IDAHO EMSPC MEETING MINUTES

November 13th, 2015

A meeting of the Idaho Emergency Medical Services Physician Commission (EMSPC) was held on this date at the Riverside Hotel Delamar Room, 2900 Chinden Blvd, Boise, Idaho.

**Members Present:**
- Mark Urban, M.D.  
  American Academy of Pediatrics, Idaho Chapter
- James Alter  
  Citizen Representative
- Eric Chun, M.D.  
  Idaho Fire Chiefs Association
- Jamie Karambay, M.D.  
  American College of Emergency Physicians, Idaho Chapter
- Michael L. Lemon, D.O.  
  American College of Surgeons Committee on Trauma
- Ian Butler-Hall, M.D.  
  Idaho Medical Association
- Curtis Sandy, M.D.  
  Idaho State Board of Medicine

**Members Absent:**
- Terry O’Connor, M.D.  
  Idaho Hospital Association
- Veronica Mitchell-Jones  
  Citizen Representative

**Vacant Seats:**
- Idaho Association of Counties
- Idaho Bureau of EMS & Preparedness

**Others Present:**
- Dave Reynolds  
  Moscow Fire
- William Keeley  
  KCEMSS
- Keri Donica  
  Cascade Rural Fire
- Wayne Denny  
  Idaho Bureau of EMS & Preparedness - EMSP Bureau Chief
- Janna Nicholson  
  Idaho Bureau of EMS & Preparedness - EMSP Field Coordinator
- Derek Coleman  
  Idaho Bureau of EMS & Preparedness – EMSP Technical Records Lead
- Chuck Cutler  
  Idaho Bureau of EMS & Preparedness - EMSP Field Coordinator
- Xenya Poole  
  Idaho Bureau of EMS & Preparedness - EMSP Field Coordinator
- Debbie Surjan  
  Idaho Bureau of EMS & Preparedness - EMSP Field Coordinator

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

**Opening Comments**
Chairman Sandy announced that Dr. Terry O’ Connor would be the new representative for the Idaho Hospital Association replacing Commissioner Keith Sivertson.

Chairman Sandy, Idaho Board of Medicine, moved to enter closed executive session to review confidential material involving EMS personnel in accordance with Idaho Code § 67 67-2345(1)(b&f). Commissioner Chun, Idaho Fire Chiefs Association, seconded the motion.
Motion passed unanimously.

**Closed Executive Session**
Chairman Sandy, Idaho Board of Medicine, moved to come out of closed session, Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded the motion.
Motion passed unanimously.
Open Session
Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, moved to accept the findings and recommendations of the peer review, Commissioner Butler-Hall, Idaho Medical Association, seconded the motion.
Motion passed unanimously.

Approval of Minutes from August 14, 2015
Commissioner Chun, Idaho Fire Chiefs Association, moved to accept the draft minutes from 8/14/15 as submitted
Motion passed unanimously.

Financial Updates
Chairman Sandy attended an ISN simulation event with Bear Lake and reported that it was an “eye opening” experience from a system standpoint. He recommended the commission continue to support the availability of simulation training through the ISN subscription.

Subcommittee Reorganization
Commissioners discussed the need to formalize a liaison relationship with the Time Sensitive Emergency Council.

Commissioner Karambay – joins the Medical Director Education Subcommittee.

Commissioners discussed reorganizing the agenda to reserve a couple of hours at the end of the day to do Subcommittee work a couple of times a year. They are interested in opportunities to complete reoccurring agenda items, i.e. approving meeting minutes, reviewing peer review findings, etc., ahead of time through online resources to help accomplish this goal.

NAEMSO Medical Director Report – Chairman Sandy
Chairman Sandy provided a brief report of the NAEMSO annual meeting. One of the topics discussed was the lack of clear enabling language for EMS use of narcotics in the controlled drugs act.

Wildland Fire Updates:
Limited Recognition personnel piece went well this year. It is the agency piece that needs to be worked on at this point. Wayne discussed Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) briefly as it relates to Wildland Fire.

Statewide Protocols:
Commissioner Chun asked the EMS Bureau to run utilization report on the agencies that have adopted the Statewide Protocols.

