fluid therapy lines;
10. Administer medications used in cardiovascular, respiratory, endocrine, metabolic, neurological, obstetrical, gynecological, toxicological, and behavioral emergencies;
11. Administer medications via routes indicated for that medication; and
12. Thoracic decompression.

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## **IDAHO EMS PHYSICIAN COMMISSION CONTACT INFORMATION**

Idaho EMS Physician Commission  
590 W. Washington St.  
Boise, Idaho 83702  
(208) 334-4633  
Fax (208) 334-4015

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

## **IDAHO EMS BUREAU OFFICE LOCATIONS**

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

Southwest Regional Office  
590 W. Washington St.  
Boise, ID 83702  
(208) 334-4633  
Fax (208) 334-4015

North Regional Office  
420 Indiana Avenue, Ste 200  
Coeur d'Alene, ID 83814  
(208) 769-1585  
Fax (208) 666-6722

South Central Regional Office  
601 Pole Line Road, Suite 7  
Twin Falls, ID 83301  
(208) 736-2162  
Fax (208) 736-3016

North Central Regional Office  
State Office Building  
118 F Street  
PO Box Drawer B  
Lewiston, ID 83501  
(208) 799-4390  
Fax (208) 799-3307

East Regional Office  
150 Shoup #7  
Idaho Falls, ID 83402  
(208) 525-7047  
Fax (208) 525-7049

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