

**Addendum to Medical Supervision Plan for Optional Modules**
[Click Here For  
On-line OM  
Instructions](#)
EMS Agency Name Date 

Optional modules (OMs) are skills identified by the EMS Physician Commission that exceed the floor level Scope of Practice for EMS personnel and may be adopted by the agency medical director. Instructions and requirements to add optional modules to agency personnel are available on the Idaho EMS web site [www.idahoems.org](http://www.idahoems.org) or click on the link tile. This form may be submitted as an OM Addendum for Bureau approval when signed by the medical director. Please check the box next to each OM for the level of provider that will be trained and credentialed for this agency. Proof of credentialing by the agency medical director must be submitted to the EMS Bureau prior to individuals practicing the optional module skills.

**BLS or higher agency license****EMR-2011**

<input type="checkbox"/> C-Collar	2,OM	<input type="checkbox"/> Epinephrine (Adrenaline)	2,4,OM
<input type="checkbox"/> Extremity Splinting	2,OM	<input type="checkbox"/> Intramuscular (IM)	2,OM
<input type="checkbox"/> Jaw Thrust - Modified (Trauma)	OM	<input type="checkbox"/> Spinal Immobilization Long Board	2,OM
<input type="checkbox"/> Spinal Immobilization Seated	2,OM	<input type="checkbox"/> Taser Barb Removal	OM
<input type="checkbox"/> Vaccine Administration	5,OM		

**EMT-2011**

12-lead EKG Data Acquisition	2,OM	Advanced airway devices not intended to be inserted in the trachea (Adult)	2,3,OM
Blood Glucose Monitoring	2,4,OM	CO Oximetry	2,4,OM
CPAP	2,OM	End Tidal CO2 Monitoring/Capnography	2,3,OM
Glucagon	2,4,OM	Impedance Threshold Device	OM
Inhaled Beta Agonist (MDI)	2,OM	Inhaled Beta Agonist (SVN)	2,OM
Intramuscular (IM)	2,OM	Intraosseous - Adult	2,4,OM
Intraosseous - Pediatric	2,4,OM	IV Fluid infusion - Non -medicated	2,OM
Lidocaine Administration-IO adjunct only	4,OM	Pelvic Immobilization Device	OM
Peripheral IV Initiation (includes EJ)	2,OM	Subcutaneous Injection	2,OM
Suctioning - Tracheal via advanced airway	2,OM	Taser Barb Removal	OM
Vaccine Administration	5,OM	Venous Blood Sampling	2,OM

Medical Director for this EMS agency, I have approved the checked OMs for training, credentialing and practice.

Medical Director Signature \_\_\_\_\_

Date 

Optional Module Addendum July 2017

**ILS or higher agency license****AEMT-85**

12-lead EKG Data Acquisition	2,OM	Acetylsalicylic acid (Aspirin) for suspected cardiac chest pain only	OM
CO Oximetry	2,4,OM	CPAP	2,OM
End Tidal CO2 Monitoring/Capnography	2,OM	Epinephrine (Adrenaline)	2,4,OM
Glucagon	2,4,OM	Impedance Threshold Device	OM
Intramuscular (IM)	2,OM	Intraosseous - Adult	2,4,OM
Intraosseous - Pediatric	2,4,OM	Lidocaine Administration-IO adjunct only	4,OM
Pelvic Immobilization Device	OM	Pulse Oximetry	2,OM
Subcutaneous Injection	2,OM	Taser Barb Removal	OM
		Vaccine Administration	5,OM

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**AEMT-2011**

12-lead EKG Data Acquisition	2,OM	CO Oximetry	2,4,OM
CPAP	2,OM	End Tidal CO2 Monitoring/Capnography	2,OM
Impedance Threshold Device	OM	Lidocaine Administration-IO adjunct only	4,OM
Nitroglycerin Paste	OM	Pelvic Immobilization Device	OM
Taser Barb Removal	OM	Topical Medication Administration	OM
— Venous Blood Sampling	OM		

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**ALS or higher agency license****Paramedic-2011**

CO Oximetry	OM	Cricothyrotomy - Surgical	2,OM
Impedance Threshold Device	OM	Intubation- Medication Assisted	2,3,OM
— IV Programmable Volume Infusion Device	2,OM	(RSI, paralytics)	
Taser Barb Removal	OM	Pelvic Immobilization Device	OM

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**CC Paramedic-2011**

Central Line Placement	2,3,OM	Chest Tube Placement	2,3,OM
Pericardiocentesis	2,3,OM	Umbilical Initiation	2,3,OM
Urinary Catheterization	2,3,OM		

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2,OM requires training approved by the Bureau

3,OM requires additional standards approved by the EMSPC

4,OM requires EMSPC protocol use

5,OM Just In Time Training

Note - OMs that require examination as a floor skill at a higher level will require examination at the OM skill level.

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Received	Processed	Verification checks - MD Signature - Agency license level - PERCS Compliance
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As Medical Director for this EMS agency, I have approved the checked OMs for training, credentialing and practice.

Medical Director Signature \_\_\_\_\_

Date