

## EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Best Western Vista Inn, 2645 Airport Way, Boise, ID

March 13, 2003

### COMMITTEE MEMBER ATTENDEES:

Vicki Armbruster, Volunteer Third Service Member  
Stephen E Bastian, Advanced EMT Member  
David Christensen, Idaho Chapter of the American Academy of Pediatricians  
Hal Iverson, *St Alphonsus Life Flight*, Air Medical Member  
Karen Kellie, Idaho Hospital Association Member  
Mary Ellen Kelly, State Board of Nursing Member  
David Kim, Idaho Chapter of ACEP Member  
James Kozak, EMT-Paramedic Member  
Robert D Larsen, Private Agency Member  
Warren Larson, EMS Instructor Member  
Mary Leonard, State Board of Medicine Member  
Krista Merrill, County EMS Administrator Seat  
William Pyron, Consumer Member  
Murry Sturkie, DO, Idaho Medical Association Member

### COMMITTEE MEMBERS ABSENT:

Randy Cordle, Emergency Pediatric Medicine  
Dean Ellis, Idaho Fire Chiefs Association Member  
Jeff Furner, Career Third Service Member  
Hal Gamett, Fire Department Based Non-Transport Member  
Robert Korn, MD, PhD, ID Chapter of ACS Member, Committee on Trauma  
Robert W Monteith, *Rose Lake QRU*, Third Service Non-Transport Member  
Ethel Peck, *EMT*, Idaho Association of Counties Member

### VACANT MEMBER SEATS:

EMT-B and AEMT-A

### EMS STAFF ATTENDEES:

Jim Alter, EMS Regional Operations Coordinator	John Cramer, Analysis and Planning
Shana Barnes, State Communications Center	Barbara Freeman, EMS Administrative Assistant
Boni Carrell, EMS for Children	Janet Jacobs, Certification and Licensure
Douglas Carrell, EMS Regional Consultant, BOI	Dia Gainor, EMS Bureau Chief
Kay Chicoine, Analysis and Planning	Tawni Newton, Provider Resources Coordinator

### Other Attendees:

Michael McGrane, Air St Lukes	Pam Humphrey, Portneuf Life Flight
Sue Parrigin, Air Idaho Rescue	Tom Mortimer, Portneuf Lifeflight
Bonnie Burlage, Teton Valley Hospital	Greg Vickers, Portneuf Life Flight
Phyllis Giron-Weiss, Placerville Ambulance	Joe Weiss, Placerville Ambulance
Mary Lou Davis, Fremont County EMS	Ken Schwab, Teton Valley Ambulance
Larry Curtis, Teton Valley Hospital	

<b>Agenda Items</b>	<b>Discussion</b>	<b>Outcomes, Decisions, Action Items</b>
Welcome & Minutes & Housekeeping	Merrill Cornelius has retired from EMSAC.	Minutes Approved. Future Meeting Dates: June 25 & 26, 2003 September 24, & 25, 2003 December 10 & 11, 2003 March 17 & 18, 2004
Board of Medicine Issues	<p>Dia reported concerning attending Board of Medicine meeting and the issue of EMS providers working in hospitals and the Epi pen intent for use by First Responders (FR). The FRs in Idaho are non affiliated, have no training modules concerning epi-pens in the curriculum and the medical supervision section has not been updated for a long time.</p> <p>The Board of Medicine's response is that EMS providers are not recognized in the hospital setting and First Responders are capable and allowed to carry and administer epi. The Bureau has been asked to make recommendations to Board of Medicine to craft alternate medical direction rules.</p> <p>EMSAC members expressed concern about the First Responder (FR) use of the epi-pens because FRs currently have no medical direction and the FR would be making a diagnosis in the field. It is quite a different scenario for a pre-hospital care provider to give assisted medication with a reasonable assurance of on line medical direction. In Rule, FRs do not need a medical director. The Board of Medicine was very clear that the 40 hours of training that the FR receives is more than what the public receives when instructed on their medication. However, the question of medical direction for FRs was not specifically addressed.</p> <p>It was stated that there are other states who have protocols about FRs using epi-pens, but that is when FR is a general term for EMS personnel, but in Idaho, FR is a specific level.</p> <p>Other questions that were discussed were:</p> <ol style="list-style-type: none"> <li>1. EMS rules need to parallel scope of</li> </ol>	Form a task force to determine policy for medical direction to EMS personnel in hospitals. Physicians. Kim, Christensen, Sturkie. Other ad hoc physicians. Dr. Murphy, Dr. Curtis.

