IEMSA

January – March 2004

VOICE

a **VOICE** for **POSITIVE** change in **IOWA**

Iowa Emergency Medical Services Association

IEMSA VOICE

Vol. 2003-04, October – December, 2003

Iowa Emergency Medical Services Association
VOICE Newsletter is Published Quarterly by:

Iowa Emergency Medical Services Association
1200 35th Street, Suite 206-11
West Des Moines, Iowa 50266

Please NOTE

EMS Conference Poster Correction

The phone number for North Iowa Area Community College (Mason City) has been listed incorrectly. The actual phone number is **888-466-4222**. We apologize for any inconvenience this has caused.

News to SHARE

Are you working on an exciting program that needs to be shared with the membership of IEMSA? Do you know of an EMS-related educational program that needs to be showcased? Has your service won an award or done something outstanding? Do you want to honor a special member of your staff or of the community? If so, you can submit an article to be published in the IEMSA newsletter! In order to do this, just prepare a press release (and pictures, if appropriate) and e-mail it to iemsa911@netins.net by the following dates: May 1 (to be mailed by May 20), August 1 (to be mailed by August 20), November 17 (to be mailed by December 10).

The Newsletter Committee will review all articles submitted and reserves the right to edit the articles, if necessary.

EMS

A True Component Of Public Safety

BY JEFFERY D. DUMERMUTH
PS, President, IEMSA Board of Directors

By the time this issue is published, the Iowa Legislature will be in full force. Through the State's budget balancing in 2003, several cities and counties were challenged with significant budget issues based on actions taken on the Hill. This ultimately trickled down to EMS providers in Iowa. I know of several providers in Iowa who will not be getting a pay raise this year so their organizations can maintain a balanced budget. If the State continues to strap cities and counties, how are we supposed to recruit new providers and keep our young people in the State?

It was disappointing for me to hear that Governor Vilsack, in his State of the State Address, mentioned our brothers and sisters in Law Enforcement and Fire Service but failed to recognize EMS as a critical public safety issue for Iowa. We will continue to work to educate and push for recognition of EMS as the third component in Public Safety with a direct tie to Public Health.

We hope for a very successful EMS Day on the Hill. This is your opportunity to speak with several legislators; let's hope our efforts work and that public safety in Iowa is maintained as a priority.

The board, at its January meeting, voted to endorse the national movement to create a National Emergency Medical Services Administration at the federal level. This agency will assure that EMS needs are met through standards, grant funding, training and education. If successful, this will raise the recognition of what we all do as EMS providers for our communities.

The awareness of Emergency Medical Services continues to be elevated slowly but surely. We all need to keep vigilant; working and promoting the critical services we provide to our communities. ■

BOARD MEETINGS:
The IEMSA Board of Directors will meet on the following dates in 2004. Each meeting (with the exception of the Annual Meeting) will be held at Raccoon River Nature Lodge, 2500 Grand Avenue, West Des Moines from 10:00 a.m. to 1:00 p.m.

IEMSA MEETINGS

- **MARCH 18**
- **APRIL 15**
- **MAY 20**
- **JUNE 17**
- < No July Meeting
- **AUGUST 19**
- **SEPTEMBER 16**
- **OCTOBER 21**
- < **NOVEMBER 11**
  Annual Meeting
- **DECEMBER 16**

Additional
IMPORTANT DATES:

February 26, 2004
EMS DAY ON THE HILL
7:00 am – 9:00 am
Capitol Building
Room 116

Nov. 11 – 13, 2004
Annual Conference &
Trade Show • Polk County
Convention Complex

Corporate Sponsors and Affiliate Members Support
IEMSA'S MISSION

Many thanks are extended to IEMSA's Corporate Sponsors and Affiliate Members. As Corporate Sponsors and Affiliate Members, these organizations provide support for the work that IEMSA does for EMS throughout the State of Iowa. That support provides funding, leadership and commitment to IEMSA as the Association strives to:

- Provide a forum for Service Directors to voice their concerns about issues such as Medicare reimbursement, OSHA requirements, etc. through the EMS Service Directors Committee meetings;
- Offer up-to-date information at the Iowa EMS Annual Convention & Trade Show.
- Provide quarterly newsletters to all members to keep them current on issues affecting them, as well as an opportunity to gain CEHs from the self-study article.
- Create change by retaining a lobbyist to be your voice in the Iowa legislature to promote a retirement bill for EMS volunteers, as well as continuous funding for EMS providers and the Bureau of EMS. ■

Please join us in thanking our Corporate Sponsors:

Heartlink
Iowa Donor Network
Life Line Emergency Vehicles
Lifeline Systems, Inc., d/b/a LifeQuest
Mercy Medical Center — Des Moines
Spencer Hospital

And our Affiliate Members:

