

# Rocky Mountain Rural Trauma Symposium



Montana Board of Medical Examiners

Harry Sibold, MD, FACEP  
Montana State EMS Medical Director

Board of Medical Examiners

Helena, MT



Disclosures:  
None

- ▶ Park Ranger – National Park Service
- ▶ EMT training – Tennessee Vally Authority (TVA)
- ▶ Park Medic training – Glen Canyon Nat'l Park



## ▶ Paramedic

- ▶ – Phoenix Fire Department
- ▶ – Hartson/San Diego–member S.T.A.R. team
  - cliff rescue, surf rescue and tactical/SWAT EMS



- Medical School – East Tennessee State University  
Quillen College of Medicine



Residency – Wake Forest University School of Medicine



NC Baptist Hospital

Emergency Medicine

Member: NC *S.O.R.T.* (NDMS) team



Board Certified – Emergency Medicine: ABEM

Secondary Board – Undersea & Hyperbaric Medicine

Fellow – American College of Emergency Physicians

Emergency Physician 1995-1998

Boise, ID

Medical Director – Ada County EMS-High Angle Rescue team



Saint Alphonsus



Metro Life Flight 1995-2000

*Flight Physician*

Cleveland, OH

Past-president: *Air Medical Physician Association*

Consultant and lecturer on air medical transport



Member and Past Chairman 1998-present

Charlotte/Mecklenburg MEDIC control/advisory board

Mid Atlantic Emergency Medical Associates 1998-2011

Staff Emergency Physician

Medical Director: NC SMAT team; Katrina deployment



The logo features a stylized black mountain range silhouette at the top. Below it, the words "ROCKY MOUNTAIN" are written in a spaced-out, black, sans-serif font. Underneath that, the words "RURAL TRAUMA" are written in a bold, white, sans-serif font inside a black rectangular box. Below the box, the word "SYMPOSIUM" is written in a spaced-out, black, sans-serif font. At the bottom of the logo, the year "2014" is written in a bold, black, sans-serif font.

ROCKY  
MOUNTAIN  
**RURAL TRAUMA**  
SYMPOSIUM  
2014

*MissouLA, MT*

**KEEP MISSOULA WEIRD**

DO YOUR PART!™

NOT

ENTER

In Keeping with the KMW Theme  
And in homage to Apple's Steve Jobs





ROCKY  
MOUNTAIN

**RURAL TRAUMA**  
SYMPOSIUM

# Montana EMS : Licensure, Protocols and the Evolution of EMS

**Harry Sibold, MD, FACEP**  
**State EMS Medical Director**  
**Montana Board of Medical Examiners**

# A little historical perspective



FIRE STATION NO. 1  
NEWVILLE FIRE PROTECTION DISTRICT





**ACCIDENTAL DEATH AND DISABILITY:  
THE NEGLECTED DISEASE  
OF MODERN SOCIETY**

Prepared by the  
COMMITTEE ON TRAUMA AND COMMITTEE ON SHOCK  
DIVISION OF MEDICAL SCIENCES  
NATIONAL ACADEMY OF SCIENCES  
NATIONAL RESEARCH COUNCIL

NATIONAL ACADEMY OF SCIENCES      NATIONAL RESEARCH COUNCIL  
Washington, D. C., September, 1966





**EMERGENCY CARE  
and  
TRANSPORTATION  
of the Sick and Injured**

*Continued on inside*  
*American Academy of Orthopaedic Surgeons*

**AAOS**

AMERICAN ACADEMY OF  
ORTHOPAEDIC SURGEONS





U.S. Department of  
Transportation  
**National Highway  
Traffic Safety  
Administration**

