

IDAHO EMSPC MEETING MINUTES

November 16, 2012

A meeting of the Idaho Emergency Medical Services Physician Commission (EMSPC) was held on this date at Ada County Paramedics, 370 N. Benjamin, Boise, Idaho, 83709.

Members Present:

Curtis Sandy, M.D.
James Alter
Keith Sivertson, M.D.
Murry Sturkie, D.O.
Veronica Mitchell-Jones

Member's Position:

State Board of Medicine
Citizen Representative
Idaho Hospital Association
American College of Emergency Physicians, Idaho Chapter
Citizen Representative

Members Absent:

Eric Chun, M.D.
Mark Urban, M.D.
Maurice Masar, M.D.

Member's Position:

Idaho Fire Chiefs Association
American Academy of Pediatrics, Idaho Chapter
Idaho Association of Counties

Vacant Seats:

American College of Surgeons Committee on Trauma
Idaho EMS Bureau
Idaho Medical Association

Others Present:

Barb Clark
Bill Arsenault
Brian Cresto
Chris Stoker
David Jackson
Dennis Godfrey
Dean Neufeld
Diana Hone
Jan Peterson
Jill Hiller
Kevin Bollar
Kody Dribnak
Mark Babson
Mark Zandhuisen
Mary Anne Pace
Matthew Nelson, M.D.
Melanie Skiftun
Mikel Walker
Paul Johns, M.D.
Season Woods
Troy Hagen
Wayne Denny

Other's Position:

Boise Fire Department
Wildland Fire Control & Rescue Services / USFS
Boise National Forest
Idaho EMS & Preparedness Bureau, EMS Section Manager
Nampa Fire Department
Caribou County EMS
Idaho EMS & Preparedness Bureau Licensing Supervisor
Idaho EMS & Preparedness Bureau Records Lead
Idaho Bureau of Land Management
Cascade Rural Fire & EMS
INL Fire Department
Idaho EMS & Preparedness Bureau Field Coordinator
Ada County Paramedics
Bonner County EMS
Ada County Paramedics
East Boise County Ambulance Dist / Wilderness Ranch FPD
Donnelly Fire
Madison County Ambulance
INL Fire Department
Idaho EMS & Preparedness Bureau Field Coordinator
Ada County Paramedics
Idaho EMS & Preparedness Bureau Chief

Chairman Sturkie called the meeting to order at 9:20 a.m.

As directed at the last meeting, notifications were sent out to all providers regarding the Commission's position on the new concussion law and a reminder about the parameters for proving EMS as a licensed provider. These brief e-mails generated quite a bit of communication from agency administrators and providers, therefore, follow-up discussion of these issues were added to the beginning of the meeting agenda.

***Clarification of September 14, 2012, position statement regarding new law:
Idaho Code § 33-1625. Youth Athletes – Concussion and Head Injury Guidelines
and Requirements***

Chairman Sturkie explained that clarification was requested as to the extent of the restriction regarding "return to play authorization" in the Commission's position on the concussion law. Stakeholders felt it was too vague. Commissioners reviewed their position statement concerning the new law regarding youth athletes with head injuries, specifically Section 5 of Idaho Code § 33-1625:

(5) An athlete may be returned to play once the athlete is evaluated and authorized to return by a qualified health care professional who is trained in the evaluation and management of concussions. For the purposes of this section, "qualified health care professional" means and includes any one (1) of the following who is trained in the evaluation and management of concussions:

- (a) A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;
- (b) An advanced practice nurse licensed under section 54-1409, Idaho Code; or
- (c) A licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code.

September 14, 2012, EMSPC meeting: “The position of the EMS Physician Commission is that the Scope of Practice does not allow EMS providers to authorize “return to play” following the performance of any assessment.”