Adair Fire & Rescue
Adel Fire & Rescue
Algona EMS
American Medical Response
Ameristar Casino
Anamosa Area Ambulance Service
Area Ambulance Service
Arnolds Park/Okoboji Fire & Rescue
Asbury Community Fire Department
Avoca Volunteer Fire & Rescue
Belle Plaine Area Ambulance
Belmond Volunteer Ambulance Service
Bennett Ambulance Service
Blairstown Ambulance Service
Blue Grass Fire Dept.
Buffalo Center Ambulance
Burlington Fire Ambulance
Carroll County Ambulance Service
Cedar County EMS Association
Cedar Falls Fire Rescue
Cedar Rapids Fire Department
Chickasaw County Rescue
City of Tama
Clarksville Ambulance Service
Clive Fire Department
Council Bluffs Fire Department
Covenant EMS Service
Crawford County Memorial Hospital
Dallas County EMS
Davenport Fire Department
Davis County Hospital
Denison Medical & Surgical Associates P.C.
Denver Ambulance Service
Des Moines Fire Department
DeWitt Hospital Ambulance
Dunkerton Ambulance
Dysart Ambulance Service
Elliott First Responders
Epworth Fire Dept. EMS
Evansdale Fire Rescue
Farmington EMS
Fontanelle Fire & Rescue
Hawarden Ambulance
Heartland Regional Paramedic Services
Henry County Health Center EMS
Indianola Fire Department
Iowa City Fire Department
Iowa County Ambulance Service
Isle of Capri Casino
Jackson County Public Hospital
Jewell Fire & Rescue
Johnson County Ambulance Service
Kanawha EMS Advisory Board
Keokuk County Ambulance Service
Keystone First Responder
La Porte City Fire & Rescue
Lake Park Rescue
Lakes Regional Healthcare
Laurens Ambulance Service
Le Mars Fire-Rescue
Lee County Ambulance, Inc.
Lester Rescue Squad
Little Rock EMS

Affiliate Members Continued:
Lohrville Ambulance Service
Lone Rock First Responders
Long Grove Fire Department
Louisa County Ambulance
Lu Verne First Responders
Mahaska Hospital Ambulance
Marcus Fire Department
Mary Greeley Med. Center
Mobile Intensive Care Service
Mechanicsville Ambulance
Midwest AmbuCar EMSAR
Mitchell Co. Regional Health Center
Monroe County Hospital Ambulance
Muscatine Fire Department
New Sharon Fire & Rescue
North Benton Ambulance
Norwalk Fire Department
Ollie QRS
Paramount EMS, Inc.
Pella Community Ambulance
Preston Community Ambulance
Radcliffe Ambulance Service
Regional Medical Center Ambulance
Remsen Ambulance
Riceville Ambulance Service, Inc.
Royal First Responder
Sac County Ambulance
Sartori Paramedics
SE Iowa Ambulance Service
Sibley Ambulance
Sioux Center Ambulance
Siouxland Paramedics, Inc.
Solon Fire Department
St. Ansgar Rescue
Stuart Rescue Unit
Thompson Rescue Unit
Toledo Emergency Services
Traer Ambulance Service
Trinity Regional Medical Center
Tripoli Ambulance Service
Urbandale Fire Department
Van Buren Ambulance Service
Washington County Ambulance
Waukee Fire Department
Wellman Ambulance Service, Inc.
West Des Moines EMS
Wheatland Medical Service
Whittemore Ambulance Service
Windsor Heights Fire Department
Winfield Fire & Rescue
Winneshiek Co. Paramedic Services

New students thoughts on coming to

EMS AT CENTRAL CAMPUS:

"Very exciting experiences ahead." —Sara, Southeast Polk

"Great opportunities." —Denise, Lincoln

"I enjoy the thought of being able to save someone's life." —Jamie, East

"I'm from a small town and the volunteer fire department needs more EMT's, so I volunteered to become one." —Mitch, Martensdale

"I want to go into emergency medicine and this will further my career." —Audrey, Johnston

"I want an education that I can use to help people. There are many opportunities for employment." —Mark, Roosevelt

"I want to suceed." —Stephanie, Lincoln

"I took this class to help people and learn more about the EMS system." —Hannah, Dallas Center Grimes

"I want to know about assessment skills, I would like to be an RN." —Andrea, Lincoln

"I am taking this class for the experience and knowledge. I know this will help me in my future career plans." —Claire, Roosevelt

The EMT program at Central Campus is open to any 17 year old with a 2.5 GPA who will turn 18 within the year of taking the course. All first semester students passed their skills and written tests.

For information call Steve Carnahan at 515-242-7676 at Central Campus. ■

CAAS

Announces Board Appointment

Mark Postma, Executive Director of MEDIC EMS, headquartered in Davenport, Iowa, has been named to the CAAS Board of Directors, replacing Kenneth Cummings, Executive Director of Tri-Hospital EMS, as representative of the American Ambulance Association. An Iowa and Illinois and nationally registered paramedic for over 20 years, Mark is also certified by the National Academy of Emergency Medical Dispatch. Mark's agency was first CAAS-accredited agency in Iowa.

Mark is a member of the board of directors of the Trinity School of Emergency Medical Services Association in Moline, past president and vice president of the Southeast Iowa Emergency Medical Services Association, a member and past legislative chair of the Iowa Emergency Medical Services Association, and a member of the State of Iowa Trauma Task Force. He implemented Iowa's first permanent Car Seat Safety Fit Station at MEDIC's Eldridge

Station. He also developed and implemented Alternative Delivery Model Ambulance Operations in Scott County. The Iowa Governor's Traffic Safety Bureau for Reducing Injuries presented Postma with theCommissioner's Special Award for Traffic Safety for the development and implementation of the universal disabled-vehicle identifier.