	<p>practice issues from Board of Medicine.</p> <p>2. Were the medical directors surveyed regarding this issue? A. A Board of Medicine physician did review medical ramifications.</p> <p>3. Q. Who is going to fund epi-pens. A. Will look to the EMS grant program.</p> <p>4. What do we tell FR units right now? The Board of Medicine was asked to hold the FR issue until a recommendation from EMSAC could be submitted for a re-consideration.</p> <p>EMS in the emergency department (ED) issue is in limbo. Biggest need for EMS is in rural hospitals. The expectations of the patient who enters ED is that they will be treated by a physician. Board of Medicine is waiting for input from EMSAC.</p> <p>EMS could be a type of support staff. Three issues:</p> <ol style="list-style-type: none"> <li>1. ED may not have an EMS ambulance service,</li> <li>2. Training purposes</li> <li>3. Transfer of patient care.</li> </ol> <p>Physician who presented the draft for consideration intended the replacement for staff shortages and not as sole, primary health provider.</p> <p>The Board of Medicine does perceive in-patient training issues. There is no intent to restrict training. Concern is the liability issue. If EMSAC and Board of Medicine endorses this issue there will be liability concerns. Need to work together.</p> <p>Q. What was requested of the Board of Medicine? Need to clarify! A. A physician from Wood River, a medical director, wrote to the Board asked for declaratory ruling about the legality of the hospital to hire EMS personnel to work in the ED. This is not a hospital that operates an EMS agency.</p> <p>Definite lack of supervision to the scenario. Don't want artificial barriers. EMS personnel</p>	
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	<p>have written protocols for medical direction procedures. Supervisor physically present in ED. This request was only for paramedic personnel.</p> <p>Core issue: The Board of Medicine is opposed to EMS personnel practicing in the ED without direct physical physician supervision.</p> <p>What is the definition of supervision? That is what the Board of Medicine is waiting for from EMSAC.</p> <p>Differentiate between EMS personnel operating in the ED and individuals holding EMS credentials but trained for hospital defined position.</p>	
TRAC	Sub-committee of EMSAC that will be bringing regular reports.	
EMT-I Task Force	Compare Existing EMT-I State Programs	<b>Motion</b> to accept the report passed.
EMSC	<p>Christensen: Seat belt use data by Ginger Franks-Floerchinger states that Idaho's seat belt use is less than the national average and there is higher mortality. Requested characteristics of ideal seat belt law. Provide information to Legislators. Individuals need to let their voice be heard.</p> <p>Presented Guidelines: Pediatric is included as a separate group for education and specific reference. Made some minor revisions. Recommend that pediatric guidelines be approved as amended. Roll out with Basic protocols. Guidelines are very much appreciated. Clinical expertise reflected in the document should be viewed as an asset.</p> <p>Practice exam stations are not specific to any states' protocols or guidelines. One is to evaluate appropriateness of care, the other is to guide practice in a defined scope of practice. They don't match up exactly, but the student following the guidelines will not fail the exam.</p> <p>There was interest in pediatric pocket field guide.</p>	<p><b>Motion:</b> Pediatric Support Guidelines approved as amended for implementation under the direction of each agency's medical director. Seconded and Passed.</p> <p>Method: Electronic? Need a roll out plan for Basic and Pediatric Guidelines. Send out simultaneously.</p>

<p>Licensure Sub-Committee</p>	<p>AEMT-A Pilot Discussion</p> <p>What will the Bureau do at the end of the pilot? What will the final product look like? Both pilots are similar. If there is need and interest of enhanced medication administration, there needs to be an evaluation of the EMT-I program. Kellie: There is a need for narcotic administration in certain emergencies. Idea of a long -term strategy is appealing.</p> <p>This pilot may help define what is workable for rural Idaho? Might help define EMT-I in Idaho. Interesting to compare EMT-I training suggestions with this pilot.</p> <p>Long term plan. Will this pilot give enough information to implement statewide? Will there be enough volume?</p> <p>What will happen to the advanced EMTs with expanded scope of practice at the end of pilot? Migrate to EMT-I?</p> <p>Dia asked whether Fremont would provide data for the purpose of evaluation for future EMT-I programs and allow the Bureau to assist with the evaluation tool? Dr. Curtis agreed.</p> <p>Need to have Board of Medicine approval as well. Have a plan in place to meet the agency and Bureau objectives.</p>	<p>Motion: Gooding pilot will be reviewed and Bureau will report back. Seconded.</p> <p>Same data and evaluation expectations as Fremont? Need to check with the original approval by Board of Medicine. Not a time limitation with the Gooding approval.</p> <p><b>Motion:</b> Fremont pilot with modifications and evaluation data collection elements approved. Forward to Board of Medicine. Seconded and passed.</p>
<p>Air Medical</p>	<p>Recommended Elements of Pre-hospital Air Medical Dispatch Protocol</p>	<p><b>Motion:</b> Approve distribution to Idaho public service dispatch entities, EMS agencies, medical directors, ERs as a resource in developing local policy. Seconded and passed.</p> <p>Report accepted.</p>
<p>Disciplinary Sub-Committee</p>	<p>When the criminal history unit was consolidated, they waived the fee for volunteers, but later rescinded. CHU has 9 locations statewide compared to EMS Bureau's 5 locations.</p>	<p>Report accepted.</p> <p><b>Motion:</b> Recommendation from EMSAC to have Chair write a letter to Administrator of Division of Health regarding level of service from CHU. Passed.</p>

Grants Sub-Committee	<p>The training grant fund are the only general funds from the state. Budget cuts affected these funds this year. \$11,400 cut last year.</p> <p>Might ask the sub-committee to act as a sounding board and meet before June for the RAED awards.</p> <p>Applications are being accepted by the Federal Government.</p> <ul style="list-style-type: none"> <li>▪ Fire Act Grant (\$750 Million).</li> <li>▪ Homeland Security – SHSGP, fixed allocation to every state, training, equipment, planning and exercises. Idaho \$8.5 million. Did the governor receive the notification? Who did the governor name as the state contact?</li> <li>▪ HRSA – Bioterrorism. Has EMS and trauma priority categories.</li> </ul>	Report accepted.
Education Sub-Committee	<p>Reviewed nine adult guidelines that needed revision. Ready for distribution. Will be rolled out with Pediatric guidelines.</p> <p>Distribution and roll out plan may involve training to point out differences between old and new guidelines.</p>	Report accepted.
New Business: Run Report Compliance	<p>Challenge in purchasing new versions of software including the Idaho data elements.</p> <p>HIPPA Regulations: State policy can't advise agencies. Will look for a generic HIPPA statement to print on the PCR forms. (May not be in the near future).</p> <p>Trauma Registry may need revisions to the PCRs form and it will be given a current date at that time.</p>	
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