This position statement was specifically responding to the concussion law recently passed. The intent was to make it clear that EMS providers are not included in the “qualified health care professionals” “who are trained in the evaluation and management of concussions”. Furthermore, EMS providers do not have training or authority to declare any player fit for return to play after assessment of any injury; that is up to the coach, athletic trainer, or on scene physician. EMS providers perform the skills in their scope of practice and determine whether a player needs to be transported to a hospital for further evaluation and treatment. They do not authorize return to play. Commissioners felt the statement was correct as stated in the September minutes and hope this clarification will be beneficial.

Commissioner Sivertson again expressed his concern that supervising physicians do not realize how far their liability exposure is being stretched if EMS providers do not understand the restrictions of their EMS license. Coaches must not rely on EMS providers to authorize return to play.

Clarification: EMS providers functioning as volunteers, contracting to do stand-by, or other services outside their agency medical supervision

The Bureau of EMS & Preparedness has received numerous responses to the email that was recently distributed throughout the state regarding medical supervision and the ability to provide EMS as a licensed provider. The EMS Physician Commission (EMPC) met and worked together with the Bureau to compile a more detailed, comprehensive summary of the current requirements to safely provide EMS in Idaho. A copy of this document entitled *Providing EMS in Idaho* is attached or can be found by visiting the EMPC homepage at www.empc.dhw.idaho.gov.

Commissioner Sivertson noted that the Commission has had many lengthy discussions about an EMS provider's license being tied to their agency for liability under the supervision of their medical director. This discussion could be revisited; but as it stands, if an organized event requires an individual to represent themselves as an EMS provider to participate, then their agency needs to be aware of it. They would then have medical supervision for that activity through their agency. If they hold themselves out (represent themselves) as a "volunteer or first aider," the state is not involved. But if they hold themselves out (represent themselves) as an "EMT," they must follow the restrictions of their license which includes medical supervision.

Bureau Chief Wayne Denny wants to make it clear that this is a matter of liability for the providers. They have *no protection* if they are not operating under their agency's medical supervision.

Dennis Godfrey expressed concern that the medical directors do not understand this fully either. They need to know the full impact when considering what to allow through their medical supervision plan.

Commissioner Sivertson suggested that a future agenda item might be to look at some sort of liability protection for medical directors. ICRIMP will add a rider onto a county's policy for the EMS medical director. This is not done automatically, however. There is no charge, but you have to request it. Dean Neufeld noted that the medical directors are covered under the liability clause in Chapter 10 Title 56 along with the providers and agency.

Approval of Minutes from 9-14-12

Commissioner Alter, Citizen Representative, moved and Commissioner Mitchell-Jones, Citizen Representative, seconded the motion to accept the draft minutes as submitted. Motion passed unanimously.

EMS Bureau Reorganization Announcement

Bureau Chief Wayne Denny announced that the Bureau was recently reorganized and is now called the Bureau of Emergency Medical Services & Preparedness. The Preparedness Section came over from another bureau in the Division of Public Health that was dissolved. They work closely with the EMS State Communications Center already and it seems to be a great fit. The Preparedness Section does hospital preparedness, public health preparedness, and a tremendous amount of work with the health districts.

Medical Director Education Subcommittee Report

The Commission should have enough money in their budget to hold two workshops in the spring. Locations and dates will be firmed up before the next meeting.

Medical Supervision Plan (MSP) Subcommittee Report

The subcommittee was asked at the September commission meeting to draft possible questions that could be used during the annual agency inspections to stimulate discussion regarding medical supervision and to try to identify areas where the Commission could possibly help medical directors with their MSPs. These topics could be incorporated in the Medical Director Education Workshops. Subcommittee Chair, Commissioner Masar, was not able to attend this meeting, but he submitted his suggestions via e-mail. Commissioners discussed Commissioner Masar's suggestions and settled on two questions:

- What are the challenges you have experienced with your medical supervision or medical supervision plan?
- Show us how you track credentialing of your personnel. Please provide several examples.

Community Health EMS

Bureau Chief Wayne Denny explained that nationally Community Paramedicine is now being called Community Health EMS to encompass more than just paramedics. Wayne invited Troy Hagen and Mark Babson to explain the community paramedic program Ada County Paramedics has implemented. He wanted the Commission to start thinking and learning more about Community Health EMS so they can begin exploring the possible need for change in the regulatory structure or scope of practice as this topic becomes more prevalent.