*In cooperation with:*



# EMT- INTERMEDIATE



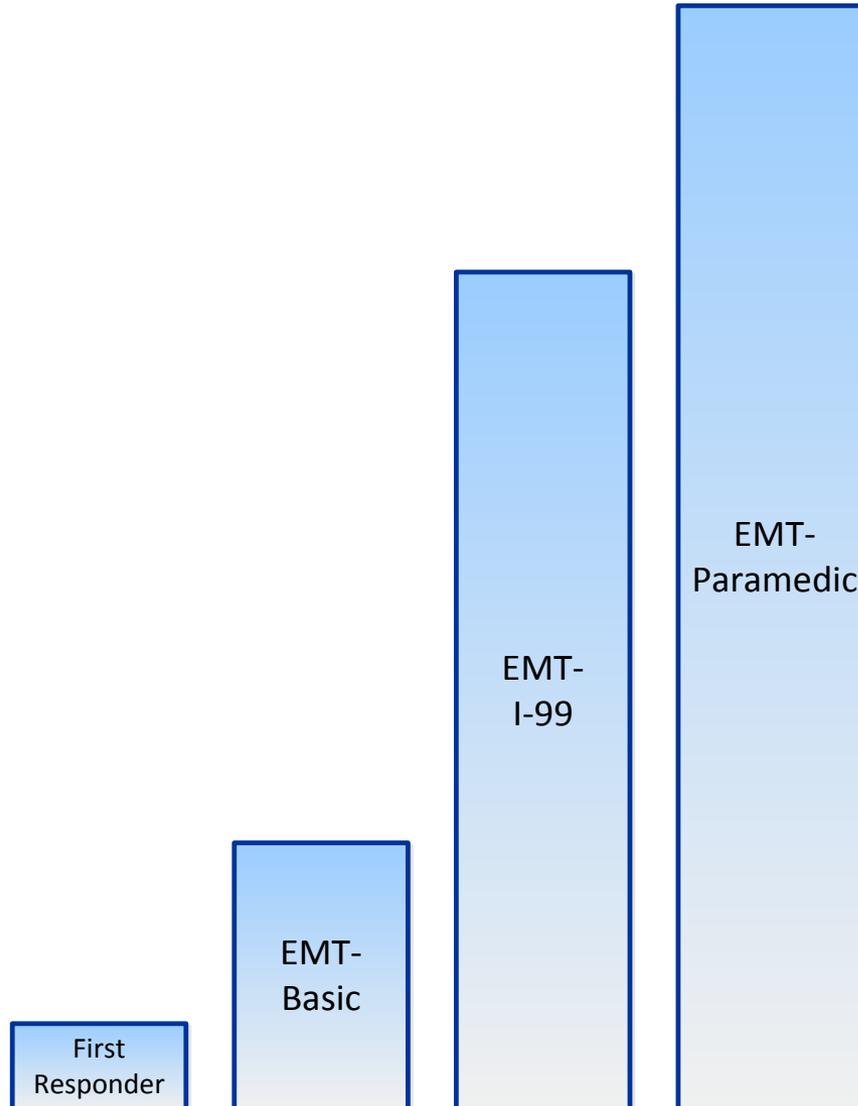
## National Standard Curriculum

**EMT-INTERMEDIATE: NATIONAL STANDARD CURRICULUM**

How did that look in Montana?