The Commission on Accreditation of Ambulance Services (CAAS) was formed in 1990 as a not-for-profit agency to be a standard bearer for medical transportation systems. It is sponsored by the American Ambulance Association, the American College of Emergency Physicians, the National Association of EMS Physicians, the National Association of State EMS Directors, the National Association of EMTs, and the International Association of Fire Chiefs, with liaison representation from the National Highway Transportation Safety Administration. Accreditation signifies that ambulance services have met the "gold standard" determined by the ambulance industry to be essential in a modern emergency medical services provider. To learn more about the Commission on Accreditation of Ambulance Services, its accreditation program, standards, and seminars, visit the CAAS web site at www.caas.org. ■

IEMSA

Insurance

IEMSA is now offering accidental death and dismemberment insurance to active, individual, dues-paying members. This policy went into effect on January 1, 2004. It provides $10,000 in benefits in the event that a covered IEMSA member loses his/her hands, feet or eyesight or is killed in an accident. A reduced amount may be paid and coverage is limited in certain circumstances. Additional information will be distributed soon. Call the IEMSA office at **515-225-8079** if you are eligible for a claim.

Welcome
NEW IEMSA MEMBERS

JANUARY, 2004

CORPORATE: Heartlink (Gold Sponsor)

AFFILIATE: Winneshiek County Paramedic Services

INDIVIDUALS:

Amy Lynn Adams
Bruce Allen
Mark R. Amann
John Andersen
RC Andrey
Troy Armstrong
David Bartels
Travis Behrend
Cheryl Benskin
Jason Bernstein
Angie Boyd
Tom Cannon
Thomas Robert Cappell, II
Nelson Castro
Scott Dahlstrom
Jordan Dinkla
Michale Dominguez
Roger A. Ericksen
Michelle Faxon
Paul W. Faxon
Jason Fisher
Dustin A. Folck
Eugene Freese
Nikki Giddings
Robert Goodon
Guy M. Graff
Judith A. Ham
John D. Hanson
Martin Herker
Matt Hilliard
Sarah Grace Johnson
Jessica Jones
Matt Jones
Stacey J. Kelley
Matt Kunkle
Robert J. Lammers
Brad Latchum
Harry V. McBride
Mark McNees
Robert Monson
Troy Morris
Luke H. Mortensen
Andy Olesen
Mike Olsen
Marty Petersen
Melanie Peterson
Gloria Phippen
Michele Renze
Robert W. Reynolds
Anthony Ricclo
Duane Roum
Doug Sandbolte
Gary Sanders
Tyler Schirm
James Shannon
Bridy J. Shepard
Richard Smith
Chad Sparks
Donnette Stewart
Dennis Stofer
Sandy Swallow
Darren Tooley
Jerusha Tooley
Justen Tooley
Chris Towne
Darrick Turner
Brad Vandelune
Ryan Waldkirch
Pete Walsworth
Christopher D. Ward
Bonnie Weber
Gabriel Wilkie
Dwayne Williamson
Steven M. Yezek

A Practical IDEA

BY GARY IRELAND, IEMSA EXECUTIVE DIRECTOR

Do you remember when you took your practical examination leading to EMS certification? Where did you take the exam? How many took the exam with you? Did you have to travel? What about the cost? Re-takes? How long did it take to complete the entire exam? Because the practical examination can be such an anxiety-producing event, the answers to these questions are not soon forgotten by most but remain a blur by others. In retrospect however, the anxiety felt during that time is now looked upon with reverence and in some cases produces a pleasant memory of accomplishment and can be added to the list of pre-certification "war stories."

The Bureau of Emergency Medical Services is currently studying a proposal from IEMSA to allow the ALS state certifying practical and written examinations (Intermediate & Paramedic) to be administered by IEMSA. This is a major change in policy from the current practice that places that responsibility on each EMS training program. The Bureau of EMS is the lead agency responsible for the ALS written and practical exams and has created guidelines for their administration. Presently there are 12 annual testing sites offered and each training program requesting to host an exam must have a written request submitted within a specific time frame. The training programs are also responsible for site logistics, equipment, evaluators, etc., however the EMS Bureau monitors test site activities.

IEMSA'S PROPOSAL WILL NOT ALLAY ANY ANXIETY FOR THE PRACTICAL AND WRITTEN EXAM CANDIDATE, BUT IT DOES HAVE SOME POSITIVE BENEFITS.

Under IEMSA's proposal there will be very little change in the way the Intermediate and Paramedic practical and written examinations will be administered, at least on the surface. The EMS Bureau is not giving up any of its administrative authority and will still be responsible for determining certification eligibility. The number of annual sites will not decrease and will remain within training program locations. IEMSA will simply assume the duties previously required of the training programs, e.g., site location, equipment, evaluators, etc.

IEMSA's proposal will not allay any anxiety for the practical and written exam candidate, but it does have some positive benefits. Foremost it will be a revenue source for the organization and will allow IEMSA an increased leadership role in the delivery of EMS in Iowa. The third party administration of the exams falls in line with the national EMS agenda for the future. Additionally, the proposal will improve the availability of the tests and should prove to be a cost savings for the Bureau of EMS.