EMT 2011 Optional Module Training

The Bureau has been working toward implementing the EMT-2011 optional module training and developed a process for approving curricula through the EMS Advisory Committee (EMSAC) Education Subcommittee. The Bureau wanted to review the process with the Commission to make sure it is on track with what the Commission intended. Agencies that want to adopt these optional modules would provide their curricula to the EMSAC Education Subcommittee to be reviewed and approved by them. The Bureau would then maintain a list of the approved curricula that could be used by others. Therefore, any agency that wants to develop the education could; but agencies that may not have the resources to do this, could use curricula developed by others from the approved list.

Optional modules are tracked at the agency level, not by the Bureau. The additional continuing education (CE) requested by the Commission for these EMT-2011 optional modules will be tracked by the agency and is not something that will be submitted to the Bureau for license renewal. The Bureau may audit the agency or the provider's records, as part of a random or targeted audit, to get the documentation for the additional CEs required for these optional modules when needed.

In the past, the educational guidelines from the higher level were extracted and brought down to develop the training for the optional module at the lower level. It was agreed that this same standard should be followed for these optional modules. Providers need to understand the device, but they also need the background cognitive education. Commissioner Sandy urged that the training be

realistic. Chairman Sturkie stated that the provider has to have enough knowledge base to understand what they are doing, why, and when they should apply it.

Commissioner Mitchell-Jones feels the optional module standards are very inconsistent. She asked if some sort of on-line CE training could be developed, which would then be required on CentreLearn, with the medical director being responsible for skills verification. She is not feeling comfortable with the free-for-all and feels there is a need for something that is consistent. Commissioner Sandy commented that, because of manpower shortage, it took three (3) years to get the existing OM training and it would not be acceptable to wait three (3) years again for these new OMs.

Commissioners agreed that allowing the EMSAC Education Subcommittee to review and recommend curriculum approval for the EMT-2011 optional modules was the way to go.

Statewide Protocols & Procedure Subcommittee Report

The subcommittee met again the first week of November. The content is complete but the final formatting is still in process by the Bureau. It is hoped they will be ready for distribution at the February meeting.

Commissioners discussed the need for the colors in the legend to be identifiable in black and white, since most agencies will not print them in color. Contracting with a company to print them as a 2 ring pocket field guide was discussed. It would be nice if agencies could contact this printer to get the group rate and possibly be able to add their own pages as well. This will be explored.

Commissioners want the protocols and procedures sent to agencies as a pdf and Visio file on a CD so they can work with them, as well as having them posted on the website. The possibility of posting them on the Paramedic Protocol Provider app for android and iPhones is still on the back burner also. The process for allowing agencies to submit suggestions for changes will need to be finalized at the February meeting.

Wildland Fire

Commissioners continue to discuss the need for medical supervision on wildland fires, scope of practice issues, narcotics coming into the state with paramedics that are not monitored, various conflicting state requirements across the country, federal employees versus private contractors, medical unit medicine versus fire line EMS, the need for inter-state compacts, etc.

It had been suggested that the Commission develop a checklist for wildland fire medical directors to use in Idaho, listing the things they need to know and what they need to have arranged to be a wildland fire medical unit. Bill Aresenault said he would supply the subcommittee with a copy of the check list he uses.

Commissioner Sandy encouraged more in-state involvement. He feels that if Idaho could build a wildland fire cadre and provide medical supervision we would not have to bring providers in from out of state.

Commissioner Sivertson stressed the need to require any fire camp medical unit to have an identified supervising physician. If something goes awry with a patient, we should be able to trace it back to the responsible physician.