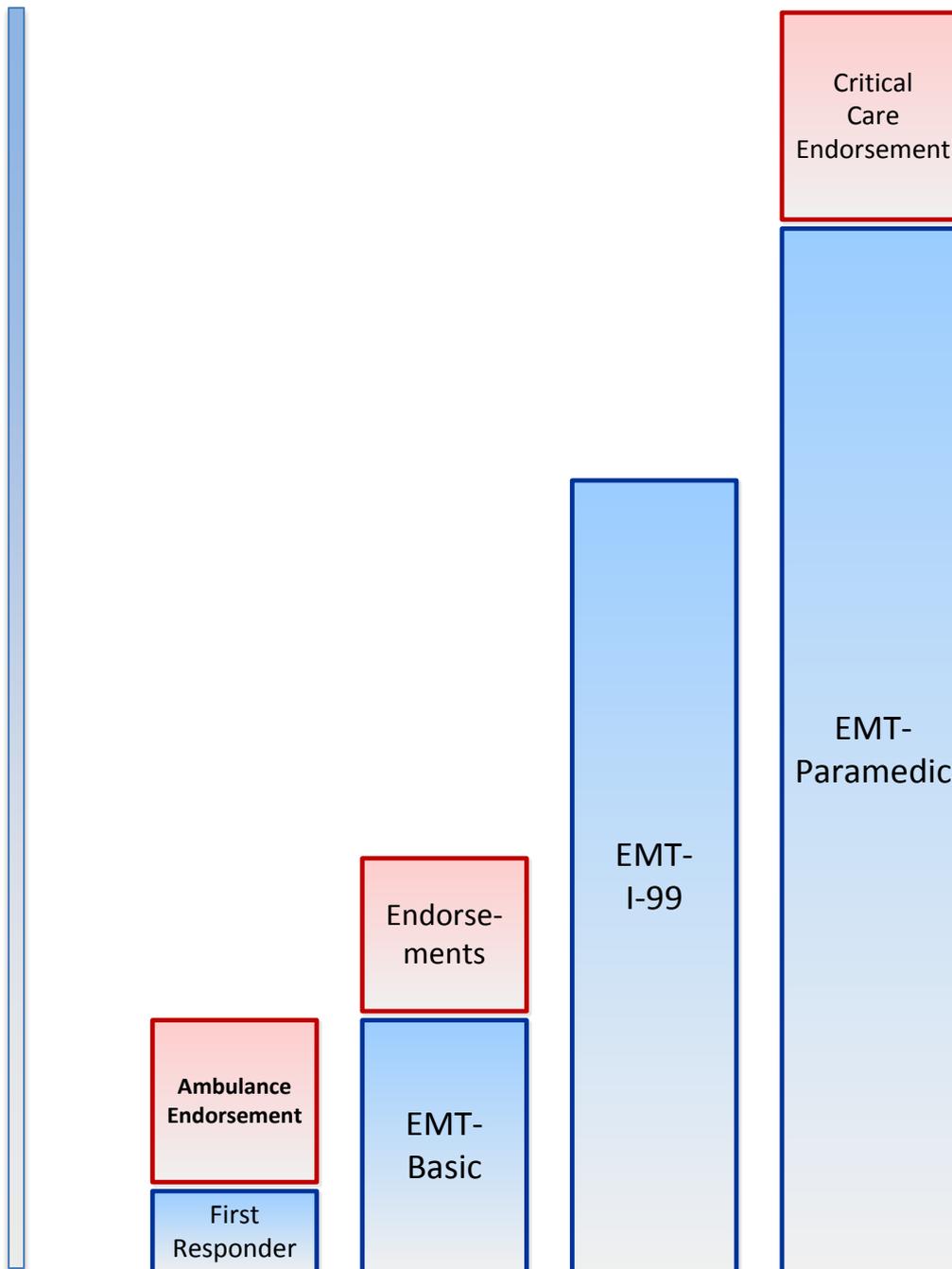
Pre-2014

↑  
Scope





Scope



Pre-2014

# EMT SIN

EMERGENCY

MEDICAL

SERVICES

AGENDA

FOR

THE

FUTURE



# EMT S

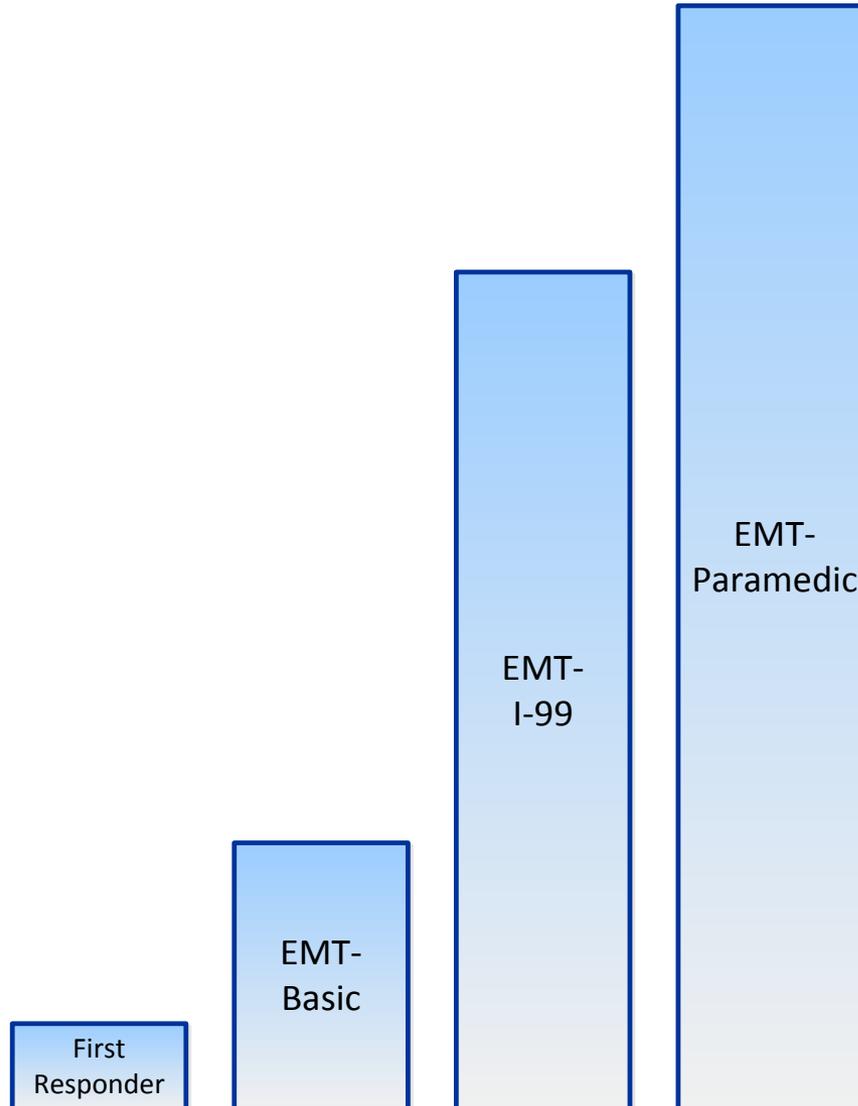


EMERGENCY  
MEDICAL  
SERVICES

**EDUCATION  
AGENDA  
FOR  
THE  
FUTURE:  
A SYSTEMS  
APPROACH**

Pre-2014

↑  
Scope



# Why change names?

How could we communicate??  
Confusing terminology and labels  
Educational standards  
Common levels

# Examples!!

# **ETT (Emergency Trauma Technician)**

**EMT-I (One)**

**EMT-II (Two)**

**EMT-III (Three)**

## **Ambulance Attendant**

**EMT-Intermediate/85**

**EMT-Intermediate/99**

**EMT-Ambulance**

**Mobile Intensive Care Nurse**

**EMT-I**

**Cardiac Technician**

**Mobile Intensive Care Technician**

**AEMT-85**

**FRD-First Responder Defibrillator**

**Cardiac Rescue Technician (CRT)**

**EMT-Intermediate/85**

**EMT-Intermediate/Defibrillator**

**Mobile Intensive Care Technician Ambulance Attendant**

**EMT-Advanced**

**EMT-Critical Care**

**Cardiac Rescue Technician (CRT)**

**Critical Care Paramedic (CCEMTP)**

**Medical First Responder**

**First Responder**

**EMT-Advanced (though equal to paramedic)**

**Mobile Intensive Care Paramedic (MICP)**

**Mobile Intensive Care Nurse (MICN)**

## **Medical Responder**

**EMT-Intermediate (between I-85 and I-99 level)**

**EMT-Advanced Practice Paramedic**

**Advanced First Aid Ambulance**

**EMT-Intermediate (not quite I-99 standard)\*\***

**EMT-IV**

**Prehospital Physician Extender (PHPE)**

**Prehospital Physician (PHP)**

**Critical Care Paramedic (*Service Specific*)**

**Emergency Medical Technician Enhanced (EMT-E)**

**EMT- Intravenous Therapy Technician**

**EMT-Mining**

**Mobile Critical Care Paramedic**

**Mobile Critical Care Nurse**

**AEMT-Critical Care**

**AEMT-Paramedic**

**Pre-Hospital Registered Nurse**

**EMT-Defibrillator**

**Critical Care Paramedic Emergency**

**EMT-Intermediate/85**

**EMT-Intermediate/Defibrillator**

**Mobile Intensive Care Technician**

**EMT-Critical Care**

And at least ONE more...



