

## 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-FR95

<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"/> Hemorrhage Control Tourniquet	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

#### 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		

#### EMTB-94

<input type="checkbox"/> 12-lead EKG Data Acquisition	2,OM	<input type="checkbox"/> Acetylsalicylic acid (Aspirin) for suspected cardiac chest pain only	OM
<input type="checkbox"/> Blood Glucose Monitoring	2,4,OM	<input type="checkbox"/> CO Oximetry	2,4,OM
<input type="checkbox"/> Epinephrine (Adrenaline)	2,4,OM	<input type="checkbox"/> Glucagon	2,4,OM
<input type="checkbox"/> Impedance Threshold Device	OM	<input type="checkbox"/> Intramuscular (IM)	2,OM
<input type="checkbox"/> Pelvic Immobilization Device	OM	<input type="checkbox"/> Pulse Oximetry	2,OM
<input type="checkbox"/> Subcutaneous Injection	2,OM	<input type="checkbox"/> Taser Barb Removal	OM
<input type="checkbox"/> Vaccine Administration	5,OM		

#### EMT-2011

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

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

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

 Date

## ILS or higher agency license

### AEMT-85

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

### AEMT-2011

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

## ALS or higher agency license

### Paramedic-2011

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

### 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		

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.

Received	Processed	Verification checks
		- MD Signature - Agency license level - PERCS Compliance

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

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

Date