Summary of Changes
EMS Physician Commission Standards Manual
2017-1 to 2018-1

Updated IDAPA reference (pages 6)

IV. OUT-OF-HOSPITAL SUPERVISION

EMS Medical Director Qualifications, Authority and Responsibility.

The EMS medical director must:

1. Accept responsibility for the medical direction and medical supervision of the activities provided by licensed EMS personnel.
2. Obtain and maintain knowledge of the contemporary design and operation of EMS systems.
3. Obtain and maintain knowledge of Idaho EMS laws, regulations and standards manuals.
4. The EMS medical director shall demonstrate appropriate training and/or expertise in adult and pediatric emergency medical services.
5. The EMS medical director for an air medical agency, in addition to the above requirements, must have training and experience in emergency medicine or critical care and have training in air ambulance operations that include flight physiology, stressors of flight, and air medical resource management.
6. If not previously completed, all current and new Medical Directors must complete mandatory EMSPC approved Medical Director education within one (1) year or be ABEM subspecialty board certified in EMS. Current EMSPC approved courses include: full NAEMSP National EMS Medical Director's Course and Practicum or the Guide for Preparing Medical Directors sponsored by the Critical Illness and Trauma Foundation. Additional educational courses may be approved upon request.

Updated IDAPA reference (page 10)

B. Indirect (off-line) medical supervision.

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

1. Written standing orders and treatment protocols for both adult and pediatric patients including direct (on-line) supervision criteria and approved medication formulary list;

12. Criteria for determination of patient destination, including facility bypass criteria for Time Sensitive Emergencies;

21. Patient Care Integration Agreement with other EMS agencies as appropriate and as required by IDAPA 16.01.03.601 and IDAPA 16.01.03.602.

Effective date of new standards manual and scope of practice (page 15): July 1, 2018

Appendix A Changes:

- *Removed line 126.*

Appendix E Changes:

- Crews are determined by the expected needs of the patient. Transports can be staffed by any level of provider, provided that the needed patient care falls within their scope of practice.
    I. Critical care transports require a minimum of one certified critical care provider and one additional paramedic or RN in the patient compartment. Special consideration may be given for the second provider based on a specific specialized patient need. (Certified critical care providers must have one of the following credentials: FP-C, CCP-C, CFRN, CTRN, or CCRN/CEN with additional critical care credentialing.)
    II. Non-critical care agencies utilizing hospital-based RNs or other providers must assure they have appropriate out-of-hospital transport education, affiliation, or agency agreement and equipment necessary. These providers' education and clinical skill capability must match patient anticipated transport needs (i.e. advanced airway management, vent management, cardiac monitoring, and or equipment).
    III. Specialty personnel accompanying the patient will be responsible to advise the EMS crew in their areas of expertise. Specialty personnel will also be responsible for administration and/or use of their medications and/or equipment.

- All inter-facility transfers should be included in agency QA/QI process.
- Items added to Matrix:
    - Peripheral IV with any drug approved by Agency Medical Director – administered without an IV pump – X
    - Any Medical Director approved formulary medication that requires an IV pump – OM, X