# Park Medic

Why Important?  
To Have Common Terminology  
&  
Speak the same “language”

# National Documents (residing with NHTSA)

# EMERGENCY SERVICES



EMERGENCY  
MEDICAL  
SERVICES

## **EDUCATION AGENDA FOR THE FUTURE: A SYSTEMS APPROACH**



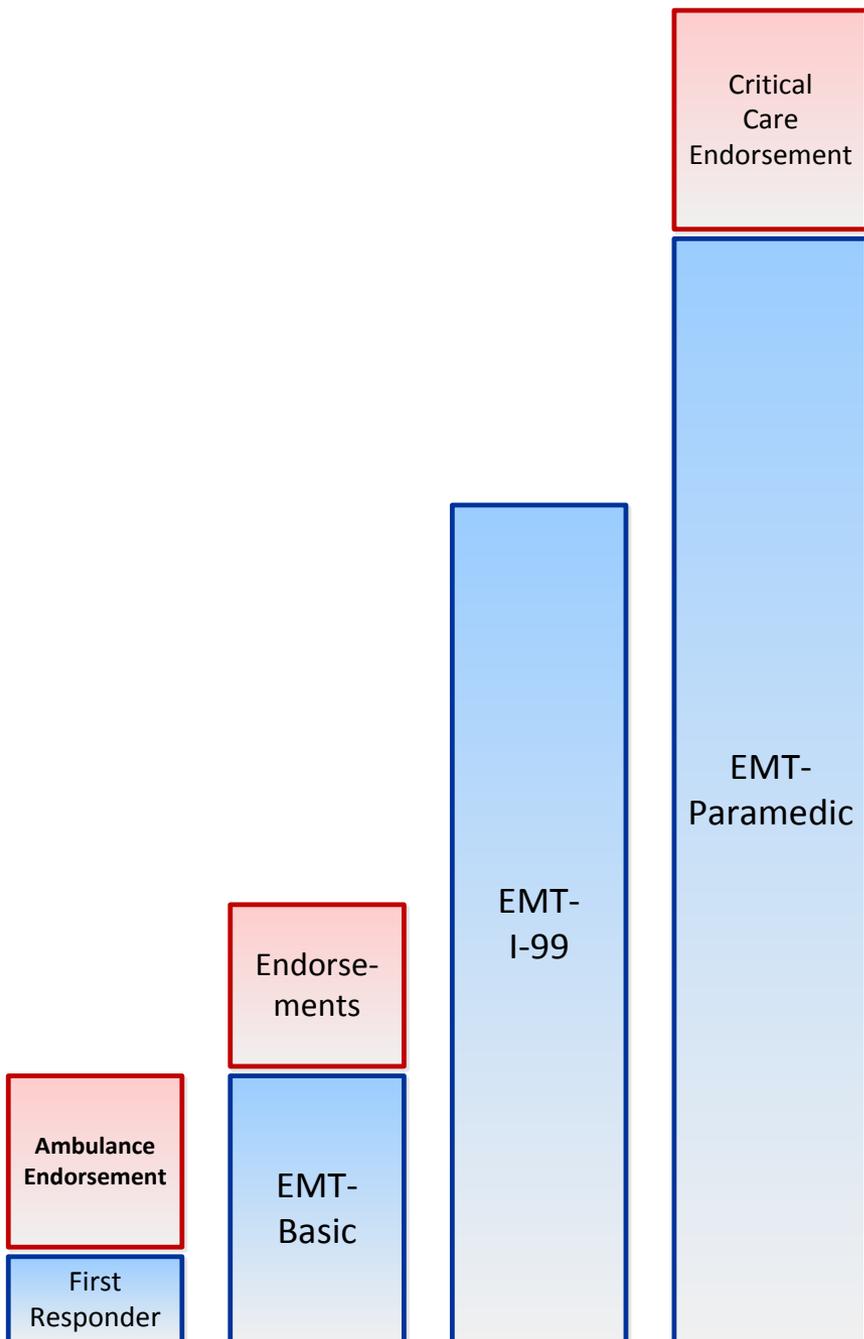
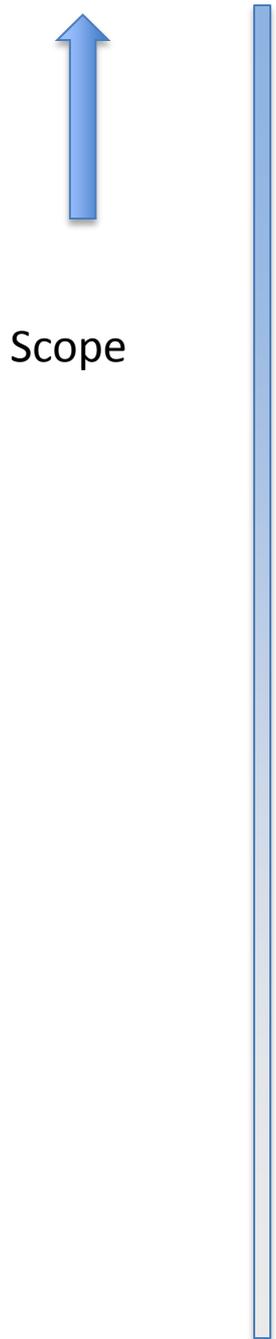
## NATIONAL EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS



NATIONAL HIGHWAY TRAFFIC  
SAFETY ADMINISTRATION

**National  
EMS  
Core  
Content**



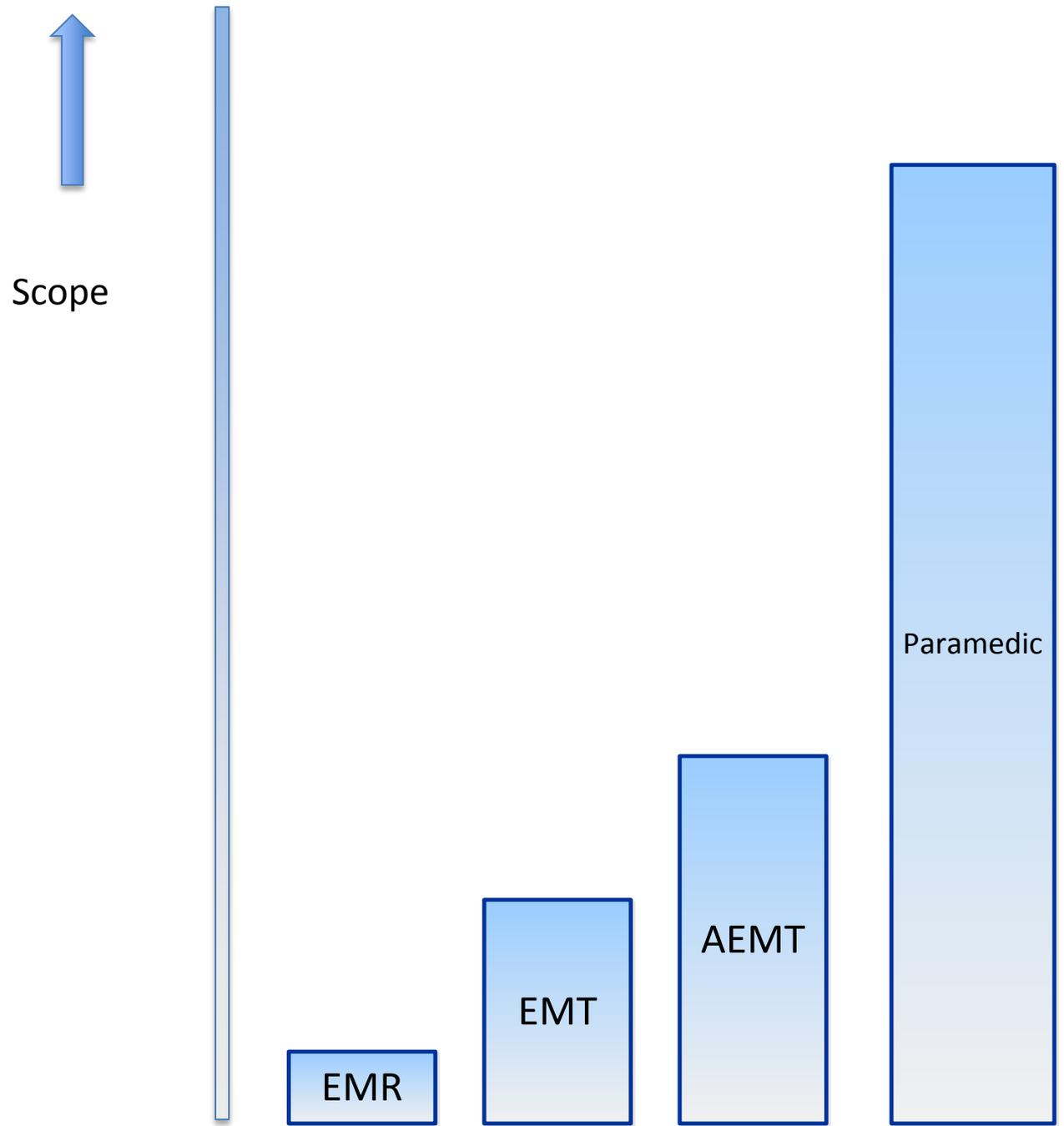


Pre-2014

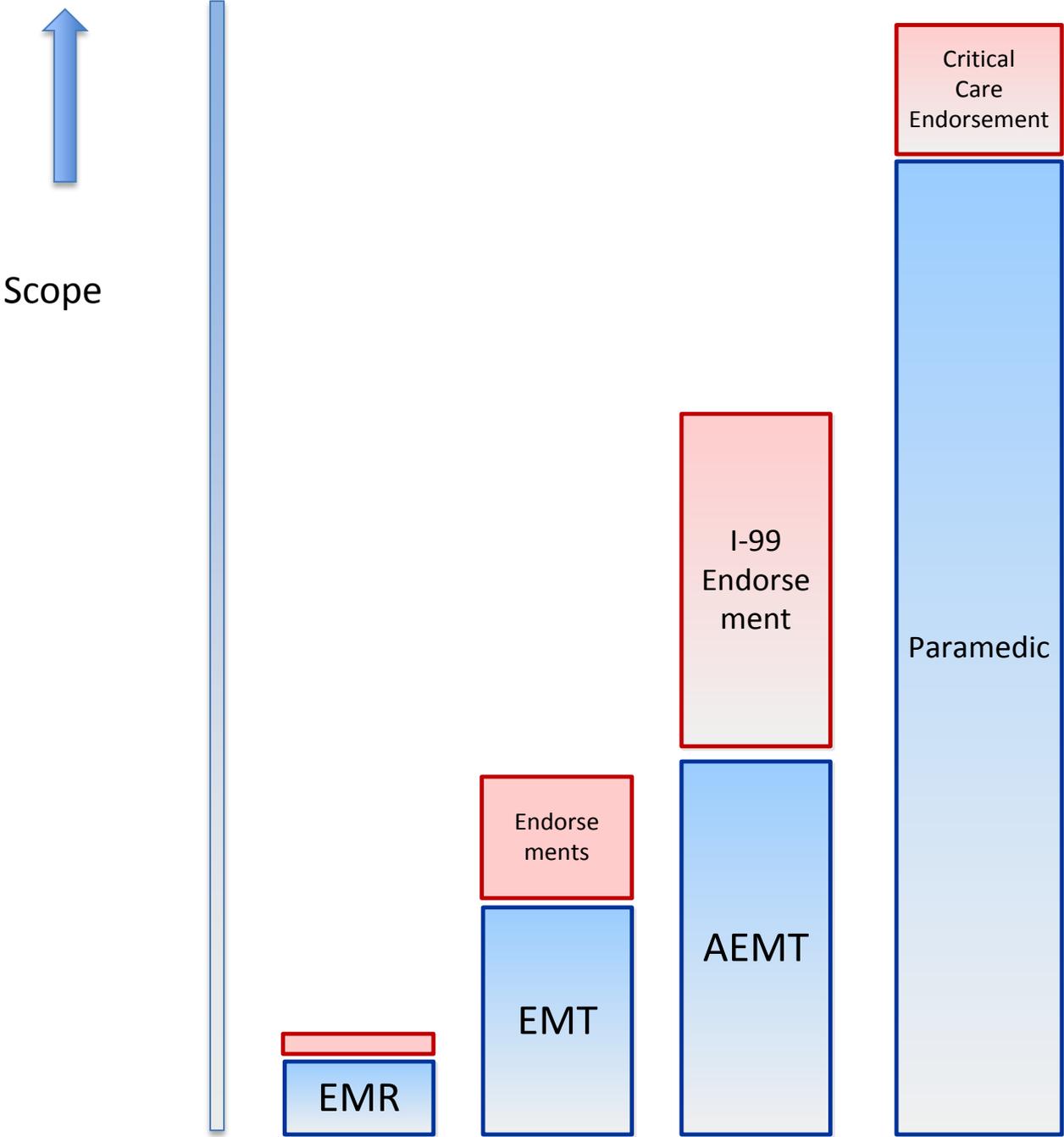


