

HIGHLIGHTS of the Idaho Emergency Medical Services Physician Commission (EMSPC) SEPT 11, 2009 MEETING

ACTIONS BY THE COMMISSION:

- Adult Epi-Pen protocol was reviewed and approved to continue use with minor modifications.
- Teaching of optional module (OM) skills: the commission voted to recommend allowing medical directors to instruct all OM skills or designate instructors (RT, RN, PA, etc) for Paramedic OM skills. Optional Modules below the Paramedic level may be taught by a current state certified instructor(s) who already teach and test these skills.
- Scope of Practice Optional Educational Modules (OM) are in the final stages of submission. It is the goal of the Commission to make the Optional Modules available as quickly as possible. In order for an agency to implement an optional module, the agency will have to submit information regarding the optional module every year with their license renewal application. The EMS Bureau will develop the report to be used by OM agencies. The report will include: Date initiated OM, providers who are using the OM, as well as the number of times the skill was used. Agencies will be notified up front that there is a reporting requirement to maintain the respective OM.
- The EMSPC 2009-3 Standards Manual was approved and in effect as of October 1, 2009. A few minor grammar changes were made along with definition clarifications. EMR Extremity Splinting is now a 2,OM with no "grandfather" component which means that when the curriculum becomes available it can only be implemented by those agencies whose medical directors elect to allow the skill.
- There is still concern within the EMS community regarding what is an "emancipated minor". The Commission voted to request a definition from the Attorney General's office regarding this subject in order to help EMS providers appropriately care for the patient who is less than 18 years of age.

ONGOING DISCUSSION ITEMS:

- Statewide patient care protocols: Initial discussion about developing standardized protocols that would be used by all EMS agencies. This would allow EMS providers across the state to know what their protocol would be anywhere within the state. Agencies, if desired, would apply to the Commission for variations. A committee will be developed to discuss this further and bring to the body of the Commission at the next meeting.
- Pediatric Patient Care Treatment Guidelines were discussed and proposed Pediatric Guidelines will be presented at the next meeting.
- Medical Supervision Plan (MSP) is a required element for agency licensure. It has specific elements which are intended to be a useful tool to help local medical directors and agencies develop an appropriate deployment of personnel and assets. An RFI (Request for Information) will be posted in order to develop a program to help agencies improve the development of their plans. This will be brought to the Commission for review at the next scheduled meeting.
- Planned Deployment of EMS personnel within an agency's or system's impact area will continue to be discussed at the next meeting. This discussion is in conjunction with the Bureau's current rule making process for agency licensure.
- The Airway Management Data Collection Tool is in its final testing phases and will be presented at the next scheduled meeting.