The National Wildfire Coordinating Group (NWCG) *Clinical Treatment Guidelines for Wildland Fire Medical Units*, which were developed by the NWCG Incident Emergency Medical Subcommittee (IEMS), were released in July 2012 and were available for review. IEMS chair, Jan Peterson, explained the role and focus of IEMS. IEMS puts together products like the clinical guidelines and takes them to the fire directors at the National Interagency Fire Center (NIFC) for approval. After the fire directors adopt our recommendations, they take them back to their agencies where they put them into place. For instance, Idaho Bureau of Land Management (BLM) did a cover letter that said they accepted the NWCG clinical guidelines as BLM policy.

The National Association of State EMS Officials (NASEMSO) has a subcommittee working on interstate compacts and one working on wildland fire. Bureau Chief Wayne Denny was recently named the subcommittee chair for the wildland fire group.

Chairman Sturkie asked the EMSPC Wildland Fire Subcommittee to bring specific ideas or items that the commission needs to act on to the February meeting. He also asked Wayne to keep the EMSPC informed of the NASEMSO progress.

2013 Standards Manual Final Review

No further changes were made to 2013-1 Standards Manual. The draft will be posted on the website. It will go before the 2013 Legislature and become effective July 1, 2013, if approved.

Approve Pending Rule Docket for 2013 changes.

Commissioner Sivertson, Idaho Hospital Association, moved to approve Pending Rule Docket 16-0202-1201 for 2013. Commissioner Alter, Citizen Representative, seconded. Motion passed unanimously.

Upcoming meeting changes

Due to a conflict with the EMS Advisory Meeting (EMSAC), the February meeting was changed to Wednesday, February 6, 2013.

To help alleviate Bureau overload in September during personnel license renewal and to keep the meetings on a quarterly basis, the September meeting will be moved to August 9, 2013.

Commissioner Alter, Citizen Representative, moved to adjourn. Commissioner Sivertson, Idaho Hospital Association, seconded.

Adjourned at 3:24 pm

Murry Sturkie, Chairman
Idaho Emergency Medical Services Physician Commission



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C. L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

WAYNE DENNY – Bureau Chief
EMERGENCY MEDICAL SERVICES & PREPAREDNESS
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 1-877-554-3367 FAX 208-334-4015

Shipping/Physical Address (FedEX/UPS/DHL/Walk in only)
650 W State St, Suite B-17, Boise, ID 83702

January 15, 2013

EMS Providers,

The Bureau of EMS & Preparedness has received numerous responses to an email that was recently distributed throughout the state regarding medical supervision and the ability to provide EMS as a licensed provider. The EMS Physician Commission (EMPSC) met and worked together with the Bureau to compile a more detailed, comprehensive summary of the current requirements to safely provide EMS in Idaho.

The laws and rules that govern the provision of EMS in Idaho require that the following three conditions be met:

- 1) Hold a current EMS personnel license issued by the State of Idaho;
- 2) Affiliated with and authority to act granted by an EMS agency licensed by the State of Idaho;
- 3) Credentialed and supervised by a physician medical director licensed by the State of Idaho.

EMS personnel who meet all three of these conditions are granted protection from civil liability, so long as they do not act in a grossly negligent manner (Idaho Code 56-1014).

For scenarios that don't meet the conditions above, it is important to differentiate between what is considered a professional EMS response and acting as a Good Samaritan.

Professional EMS Response: When an EMS agency is licensed they are required to have a deployment plan that is approved by the state and the agency's medical director. This plan defines a geographical response area and a dispatch plan to respond to calls within that area. Providers are purposefully scheduled, staged, and equipped by the agency to respond to emergencies. They are protected from liability because they are individually licensed and are responding under the agency's jurisdiction with the responsible supervision of a physician. These providers may represent themselves as licensed EMS personnel. As part of a professional response, EMS personnel must also function in accordance with statutes and rules adopted by the Department of Health and Welfare (IDAPA [16.01.07](#), [16.01.12](#), [16.02.03](#) and [16.05.06](#)) and the EMS Physician Commission ([16.02.02](#)). Variance from those rules can result in losing protection from civil liability ([56-1014](#)) and possibly criminal or administrative license action ([54-1804](#) and IDAPA [16.01.12](#)).