Implementation of a plan to allow the Iowa Emergency Medical Services Association to take the lead in administering Iowa's ALS practical and written certifying examinations will take several months to complete. There are many factors to consider when taking on such a project, however, because most training programs have to complete their academic calendars a year in advance, it is unrealistic to

believe that change could happen before the 2004 – 2005 school year. There are, however, a number of tasks that must be completed prior to accomplishing the mission including creating a test committee infrastructure, identifying and purchasing equipment, training test proctors, expanding IEMSA office space and staff, and monitoring test sites with the EMS Bureau.

The decision of whether this proposal will continue forward now lies with the Iowa Department of Public Health, Bureau of EMS. Opinions are being sought from the Iowa Attorney General's office regarding the proposal's legality. Additionally, issues related to the government accountability act such as the RFP process or sole sourcing are also being discussed.

SIMPLY STATED IT IS TRULY A PRACTICAL IDEA WHOSE TIME HAS COME.

IEMSA's proposal is not without disagreement from some of the State's EMS training programs. The proposal of course will allow collection of the testing fees to go to IEMSA. Even though IEMSA's proposal would pay a site fee for hosting an exam, a reduction of annual revenues for those training programs that do host the testing site is inevitable. There is no simple answer to this outcome and affected training programs will need to evaluate whether past testing revenues collected offset the time spent by program personnel in preparing for an exam.

IEMSA has been straightforward with this proposal from the beginning and contrary to a few critics, IEMSA has not had any type of hidden agenda. This is simply a business proposal attempting to support the Association's stated goal "To provide a voice and promote the highest quality and standards of care for Iowa's EMS system." Simply stated it is truly a practical idea whose time has come. ■

CONTINUING *education*

EMS SCOPE OF PRACTICE: I CAN'T DO THAT?

SCENARIO #1

Your EMS squad is asked to respond to the local hospital for a transfer onto Des Moines. 2 EMT-Basics are on call tonight. You arrive to find a 38-year-old patient who is orotracheally intubated, on a ventilator, and has 2 I.V.s in place (no medications are being delivered). The local Family Practice physician (who is also your Medical Director) is the physician in charge of this patient.

Can this EMS crew take this call? The simple answer is no .

If not, what resources are needed to provide patient care? This patient will require an advanced crew, preferably at the Paramedic Specialist level, and if special ventilation techniques or high PEEP levels are being used, a Critical Care Paramedic level is required.

What agency or person dictates what EMS providers can practice and where? Let's take a look at that process and those rules.

SCOPE OF PRACTICE

In the Iowa Administration Code 641, Chapter 132, the delegated practice of EMS is described. Within these rules are the scope or limits placed on what skills each EMS professional within an Ambulance Service or health-care entity may perform.

The pre-hospital delegated practice comes from the Medical Director. He or She decides what protocols may be used, who can function in that EMS System under that license and what quality measures are in place to guide patient care before, during and after the "call". Hospitals may employ EMS professionals and can dictate their scope while performing patient care within that health care field. The Medical Director and the Hospital (or Health Care Agency) may not dictate practice outside the EMS provider's "scope".

The scope is actually dictated by the State Department of Health, Bureau of EMS. Just as the Iowa Board of Medical Examiners regulates physicians and the Iowa Board of Nursing regulates all nurses, this agency decides what level of care and skills may be performed. The rules of this practice are usually centered on the core curriculum of that professional's education. In other words, if the National Standard EMT-Intermediate curriculum does not contain objectives on how to perform digital intubation, then that "Iowa Paramedic" may not perform that skill, no matter where they are: Hospital or Pre-Hospital.

The EMS Scope of Practice in Iowa is very well defined. In fact, the National Scope of Practice Committee is looking at Iowa's format as the template for consideration.

EMS SCOPE OF PRACTICE

In order for you to assess these different levels, you may use the following address from the Bureau of EMS web page: (www.idph.state.ia.us/ems<http://www.idph.state.ia.us/ems>) If all you are researching is skills — that's the resource for you within your profession.

NATIONAL AND STATE SCOPE OF PRACTICE COMMITTEE

National Core Content: The Domain of EMS Practice, is the document developed in 2001, that reflects what the national committee is deliberating to define EMS knowledge and will form the foundation for the development of the National EMS Scope of Practice Model. This committee is made up of several representatives from various EMS and medical agencies like the National Highway Traffic and Safety Administration (NHTSA), Health Resources and Services Administration (HRSA), National Association of EMS Physicians (NAEMSP), and the National Association of State EMS Directors (NASEMSD), to name a few.

In Iowa, the Scope of Practice Committee was organized in late 2002, as a Working Committee formed from the EMS Advisory Council of Iowa. The first working group of this type was also organized from the Advisory Council in 2000, when the Critical Care Paramedic (CCP) level was developed. Since that time, efforts and discussions centered on the difference between (the scope) the Paramedic Specialist level and the CCP level. Now, the official Scope of Practice Committee discusses, defines and recommends skills of all EMS levels.

The Iowa Scope of Practice Committee has representatives from the Bureau of EMS as facilitators, EMS physicians, nurses, EMS providers, and EMS Training Programs. The Iowa EMS Association is playing a key role on this panel. The group is expected to make its recommendations based on good research and professional guidelines.