Transition

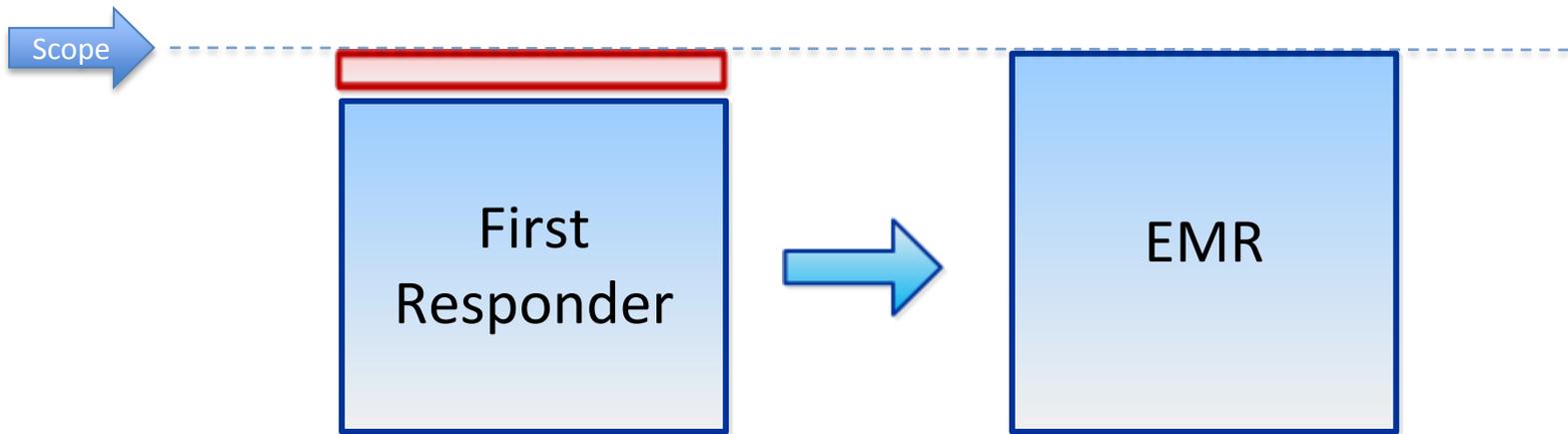
Current

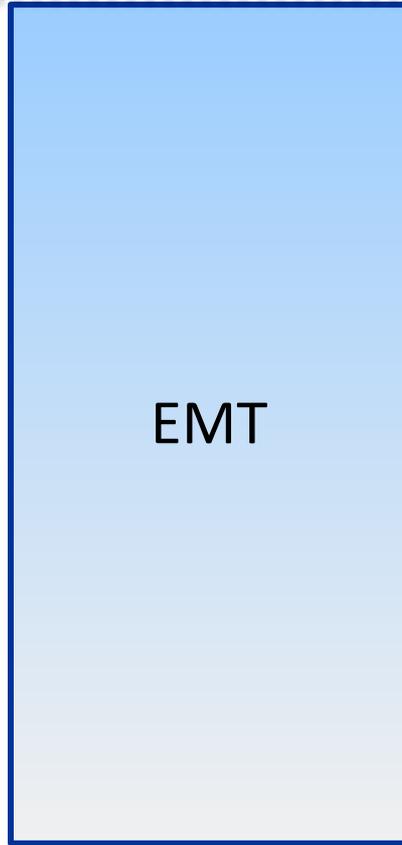
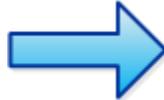
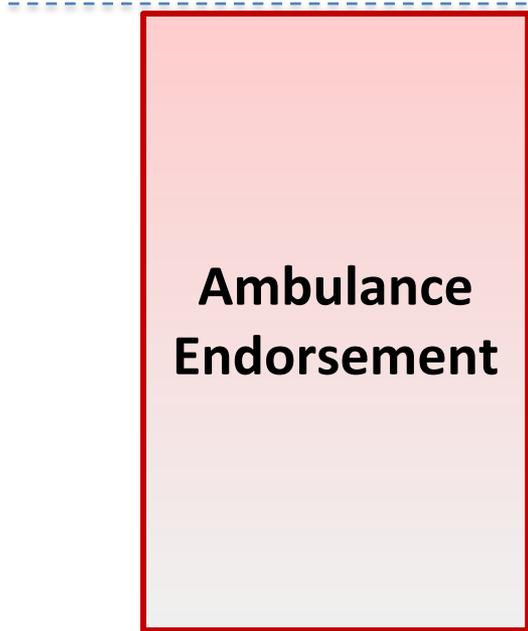