Good Samaritan: Happening upon an injured person outside of the parameters established in your agency's deployment plan places you in the position of a Good Samaritan. In these situations, you may have immunity from civil liability according to the conditions set forth in Idaho Code [5-330](#), [5-333](#) and [5-337](#). Anyone can offer and provide first aid in these scenarios; the practice of first aid is not regulated or defined in statute or rule and does not require any type of licensure, agency or medical direction.

The complete EMS Act statutes are found at [56-1011](#) through 56-1023.

While the preceding paragraphs are not intended to provide legal advice, we hope it will help guide some of your decisions in your personal and professional EMS pursuits. The following questions and responses provide examples of common situations presented by licensed EMS personnel:

1) Q. If I come upon a crash scene within my agency's boundaries but I am off duty, can I still stop and treat the victims?

A. Yes. Anyone can provide first aid. Further, the EMSPC requires that EMS medical directors identify what providers should do if they discover the need for EMS when not on duty. These guidelines should be included in your agency's medical supervision plan.

2) Q. If I come across a crash scene outside my agency's response area should I not stop and help?

A. Stopping and helping is a personal decision. Just as in question 1, the EMSPC requires that EMS medical directors approve the manner in which EMS providers administer first aid or emergency medical attention. If you identify yourself as an EMS provider, you are required to act under the medical supervision plan and deployment plan of your agency. If you do not identify yourself as an EMS provider, you are only allowed to provide first aid and CPR as a Good Samaritan.

3) Q. I often volunteer as an EMS provider for local events (sports, fairs, races and festivals). Do I need permission from my agency and medical director to volunteer as an EMS provider when off duty?

A. Yes. If you advertise or represent yourself as an EMS provider in any situation, you must operate under your agency deployment plan as approved by the agency medical director. This protects you from civil liability (Idaho Statute 56-1014). Event standby is not considered Good Samaritan because you have purposefully been deployed to provide EMS. EMS providers are not independent practitioners; they may only advertise or provide EMS as members of a licensed EMS agency in a manner approved by the agency's medical director.

4) Q. I've volunteered to run the first aid counter at a local scout camp for years. Do I need permission from my agency and medical director to provide volunteer first aid?

A. No. If you do not advertise or represent yourself as an EMS provider, you can provide basic first aid and CPR as a volunteer. If you identify yourself as an EMS provider or if being an EMS

provider is part of your job description, then you would need to function as part of a licensed EMS agency's deployment plan approved by the agency medical director (see question 3). You should consult your own legal advisor about your potential liability in acting as a first aid volunteer.

5) Q. If part of our crew wanted to deploy an ambulance to a wildland fire, what permissions would need to be in place?

A. This question can be answered in multiple ways:

- 1) If the fire was within your agency's response area, then no other arrangements would be necessary.
- 2) If the fire is outside of your agency's response area, but a mutual aid agreement exists between your agency and medical director and the agency and medical director whose jurisdiction contains the fire area, you may provide assistance in accordance with the agreement.
- 3) The agency can develop a planned deployment to the fire which would be approved by the agency's medical director. This includes coordination with the organization and medical director that are already providing services for the particular incident.
- 4) The crew can become affiliated with a licensed agency that is already providing services for the particular fire; this would include being credentialed by their medical director.

6) Q. Because we are licensed by the state, can't we practice anywhere within Idaho?

A. Remember, in order to be protected from liability you must be affiliated and authorized by a licensed agency and under the supervision of a medical director. You are protected as long as you are responding in accordance with your agency's deployment plan and medical supervision plan.

7) Q. I am part of the Medical Reserve Corps; what would I do in a national emergency?

A. You can be part of this group and respond under their authority. Disaster declarations and responses are regulated separately from EMS and create some exceptions to EMS regulations during a disaster.

8) Q. As an EMT in Idaho, do I have a duty to act?

A. No. Idaho EMS providers do not have a duty to act as a Good Samaritan. That is your choice. However, you are expected to provide EMS when scheduled, staged, or dispatched to a scene or event by your licensed EMS agency under medical supervision.



Wayne Denny
Bureau Chief