QUESTIONING YOUR SCOPE OF PRACTICE: THE PROCESS

The Scope of Practice Committee receives written inquiries that are funneled through the Bureau of EMS. The question as to whether a particular skill is within that EMS professional's scope of practice is then debated. The committee then makes decisions on the issue and makes recommendations based on some of the following questions:

1. Is the skill needed in the out-of-hospital setting, given the prevailing standard of care?
2. Can the EMS provider be expected to enhance patient care as a result of using the skill given their scope of practice?
3. What would be the educational impact if the skill were adopted?
4. Would this skill/procedure be applied universally to all currently certified providers for the level(s) identified?
5. Would this skill/procedure be limited to specialty individuals (e.g. documentation of additional training/ education and protocol)?

SAMPLE REQUEST:

"XYZ Ambulance Service and Dr. John Doe request that the EMT-Paramedic (called the Paramedic Specialist) (PS) be allowed to care for the patient with a chest tube and thoracic drainage system while performing ambulance transfers from XYZ Hospital to Mecca Medical Center. XYZ Ambulance does not have the funding to support hiring Critical Care Paramedics so we would like to ask for this change in scope of practice for just this service. Dr. Doe plans on providing 4 hours of continuing education so these PS's may perform this skill during transfers. We have researched the EMS and medical literature and have found the following references to support our position for the PS to provide this care."

The Scope of Practice Committee is in the process of developing a standard form that would guide the requestor through the necessary information to request a change or definition in the EMS Scope of Practice. As you can see however, the person requesting this change would need their Medical Director's written support, why and when this skill would need to be performed, what education will be added and whether this impacts the entire EMS level.

When requesting a discussion on the EMS Scope of Practice, the requestor must provide supporting evidence. ▶

This evidence may include current quality control statistics (number of transfers with chest tubes in place, number of personnel, etc.). A literature search for supporting evidence is also necessary. Adding a skill to the current curriculum of that EMS level is very difficult to do so your evidence must show overwhelming improvement in outcome for the patient with solid research that follows international research guidelines. Additionally, adding a skill to the Scope of Practice level for a "system" problem is not advised.

SCENARIO #2

A First Responder team is mixed with Basic EMTs to cover high school football game in this service area. This Friday night, the transporting ambulance gets called away from the game to go on a trauma call and leaves the First Responders behind. While away, one of the football players accidentally spears another player and is lying motionless on the field. The coaches and referees are motioning the First Responders onto the field. The patient is conscious and alert, complaining of numbness and tingling in his arms and legs with some neck pain. Full spinal immobilization is warranted.

Is it within the First Responders' Scope of Practice to perform full spinal immobilization, including backboard? The simple answer is no. There are no spinal immobilization practical objectives in the First Responder curriculum. This scenario illustrates a system problem, not a scope of practice problem. Instead of changing ALL Iowa First Responder's Scope of Practice, the local ambulance service should have a backup plan available for special events.

Let's Return to the First Scenario to repeat an important rule here:

SCENARIO #1

When the 2 EMT-Basics arrive at the local hospital, the physician (remember, he's your Medical Director) insists the patient be transported immediately and not wait for another Service to take the patient.

Can the Medical Director do that?

Can this EMS crew refuse to transport this advanced-level transfer?

No, the Medical Director may not legally ask an EMS Provider to function outside their Scope of Practice. The EMS crew should refuse to take this transfer and arrange for an alternative transfer team. Again — this is not a Scope of Practice problem-this is a system problem. This Hospital is responsible for credentialing all EMS providers that take transfers from their ER. The Hospital should have previously worked with the local EMS provider to discuss Scope of Practice, available equipment and levels of EMS providers. They should have had an advanced level alternative already arranged.

Let's change the setting a little bit to the 911 response and Scope of Practice:

SCENARIO #3

An EMT-Basic is paired with a National Standard EMT-I (Iowa Paramedic) on a 911 call where a patient is orotracheally intubated by the advanced level provider. The EMT-Basic realizes that, in Iowa, he is unable to intubate the patient BUT — *can the EMT-Basic ventilate this patient during the call and during the transport into the hospital?*

Yes. EMS Providers must operate within their scope of practice during the performance of all health care. In this case, the EMT-Basic is performing a skill that is within the purview of the Basic level while being supervised by the Iowa Paramedic during an emergency call. The Iowa Paramedic is in charge of the patient care and cannot turn care over completely to the EMT-Basic.

IOWA PARAMEDIC VS. PARAMEDIC SPECIALIST

The most debated Scope of Practice issue: The difference between the Iowa Paramedic and the Paramedic Specialist "skills". In the US, these 2 levels are actually called EMT-Intermediate and the EMT-Paramedic. Many have argued that the only difference

between these levels is that the Paramedic Specialist level in Iowa can use thrombolytics (fibrinolytics) and paralytic agents and the Iowa Paramedic may not. Most don't understand that there is a somewhat larger difference in that "skills" differentiation.