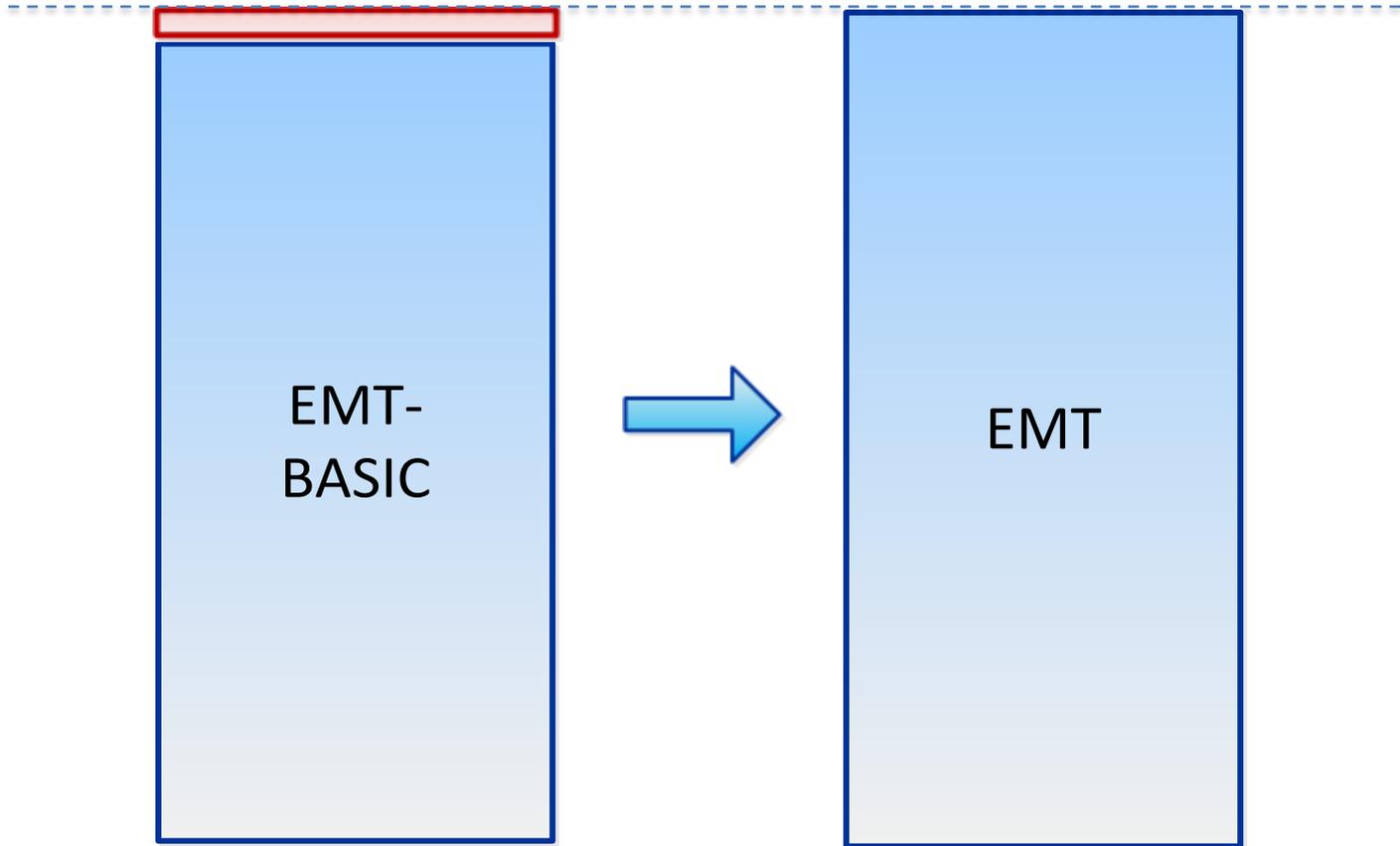
# Current



- ▶ Not all states have gotten there
- ▶ Renaming vs. Transition
- ▶ How did we get there?



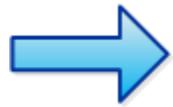






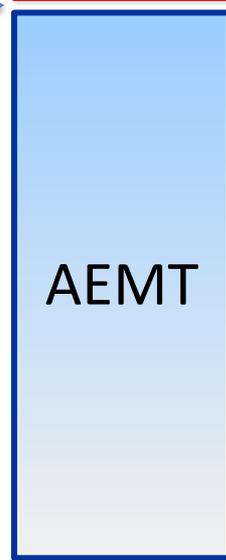
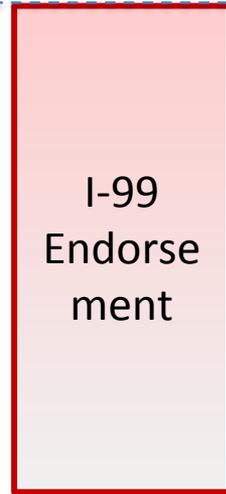
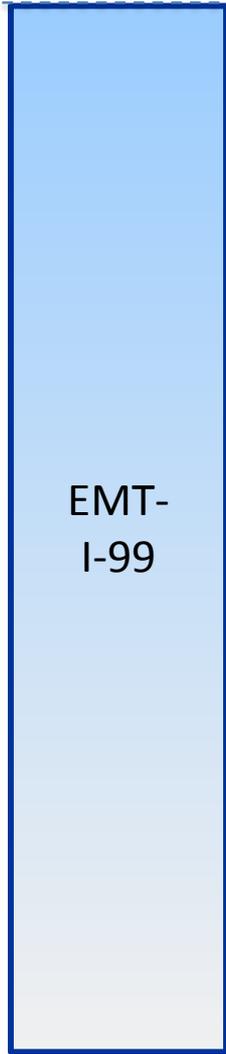
Endorsements