Concerns over ALS protocols and medication availability were discussed.

It was suggested that the Commission change the medication formulary. It was suggested that perhaps identify drugs by class and then do a formulary table as part of the statewide protocols. List each drug for indications, routes, dose reference and which protocol it would be used in. Each agency would narrow it down for their use and availability per their medical director. Chairman Sandy will work with the Bureau field coordinator, Xenya Poole, to determine which protocols would be affected and formulary development.
Medical Director Education:
Possible courses for new medical directors were discussed (NAEMSP, CIT, IAFC). Commissioner Chun asked that cost and time estimates be determined before the commission makes any decisions. Commissioner Karambay will follow-up or look into the possibility of an Idaho specific course.

Commissioner Urban, American Academy of Pediatrics, Idaho Chapter moved to place Medical Direction education on the February agenda. Commissioner Lemon, American College of Surgeons Committee on Trauma, Seconded the motion.
Motion passed unanimously.

The commission will review the on-line courses available. The EMS Bureau will contact CIT to inquire about cost, content and appropriateness. The EMS Bureau will also find out how much it would cost to make it Idaho specific.

Cuffed ET Tubes
Commissioners discussed the use of cuffed ET tubes outside of the NICU.

Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, moved that the EMS Bureau change the standard in the minimum equipment list as follows: ET Tubes sizes 3.5 to 8.0 must be “CUFFED”. Also, ET tubes in the RSI and Non-RSI standards in the EMSPC standards manual. Commissioner Butler-Hall, Idaho Medical Association, Seconded the motion.
Motion passed unanimously.

Patient Care Reporting by EMS agencies
- It is important that there is handoff information given to the receiving facility as appropriate for the patient condition.
- PCR should be done in a timely fashion and forwarded to the receiving facility.

Finger Thoracotomy
Question: Is finger thoracotomy permissible under the Critical Care Transport scope of practice?
- Finger thoracotomy is not included in the Scope of Practice.

Scope of Practice Review
- AEMT 2011 Diphenhydramine HCL & Ondansetron HCL

Commissioner Lemon, American College of Surgeons Committee on Trauma, moved that AEMT will not be authorized to administer Diphenhydramine (Benadryl), Commissioner Chun, Idaho Fire Chiefs Association, Seconded the motion.
Motion passed unanimously.

Commissioner Lemon, American College of Surgeons Committee on Trauma, moved that AEMT will not be authorized to administer Ondansetron (Zofran). Commissioner Chun, Idaho Fire Chiefs Association, Seconded the motion.
Motion passed unanimously.

- Surgical Cricothyrotomy

Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, moved to make the Surgical Cricothyrotomy a 2 OM at the Paramedic 2011, and a 3x at the cc level. Commissioner Lemon, American College of Surgeons Committee on Trauma, Seconded the motion.
Motion passed unanimously.
• Review of SOP modifications motion from prior meeting:

Change all 2, OM to 2, 3 OM in the Critical Care (CC) Paramedics SOP– In order to be considered CC, they must complete the exam for FPC or a CCP, and the procedure must be an optional module adopted by the agency’s Medical Director.

CHEMS (Community Health EMS):
Taskforce members: Chair: Commissioner Karambay. Members: Commissioner Chun, Commissioner Urban, Commissioner Lemon

Review the following documents and provide feedback, and recommendations to the EMS Bureau. If there are major policy issues, then it will need to go back to the EMSPC for review at the February meeting.

- Program Implementation Guide
- Toolkit
- Sample Guidelines

Discussion: Is this an expanded scope or an expanded role? Commissioner Karambay clarified that this should not be an expanded scope, just a change in role. CHEMS is to be used to “fill gaps” in the communities. Guidelines should be specific but not restrictive. The taskforce needs to contact Board of Pharmacy regarding Rx guidelines that would be applicable to CHEMS. The taskforce needs to consider how the EMT scope of practice would function in CHEMS.

2016-1 Standards Manual

Chairman Sandy, Moved to adjourn.

- Adjournment 4:30 pm

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Curtis Sandy, Chairman
Idaho Emergency Medical Services Physician Commission