If you actually look at the original document that laid out the role of the Standard EMT-Intermediate as an Iowa Paramedic, you will note 13 drugs on the list. This drug list includes: Acetylsalicylic Acid, Adenosine, Atropine, Bronchodilators (Beta2 agonists), Dextrose 50%, Diazepam, Epinephrine, Furosemide, Lidocaine HCl 2%, Morphine, Naloxone, Nitroglycerine, and Inhalation Steroid (to be used with Beta2 agonists). These drugs are listed in the EMT-Intermediate Standard curriculum along with a little pathophysiology and standard therapy that accompanies the disease process.

The rule also states, "With the exception of paralytics and thrombolytics, additional drugs may be added provided that the service's medical director assures adequate training, a protocol, and a quality assurance process is in place." If a Medical Director wishes to add medications to the Iowa Paramedics' list in that EMS program, then he/she assumes the liability that the training has been provided and will be called to question in any litigation that may occur.

SCENARIO #4

A local ambulance service is advertised as a Paramedic Service in their response area and employs 5 Iowa Paramedics, 2 Paramedic Specialists, along with some EMT-Basics. This Service has been asked to transfer a "cardiac" patient onto a larger facility. The patient has oxygen via nasal cannula, 2 peripheral I.V.'s, and has a cardiac monitor. The patient has Lidocaine running at 2 mg/minute and Heparin running at 1000 units per hour. The crew on today is an EMT-Basic and an Iowa Paramedic.

Is this the right crew for this patient transfer? This could be the right crew if the procedures in the Iowa rules have been completed.

If so, what has to be documented prior to allowing this transfer? The Iowa Paramedic would have had to have a formal training program (with documentation) on the use of Heparin prior to allowing them to care for this patient during the transfer. There must be a protocol in place in this Paramedic Service for the use of Heparin for all Iowa Paramedics and Paramedic Specialists.

Because of the nuances of providing additional education for all drugs not listed in the Standard EMT-Intermediate curriculum for Service Management and Medical Director, some services have implemented policies that clearly delineate that the Iowa Paramedic must stay within their original drug list. This may include a protocol that lists the skills and medications that may be used by the Iowa Paramedic level (which does not vary from Iowa rule).

Hospitals who employ the Iowa Paramedic and the Paramedic Specialist have also voiced their confusion on this issue. It is up to the individual EMS provider to remain within their Scope of Practice in any health care setting and to educate those who are ignorant of this issue. Hospitals must research the delineation of Iowa Paramedic vs. Paramedic Specialist vs. Critical Care Paramedic scope very carefully when advertising for available jobs and writing job descriptions.

NEW DEVICES AND THERAPY

The Iowa Scope of Practice Committee has debated several new devices and therapeutic modalities since its inception. They include use of the King LT Airway, COBRA PLA Airway, Sam Pelvic Binder, Morgan Lens, and Z-Medica's "Quik Clot" bleeding control therapy.

After consulting with military and civilian emergency medical care providers across the US, the Medical Director of the Committee, Dr. Carlos Falcon, wrote a letter advising that EMS providers in Iowa NOT use "Quik Clot" ▶

because of the lack of good scientific evidence supporting its use and due to the fact that the agent creates tremendous heat when placed on the human body (temperatures exceed 55 deg. C). He advises EMS agencies pursue other products designed for hemorrhage control instead. Those dressings and preparations containing fibrinogen, thrombin, microfibrillar collagen, oxidized celluose, chitosan, propyl gallate, etc. have been studied with benefits.

The Sam Sling (TM) pelvic binder was evaluated and discussed during the last meeting with the group endorsing use of all pelvic binders of this type as long as it is placed AFTER the patient has had a pelvic x-ray that rules out shearing type of pelvic fractures. The group cannot recommend (based on advise from regional Orthopedic and Trauma Surgeons) blind placement of this product for the possible pelvic fracture in the pre-hospital setting.

KNOWLEDGE VS. SKILLS

Throughout this article, we have attempted to point out the differences in EMS Scope of Practice, predominantly based on skills. As you well know, providing good health care is much more than performing a skill. The health care provider must be knowledgeable in when to perform the skill, what patient's would benefit from it, when NOT to perform the skill (even in those patients who might qualify) and what problems may be anticipated if the skill is performed. We're referring to knowledge.

This knowledge must include not only anatomy and physiology, but pathophysiology. It also includes critical thinking skills that are introduced in the original curriculum and enhanced during clinical and field experience and then finely tuned through years of mentored experience in the health care field.

As the EMS profession in Iowa reaches adulthood, we find that professional parameters and looking at our boundaries throughout the health care setting, is the next step in claiming our professional goals. ■

10-QUESTION

Quiz

POST-ARTICLE

EMS SCOPE OF PRACTICE: I CAN'T DO THAT?

1) Is this statement true or false? My ambulance service Medical Director is ultimately responsible for my scope of practice and can change it to fit local needs, no matter what the State of Iowa, Bureau of EMS says.

A) True

B) False

2) The State Department of Health, Bureau of EMS states that Iowa Paramedics and Paramedic Specialists may provide orotracheal intubation within their scope of practice. Additionally,

A) the Medical Director of the EMS program must provide a protocol that includes that skill in order for those qualified to perform it.

B) the EMS program's Medical Director may decide not to allow this skill is he/she so chooses, no matter who is qualified.

C) this is a skill. The most important aspect of any skill is the knowledge that supports the decisions as to when, where, etc., to perform the skill.

D) A, B, and C are all correct statements.

