

HIGHLIGHTS of the
Idaho Emergency Medical Services **Physician Commission** (EMSPC)
November 18, 2011 Meeting

- Removal of AEMT Orotracheal Intubation as an OM (optional module) skill

The Commission voted to remove Orotracheal Intubations as an option module skill from the AEMT scope of practice at their September 16, 2011, meeting. This topic was discussed again at the November 18th meeting and the decision was confirmed. AEMTs will no longer be allowed to perform orotracheal intubation when the 2012-1 EMSPC Scope of Practice becomes effective July 1, 2012.

- Discontinue Airway Management Data Collection

In accordance with Section IX of the 2010-1 EMS Physician Commission Standards Manual, effective January 1, 2010, all EMS providers who attempt intubation on a patient in Idaho while responding with an Idaho-licensed EMS agency must submit data. Due to changes in Department of Health and Welfare policy, the electronic Airway Management Data Collection Survey posted on the EMSPC website is no longer available. Providers and agencies will be notified if data collection is reinstated.

- Effective date for 2012-1 Standards Manual with new Scope of Practice Grid will be July 1, 2012

Providers are to follow the scope of practice grid line that corresponds to their level of licensure. When providers have taken the transition or new curriculum course, have received their new license at the new 2011 curriculum levels, and are credentialed by their medical director, they may follow the new level scopes of practice according the direction of their medical director after July 1, 2012.

- BLS to ILS Transfer of Care during Transition

During the scope of practice transition, providers will have different scopes of practice according to their license level (old scope versus new scope). Therefore, it is incumbent on the medical directors and providers to make sure that the receiving provider can provide equal to or same level of care as the transferring provider. Skip the titles; can the receiving provider do what needs to be done, is it in their scope? Medical directors may have to turn off some skills until everyone gets up to speed. A skill may be in the BLS provider's scope, but cannot be used because the rendezvousing ILS service cannot support that skill.

- EMR Hemorrhage Control – Tourniquet

Hemorrhage Control – Tourniquet will become a floor skill for new curriculum EMR-2011s and 2,OM for old curriculum EMR-94s after July 1, 2012.

- Impedance Threshold Device

Should Impedance Threshold Device remain part of the scope of practice as an optional module? *This topic will be discussed at the February 10, 2012, meeting.*

- Automated Transport Ventilators (ATV)

EMT-2011s and AEMT-2011s will be allowed to use ATVs for non-intubated patients only. This means they will only use the vent that attaches to a mask so they do not have to use hand squeezing. Only Paramedics can use an ATV for intubated patients. (Lines 47 and 48 of the Scope of Practice Grid)

- Optional Module Reporting Requirement

The PERCS reporting requirement for optional modules has been temporarily relaxed: “If an agency has not been able to obtain export validation, they must report optional module data by July 31st of each year on the Excel OM Reporting Spreadsheet provided by the EMS Bureau. This method of reporting shall expire July 31, 2014.” (2012-1 EMSPC Standards Manual, Section VIII. 1. Page 14)

This means that agencies who previously could not qualify for optional modules because of report validation problems can apply for optional module approval now, do the training, and when the 2012-1 EMSPC Standards Manual becomes effective July 1, 2012, they can then use those optional modules. Their optional module use will be reported annually to the EMS Bureau via the Excel OM Reporting Spreadsheet by July 31 of each year until 2014 when the progress with valid reporting will be reevaluated.

- Issues and Options being considered for the EMT-2011 / AEMT-85 situations:

- **EMT-2011 transferring care to the AEMT-85**
- **Allow an AEMT-85 to take the EMT-2011 Transition Course to acquire the missing skills but remain as AEMT-85. This would require a dual license.**
- **EMT-2011 use of Supraglottic Airway and IV as Optional Modules. If approved, would this carry additional continuing education requirements at the EMT-2011 level?**
- **If an AEMT-85 reverts to EMT-2011 by taking the EMT-2011 Transition Course and if EMT Supraglottic Airway and IV optional modules are approved, these reverting AEMT-85s would qualify for the optional modules without additional training.**

We hope you will read the minutes for a few details of this continuing discussion. *This discussion will continue at the February 10, 2012, meeting.*

- Operationally Specific Scopes of Practice for Special Teams including Over the Counter Medications

This topic will be discussed at the February 10, 2012, meeting.