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## **22.01.06 - RULES FOR EMS PERSONNEL**

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**IDAPA 22  
TITLE 01  
Chapter 06**

**22.01.06 - RULES FOR EMS PERSONNEL**

**000. LEGAL AUTHORITY.**

Pursuant to the provisions of Title 54, Chapter 18, Idaho Code, and pursuant to Idaho Code, Section 39-145, the Idaho State Board of Medicine is authorized to promulgate these rules. (7-1-97)

**001. TITLE AND SCOPE.**

The Idaho State Board of Medicine is authorized to define the allowable scope of practice and acts and duties which can be performed by persons certified as emergency medical services personnel by the Department of Health and Welfare Emergency Medical Services Bureau and to define the required level of supervision by a physician. (7-1-97)

**002. -- 009. (RESERVED).**

**010. DEFINITIONS.**

The applicable definitions are those set forth in Idaho Code Section 39-140. (7-1-97)

**011. SCOPE OF PRACTICE.**

- 01. General Duties. General duties include the following: (7-1-97)
  - a. All certified emergency medical services personnel may only provide emergency medical services. (7-1-97)
  - b. Such emergency medical services must be rendered under the responsible supervision and control of a physician licensed in Idaho. (7-1-97)
  - c. An Advanced EMT-A and EMT-P may not act without the written or oral authorization of a physician licensed in Idaho. (7-1-97)
  - d. EMS personnel except for the certified first responder must maintain active affiliation with a licensed emergency medical service in order to perform emergency medical services. (7-1-97)
  - e. EMS personnel may not perform a task or tasks beyond their competence and training. (7-1-97)
  - f. EMS personnel may not furnish medications to any person other than for the purpose of rendering emergency medical services. (7-1-97)
- 02. First Responder. First responders may perform the following acts and duties: (7-1-97)
  - a. Obtain vital signs; (7-1-97)
  - b. Obtain a medical history; (7-1-97)
  - c. Assess mechanism of injury; (7-1-97)
  - d. Assess nature of illness; (7-1-97)
  - e. Perform an initial (primary) patient assessment; (7-1-97)
  - f. Perform a detailed (secondary) physical examination; (7-1-97)
  - g. Perform patient reassessments; (7-1-97)
  - h. Perform manual techniques to assure a patent airway; (7-1-97)

- i. Insert airway adjuncts in the oral and nasal cavity; (7-1-97)
- j. Provide ventilatory support for a patient; (7-1-97)
- k. Attempt to resuscitate a patient in cardiac arrest and provide post-resuscitative care; (7-1-97)
- l. Use of oxygen delivery system components; (7-1-97)
- m. Provide treatment for a patient in respiratory distress or experiencing chest pain-discomfort; (7-1-97)
- n. Provide care for external and internal bleeding, hypoperfusion (shock), a penetrating chest injury, soft tissue injury, open abdominal injury, impaled object, or an acute amputation; (7-1-97)
- o. Provide care to a patient with an altered mental status, a history of diabetes, experiencing a seizure, having an allergic reaction, possibly exposed to a poisoning, suspected of overdosing on a substance, experiencing a behavioral problem, or has been exposed to cold or heat; (7-1-97)
- p. Provide care to a patient who is involved in a near-drowning incident, has been bitten or stung by an animal or insect, sustained a burn injury, has a suspected head or spinal injury, and has a painful, swollen, deformed extremity; (7-1-97)
- q. Provide care for the obstetric and the gynecological patient and assist with the delivery of an infant; (7-1-97)
- r. Cardiac defibrillation utilizing a semi-automated external defibrillator; and (7-1-97)
- s. Extricate a patient from entrapment. (7-1-97)
- 03. Emergency Medical Technician-Basic. An EMT-B may perform the following acts and practices: (7-1-97)
  - a. All scope of practice activities for the First Responder; (7-1-97)
  - b. Use of the pneumatic anti-shock garment; (7-1-97)
  - c. Assist patients with administration of prescribed medications; and (7-1-97)
  - d. Assist patients with the administration of over-the-counter medications for poisoning and hypoglycemia. (7-1-97)
- 04. Advanced Emergency Medical Technician-Ambulance. An Advanced EMT-A may perform the following acts and practices: (7-1-97)
  - a. All scope of practice activities for the First Responder and Emergency Medical Technician-Basic; (7-1-97)
  - b. Advanced airway management of the esophagus and/or trachea; (7-1-97)
  - c. Peripheral venous puncture; (7-1-97)
  - d. Initiate and maintain peripheral intravenous fluid therapy lines using simple crystalloid solutions; (7-1-97)
  - e. Initiate and maintain intraosseous infusions; (7-1-97)

