Summary of Changes
EMSPC Rules & Standards Manual

Effective date of new rule, standards manual and scope of practice is July 1, 2024.

IDAPA 16.02.02 – Idaho EMS Physician Commission

200. EMS MEDICAL DIRECTOR, HOSPITAL SUPERVISING PHYSICIAN, AND MEDICAL CLINIC SUPERVISING PHYSICIAN QUALIFICATIONS.

Added:

02. Completion of Medical Director Training. Complete any required Medical Director training within 1 year of appointment.

400. PHYSICIAN SUPERVISION IN THE OUT-OF-HOSPITAL SETTING

Added:

03. Education of EMS Medical Director. Medical director must complete mandatory education required by the EMSPC.

500. PHYSICIAN SUPERVISION IN HOSPITALS AND MEDICAL CLINICS.

Change: Change section title to **500. EMS PERSONNEL PRACTICE IN HOSPITALS AND CLINICS**.

Change: Removed 7 subsections to simplify into 2 subsections under the new section title.

Removed:

02. Level of Licensure Identification
04. Notification of Employment or Utilization
05. Designation of Supervising Physician
06. Delegated Medical Supervision of EMS Personnel
07. Direct Medical Supervision by Physician Assistants and Nurse Practitioners
08. On-Site Contemporaneous Supervision
09. Medical Supervision Plan

Change: Updated and renumbered 03. Credentialing of Licensed EMS Personnel in a Hospital or Medical Clinic

Removed:

…by the hospital supervising physician or medical clinic supervising physician for credentialed EMS personnel and must submit the descriptions upon request of the Commission or the EMS Bureau.

Added:

…to be performed by licensed EMS personnel. Any of these acts or duties that is outside the public scope of practice for the licensed EMS personnel, the hospital has sole responsibility in training and credentialing.

02. Credentialing of Licensed EMS Personnel in a Hospital or Medical Clinic. The hospital or medical clinic must maintain a current written description of acts and duties authorized to be performed by licensed EMS personnel. Any of these acts or duties that is outside the public scope of practice for the licensed EMS personnel, the hospital has sole responsibility in training and credentialing.

Section IV Out-Of-Hospital Supervision - EMS Medical Director Qualifications, Authority and Responsibility.

The EMS medical director must:

Removed:

Current EMSPC approved courses include: full NAEMSP National EMS Medical Director's Course and Practicum or the Guide for Preparing Medical Directors sponsored by the Critical Illness and Trauma Foundation.

Added:

Approved courses include the full NAEMSP National EMS Medical Director course and practicum or NAEMSP Fundamentals of Medical Oversight course.

6. If not previously completed, all current and new Medical Directors must complete mandatory EMSPC approved Medical Director education within one (1) year or be ABEM subspecialty board certified in EMS. Approved courses include the full NAEMSP National EMS Medical Director course and practicum or NAEMSP Fundamentals of Medical Oversight course.

Section V Hospital And Medical Clinic Supervision

Removed:

1. Page 12 Except hospital supervising physician and medical clinic supervising physician authority.
2. All of pages 13 & 14

Added:

V. Hospital And Medical Clinic Supervision

The hospital supervising physician and medical clinic supervising physician are authorized to:

1. Develop a scope of practice outlining duties and acts authorized by licensed EMS personnel.
2. Development and approval of education training and skills certification training.

Appendix A. - Scope Of Practice

Changes:

Line 15/16-Combine NG and OG Gastric Decompression and re-order remaining lines (Head-tilt/chin-lift becomes 16)

Line 15-Gastric Decompression – NG/OG Tube add OM to EMT, AEMT 85, and AEMT 2011

Line 45-12 lead acquisition add OM to EMR level

Line 60-Mechanical CPR Device add OM to EMR level

Line 66-Changed Long Spine Board to Spinal Motion Restriction (SMR)

Line 68-Changed Spinal Immobilization – Seated Patient to Seated Spinal Motion Restriction (SMR)

Line 78-Add Ultrasound Guided IV Peripheral – Initiation (includes External Jugular) with OM at Paramedic level

Line 115-Add Rapid Extrication from Line 119 and remains floor skill at all levels

Line 119-Removed Rapid Extrication and re-order remaining lines (ICP Monitoring becomes 119)

Line 125-Acetylsalicylic Acid (Aspirin) for suspected cardiac chest pain add OM to EMR level

Line 128-Changed Blood Product Administration to Blood Product Administration -Initiate & add 3,OM to Paramedic level

Line 129-Changed to Blood Product Infusion Maintenance with X (floor skill) at Paramedic level

Appendix B. EMSPC Intubation Standards Non-RSI

Changes:

1. Move “Bougie” under laryngoscope blades
2. Delete “LMA/combie/King LT” and replaced with Supra Glottic Airway

Appendix C. EMSPC Intubation Standards RSI

Changes:

1. Move “Bougie” under laryngoscope blades
2. Delete “LMA/combie/King LT” and replaced with Supra Glottic Airway

Appendix E. EMSPC Interfacility Transfer Guidelines

Changes:

1. Transport Decision Matrix-blood products initiation changes to an 3OM at ALS level.
2. Removed “Chest tube with suction” Critical Care specific skill from decision matrix.
3. Modified the ALS level “Chest tube without suction” to just “Chest tube” at the ALS level.

Appendix F. EMSPC Tactical EMS Scope Of Practice

This whole section is completely new