

"670" Expanded Scope Issues

State Training Committee has been looking carefully at the "670" extended scope applications that have been processed over the last few years. We have seen trends that indicate that some of these things should possibly be included in the future core curricula we are developing. Skills proposed to be included in the next EMT curricula include: epi 1:1,000 auto-injector for anaphylaxis and glucometry for EMT-1s; albuterol or other short acting B-agonists and epi 1:1,000 IM for anaphylaxis only and glucagon for EMT-2s; and adding synchronized Cardioversion and pacing to the EMT-3 curriculum. If this passes public comment and goes into regulations, you would be required to include these topics in EMT classes and would become part of the standard scope of practice but medical directors could still limit their use just like they do with many services where EMT-2s are currently not allowed to intubate using an endotracheal tube.

A menu of extended scope options would be made available on the state website for services to pick from 670 menu items. If medical directors felt their services needed to do these things they would just need to pick these items from the approved menu, add them to their standing orders, agree to ensure that their curriculum is taught to all providers, and notify IPEMS that they would be doing so. Menu items might include: C-Spine clearance for all levels; albuterol or other short acting B-agonists and combi-tube for EMT-1s; diphenhydramine and epi 1:1,000 IM (non-anaphylaxis) for EMT-2s; and adenocard, diazepam, furosemide, and NTG for EMT-3s.

These changes are just at the proposal stage now. We want to know what you think. Now is the time when you can make a difference. Do not wait until things are set in regulations. Tell us now or voice your thoughts when it comes time for public commentary. Either e-mail Kathy Griffin at Southern Region EMS Council or the state office, or come in person to the State Training Committee meeting (read *What Has Your State Training Committee Been Up To?* in this issue).

We also decided that several items currently being seen as 670 issues are not really extended scope. Training EMT-1s and 2s to ECG electrode placement is fine since it is a non-invasive assessment skill, not a treatment, and not asking these EMTs to interpret rhythms. It can be considered ALS assist, like teaching EMT-1s to set up IV bags and tubing or put together the laryngoscope for the EMT-2s. Diphenhydramine pills and aspirin are not 670s since they are over the counter medications. And all IOs whether adult or child for EMT-2s will be treated the same.