3) Choose the correct statement regarding Scope of Practice:

A) Only EMS Providers are limited in their scope of practice by what their initial curriculum teaches. Nurses and physicians may vary from their initial education, once they are licensed.

B) Once an EMS Provider is hired by a Hospital, they can perform any skills the Hospital allows. Hospitals are not limited by Scope of Practice issues.

C) The EMS Provider has primary responsibility for providing education to other health care providers as to their limit within their Scope of Practice.

D) Iowa is the only state in the nation to have a Scope of Practice Committee for EMS.

4) An Iowa EMS program would like to develop and implement a protocol to allow Paramedics and Paramedic Specialists in their service to use sedatives and paralytic medications to assist in endotracheal intubation. What Scope of Practice limitations or processes need to be followed?

A) The Medical Director would just write the protocol, give everyone a copy, and then allow them to perform the procedure.

B) The Service Program Medical Director would need to write a formal request to the Scope of Practice Committee with supporting evidence and quality control guidelines to allow special permission for the Iowa Paramedic to use this protocol.

C) The Medical Director would write the protocol, provide some education to the Iowa Paramedics with documentation, then allow them to perform it.

D) This type of protocol should never be allowed in the pre-hospital setting.

5) During a trauma call, the EMS crew assesses and then applies spinal immobilization to the patient with a First Responder's assistance.During transport, the Paramedic intubates the patient and the EMT-Basic ventilates the patient while the Paramedic starts an IV.

Choose the correct statement about this activity as it relates to Scope of Practice:

A) The First Responder and EMT-Basic would both be in trouble with the "State" for functioning outside of their "scope" and the Paramedic will be in trouble with the Medical Director for delegating practice outside "scope."

B) The First Responder is OK because assisting higher level EMS personnel with a procedure such as spinal immobilization is allowed. The EMT-Basic is in trouble because ventilating an intubated patient is never allowed in their level.

C) The First Responder is in trouble because they cannot provide spinal immobilization. The EMT-Basic is OK because the Paramedic is in the back of the ambulance during patient care.

D) Everyone on this call is operating within their Scope of Practice, as long as the Medical Director has protocols to cover all of their decisions.

Quiz

6) The Scope of Practice Committee in Iowa has also been asked to evaluate new equipment, therapy or devices. Choose the correct statement regarding this process:

A) As long as reputable companies advertise and sell a product in Iowa, it is OK for every EMS program to use the product in relevant EMS settings, especially if there is company-sponsored research on a few patients to support the claims.

B) The product "Quik Clot" has an advisory letter from the Scope of Practice Committee in attempt to dissuade EMS programs from its use due to the poor scientific research to support it and because of the heat generated when placed in a wound.

C) The SAM Sling pelvic binder and all such binders for pelvic fractures were totally endorsed for application in the pre-hospital setting.

D) All of the above statements are correct.

7) A local ED is awaiting a helicopter to transport a patient who is sedated, paralyzed and intubated. The patient has a ventilator setting of 12 per minute with a tidal volume of 5 ml/kg and PEEP of 10. It has been difficult to maintain the patient's ventilatory status and the ED nurses have had to adjust the ventilator several times. The weather suddenly turns bad and the helicopter aborts the mission. The local EMS program can provide an EMT-Basic and an Iowa Paramedic for a transfer. What should the ER do with this patient for transport?

A) They should implement their pre-arranged, back-up plan for critical care transfers: use a local CCP service or supplement the EMS crew with a nurse who is oriented to this type of transfer.

B) Because its an emergency, they should use the crew currently on duty, especially if the Medical Director OK's it.

C) Shop around until they find another helicopter to transport the patient. Maybe they aren't wimpy about weather.

D) Call the Bureau of EMS and ask for special permission to transfer this patient.

8) Every health care profession has some sort of mechanism for questioning the limits of Scope of Practice. Choose the correct statement about the EMS Scope of Practice process in Iowa:

A) A formal request must be made to consider a change in scope and it should relate to the entire EMS level, not just an individual service.

B) Part of the consideration in deciding on a scope of practice issue includes the educational impact of the change.

C) The final decision on defining or changing scope of practice in an EMS level comes down to true enhancement of patient care in Iowa EMS.

D) A, B, and C are all true statements.

9) The National Standard EMT-Intermediate level of EMS:

A) may administer 13 medications without further education.

B) may administer thrombolytics and/or paralytics with Medical Director education.

C) is allowed to do all the skills that all Paramedics can do in the US.

D) may use and adjust a ventilator with manual PEEP, tidal volume and rate adjustments.

10) Your ambulance service has been asked to transfer a patient from your local hospital onto a referral, specialty hospital. You notice that the patient has equipment and medications on board that are outside your crew's scope of practice. The transferring doctor insists that you transport this patient immediately. What should you do?

A) Transfer the patient as requested.

B) Demand that this physician accompany the patient to the next hospital.

C) Call the Service Medical Director and gain permission to do this transfer before you go.

D) Explain and educate the physician as to your limitations — with emphasis on what is best for patient care. Call your Medical Director for assistance and ask the charge nurse to use their transfer policies.