- f. Draw peripheral blood specimens; and (7-1-97)
- g. Assess blood glucose with automated glucometry. (7-1-97)
- 05. Emergency Medical Technician-Paramedic. An EMT-P may perform the following acts and practices: (7-1-97)
  - a. All scope of practice activities for the First Responder, Emergency Medical Technician-Basic, and Advanced Emergency Medical Technician-Ambulance; (7-1-97)
  - b. Manual cardiac defibrillation; (7-1-97)
  - c. Synchronized cardioversion; (7-1-97)
  - d. Electrocardiogram rhythm monitoring and interpretation; (7-1-97)
  - e. Transcutaneous cardiac pacing; (7-1-97)
  - f. Advanced airway management using invasive procedures, suctioning, and gastric tubes; (7-1-97)
  - g. Initiate heparin locks; (7-1-97)
  - h. Monitor and maintain intravenous fluid therapy lines containing medications; (7-1-97)
  - i. Initiate and maintain central intravenous fluid therapy lines; (7-1-97)
  - j. Administer medications used in cardiovascular, respiratory, endocrine, metabolic, neurological, obstetrical, gynecological, toxicological, and behavioral emergencies; (7-1-97)
  - k. Administer medications via routes indicated for that medication; and (7-1-97)
  - l. Thoracic decompression. (7-1-97)

**012. SUPERVISION BY A LICENSED PHYSICIAN.**

- 01. Medical Control Plan. A satisfactory "medical control plan" must be developed and implemented. The essential elements of a medical control plan include: (7-1-97)
  - a. Off-line (retrospective review) physician direction: At least twenty-five percent (25%) of the Advanced EMT-A and EMT-P services's emergency responses must be critiqued by the physician medical director or other physicians designated by the physician medical director. One hundred percent (100%) of intubations performed by Advanced EMT-A personnel must be retrospectively reviewed by the physician medical director. Documentation of all critiques shall be maintained by the organization chief administrative officer. The educational role of the physician and any other quality improvement duties should be defined in the initial and annual application for emergency medical service licensure. (7-1-97)
  - b. On-line (concurrent) physician direction: On-line medical control shall be provided with voice radio communications capability per the following options: (7-1-97)
    - i. Physician on-duty continuously in a designated emergency department on a twenty-four (24) hour basis; (7-1-97)
    - ii. Designated on-call medical control physician available continuously by telephone, portable two-way radio, or cellular phone with a written back-up agreement for alternate on-line medical control with a twenty-four (24) hour in-house physician staffed emergency department; (7-1-97)
    - iii. A physician capable of directing prehospital care present in the ambulance for the duration of

treatment/transportation; and (7-1-97)

iv. Any combination of the above. (7-1-97)

02. Final Set of Protocols. A final set of medical treatment protocols consistent with the allowable scope of practice defined for the level of certification must be submitted with the initial and annual application for emergency medical service licensure. (7-1-97)

03. Standing Written Orders. Protocols, which include "Standing written orders" shall be submitted and approved by the EMS Bureau for the Advance EMT-A, EMT-Paramedic, and other advanced level personnel, for use when radio or telephone contact is not possible or in cases when radio communications delays may compromise expedient patient care. (7-1-97)

**013. EFFECTIVE DATE.**

An emergency was found to exist and the emergency rules became effective June 30, 1996. These rules now promulgated pursuant to the rule-making procedures of the Administrative Procedures Act shall become effective upon adoption by the legislature or other date specified in this rule. (7-1-97)

**014. -- 999. (RESERVED).**