

Emergency Medical Services Physician Commission

Highlights from November 2008 & February 2009 meetings

The approved minutes from the EMSPC November 14, 2008 meeting in Lewiston and draft minutes from the EMSPC February 13, 2009 meeting in Boise are posted on the website at www.emspc.dhw.idaho.gov.

A few points for your attention:

❖ **Medical Supervision Plans:**

Commissioners have started to review the medical supervision plans submitted with agency relicensure this year. You will be receiving a report of their findings. If your agency has not submitted a medical supervision plan, please do so. A few examples are posted on the EMSPC website along with a guideline of requirements.

❖ **Question: Can an EMT suction a tracheostomy?**

Answer: EMTs do not receive training for tracheobronchial suctioning. An EMT who inserts suction catheter into a tracheostomy to perform tracheobronchial suctioning would be outside their scope of practice, so the answer is no. However, an EMT may suction around the tracheostomy and may suction the opening of the tracheostomy with a yankauer-type suction device. If someone wanted to change the EMT scope to allow tracheobronchial suctioning at the EMT level, they would have to provide evidence and follow the EMSPC new device policy for consideration of their request.

❖ **CO Oximetry Device:**

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved and Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded the motion to expand CO monitoring to EMT and AEMT scopes of practice as an optional skill. Motion passed unanimously. Since this skill was approved as a “2,4” skill, agencies wishing to implement CO monitoring at the EMT and AEMT must utilize statewide protocols and a statewide training module which will be developed by the EMS Bureau in collaboration with Masimo, a manufacturer of a CO monitoring device. The effective date for this scope of practice change is May 1, 2009.

❖ **Taser Barb removal:**

Commissioner McKinnon, Idaho Fire Chiefs Association, moved and Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded the motion to approve the removal of taser barbs at all levels as an Optional Module without specific state-wide training standards. Motion passed unanimously. The effective date for this scope of practice change is May 1, 2009.

❖ **Question: Can an AEMT intubate when RSI is initiated by a paramedic?**

Answer: Commissioner McKinnon, Idaho Fire Chiefs Association, moved and Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded the motion that once RSI has been initiated, intubation

may only be attempted by a provider credentialed to perform RSI. Motion passed unanimously. In other words, when a paramedic initiates RSI, an AEMT cannot perform direct laryngoscopy even while under the direct supervision of a paramedic.

❖ **Wild Land Fire:**

Commissioner Sivertson, Idaho Hospital Association, moved to direct the EMSPC Wildland Fire Subcommittee to create a letter to the Idaho EMS agencies and medical directors advising them of the relationship that exists between EMS personnel and medical directors. Seconded by Commissioner Deutchman, American College of Surgeons Committee on Trauma. Motion passed unanimously. The intent of this letter is to advise EMS Medical Directors that EMS personnel may falsely assume that they are providing care at a wild land fire using treatment protocols from their home EMS agency and that their EMS Medical Director from back home is providing medical oversight for their wild land fire-related patient care. The EMSPC recommends that EMS Medical Directors clarify the extent of their medical oversight responsibilities with EMS personnel before the wild land fire season begins.

❖ **EMS Medical Director Education:**

The EMS Bureau has purchased a one-year subscription to the Critical Illness and Trauma Foundation on-line medical director course. The EMSPC encourages all EMS Medical Directors to take the course, which has been approved for 12 hours of Category I CME. Idaho-specific content will be added to the course in the near future. To take the course you may access the site directly at www.MedicalDirectorOnline.org or through www.NAEMSP.org. If you encounter any problems please contact Dean Neufeld at 208-799-4390 or NeufeldD@dhw.Idaho.gov

❖ **Spinal Immobilization and the EMR:**

Commissioner Sivertson, Idaho Hospital Association, moved to change spinal immobilization at the EMR level to an optional module (2OM). The optional module for the EMR is intended to bring the EMR to the same level of competency as the EMT for spinal immobilization. Seconded by Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter. Motion passed unanimously. This action ensures that an EMR will be able to initiate neck and spinal precautions independently and not just while assisting an EMT or higher level of provider. While the training for these skills must still meet or exceed future state-wide training standards, responsibility for the verification of training and competency now resides at the local level. In other words, since this is an optional skill, spinal immobilization will not be included in state certification/licensure exams.

❖ **Airway Management Data Collection:**

The EMSPC has temporarily suspended its requirement for airway management data collection and submission. While the EMSPC affirmed the importance of this data, preliminary analysis of submitted records indicate that the current data collection tool is overly complex and confusing. The EMSPC intends to pilot a revised data collection tool before another attempt at state-wide implementation.