EMS SCOPE OF PRACTICE

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CONTINUING EDUCATION

answer form

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4.	A. ☐	B. ☐	C. ☐	D. ☐
5.	A. ☐	B. ☐	C. ☐	D. ☐
6.	A. ☐	B. ☐	C. ☐	D. ☐
7.	A. ☐	B. ☐	C. ☐	D. ☐
8.	A. ☐	B. ☐	C. ☐	D. ☐
9.	A. ☐	B. ☐	C. ☐	D. ☐
10.	A. ☐	B. ☐	C. ☐	D. ☐

All EMS providers participating in this informal continuing education activity will complete all 10 questions related to the article on Scope of Practice. You must attain an 80% score to receive the one hour of informal continuing education credit through The University of Iowa Hospitals' EMS Learning Resources Center in Iowa City, EMS Provider Number 18.

For those who have access to email, please email the above information, along with your answers to: adamr@uihc.uiowa.edu.

Otherwise, mail this completed test to:
Rosemary Adam
University of IA Hospitals and Clinics
200 Hawkins Drive, EMSLRC So. 608GH
Iowa City, IA 52242-1009

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Profile

Pella Ambulance Service (PCA) was established in March, 1982 with Marvin G. Shultz at the helm. Starting with their first call on April 1, 1982, Pella has responded to over 9000 requests for service during its 20+ year existence. PCA is a Paramedic CCP level service with 26 crew members – 7 EMT-B's, 12 EMT-I's and 7 EMT-PS's. They have a response area of 150 square miles and serve a population of approximately 15,000. Their Medical Director is Dr. John Kanis, D.O.

In October, 1981 a committee was appointed by the Pella City Council to study ambulance service in the area. By November, 1981, the Council approved the establishment of a permanent Pella Emergency Medical Council (PEMC). PEMC membership included Robert Allen, Arvin Boot, Marge Gosselink, Dick Vander Laan, Bernie Van Ee, and Jim Emmert.

In December, 1981, an editorial in the Pella Chronicle called for public support. The Community raised $66,000 to buy ambulances and related

Pella has responded to over 9000 requests for service during its 20+ year existence.

equipment, radio paging equipment, and to hire a full-time director to coordinate the service and train volunteers.

By Spring of 1982, Marvin G. Shultz became the director of the Pella Community Ambulance Service and PCA responded to its first request for ambulance service in the community.

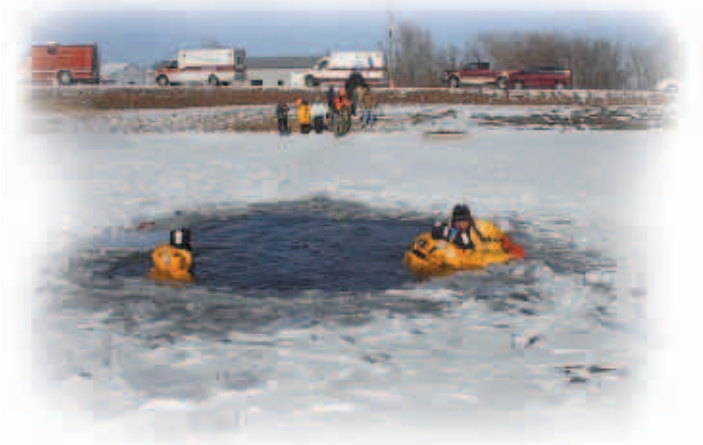
1983 was an exciting year for PCA as it received State authorization as an EMT-I level service, making the PCA the first service in Marion County to provide pre-hospital advanced life support.

The PCA was also one of the first in the State to participate in an automatic external defibrillator trial and research program sponsored by the University of Iowa Hospitals and Clinics.

1984 saw a change in leadership when Douglas E. Polking became the new director of the service. PCA also purchased Life Pak 5 cardiac monitors and defibrillators for both ambulances and provided training for its members during that year.

By 1987 PCA become only the second service to be licensed by the State of Iowa to provide "provisional" paramedic level care. Since then, PCA has moved into a new building, developed a CSR team in collaboration with the Pella Fire Department, and developed and filled an Office Manager position. Julie Snyder began her duties as Office Manager in 1999 with billing and insurance filing as her primary responsibilities. A third ambulance was added to the service in August 2001.

Since their 20th Anniversary in 2002, PCA has added bicycles for special events, ice rescue equipment and training, and 12-lead EKG capabilities. PCA is one of the first services to offer this cardiac assistance in rural Iowa. The bicycles and cardiac equipment are the result of a grant from the Pella Foundation and the ice rescue equipment was purchased with monies from the Emerson Trust (Van Gorp Corporation). ■



If you are an Affiliate Member and would like to have your Service profiled in the next edition of The Voice, contact the IEMSA office by phone: **515-225-8079** or e-mail: **iemsa911@netins.net**

National Standard Curriculun
Basic, Intermediate, Parame

ACLS– Advanced Cardiac Life Support-Provider, EP, Instructor

AMLS– Advanced Medical Life Support, Provider, Instructor

BLS– Basic Life Support, Provider, Instructor

CCT– Critical Care Transport

GEMS– Geriatric Education for Emergency Medical Services, BLS, ALS, Instructor

PEPP– Pediatric Education for Prehospital Professionals, Provider, Instructor

PHTLS– Prehospital Trauma Life Support, Basic, Advanced, Instructor

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