EMT-B



AEMT

Scope →



Scope →

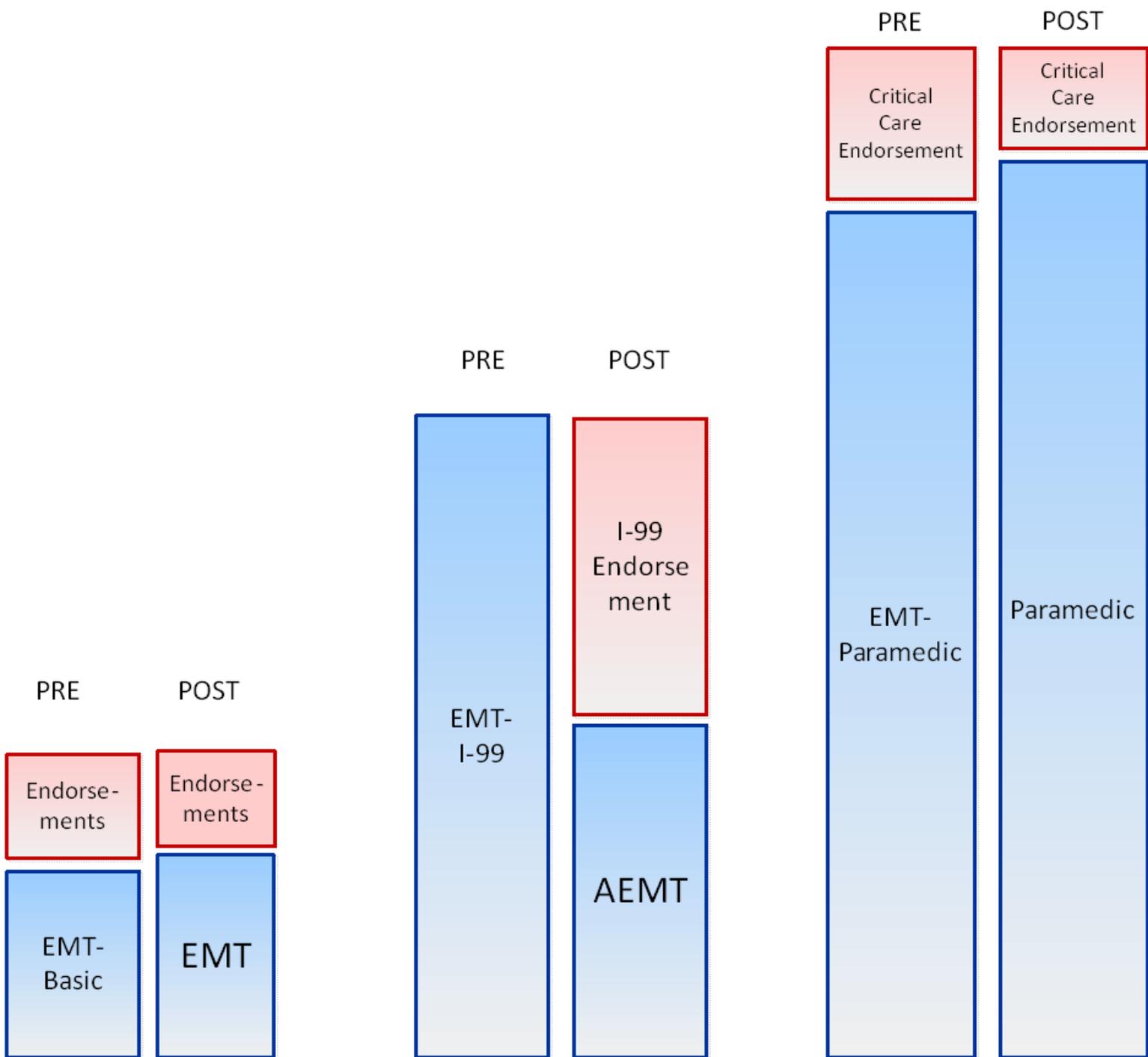
Critical  
Care  
Endorsement

Critical  
Care  
Endorsement

EMT-Paramedic



Paramedic



And now

A little about...



# Protocols





“Standing Orders”

## CARDIAC EMERGENCY

### 104 Ischemic Chest Pain / Myocardial Infarction

#### Assessment

Determine quality, duration and radiation of pain. Substernal Oppressive Chest Pain (crushing or squeezing) Nausea and/or Vomiting Shortness of breath Cool, clammy skin Palpitations Anxiety or restlessness Abnormal pulse rate or rhythm History of Coronary Artery Disease or AMI Currently taking cardiac medications JVD Distal pulse for equality/strength to assess for Aneurysm Diaphoresis, pallor, cyanosis Breath sounds – congestion, rales, wheezing Motor deficits	P – placement of pain/discomfort (anything increase discomfort) Q – quality of pain R – radiation of pain S – severity of pain/discomfort (scale of 1-10) T – time of pain/discomfort onset, type of pain
---	---

#### Basic

1. Oxygen at 2 – 6 Lpm BNC and airway maintenance appropriate to patient's condition. If the patient is in severe respiratory distress consider Oxygen 100% 12 – 15 Lpm NRB
2. Glucometer check
3. Supportive care
4. If Systolic BP is >110 and the patient is symptomatic, give patient 1 nitroglycerine tablet or spray sublingually and reassess every 5 minutes. (Refer to the medication assist procedure # 10, page 5) Maximum of three doses.
5. Give 324mg of aspirin (chewable, non-enteric coated) if patient has no contraindications, or has not already self-dosed.
6. **EMT STOP Ø**

#### EMT-IV

7. INT or IV Normal Saline TKO
8. Administer Dextrose 50% if appropriate
9. Contact Medical Control to request orders for additional nitroglycerine in excess of three doses.  
Note:
  - ❖ The maximum dosage of nitroglycerine is three. The total dosage is the total doses the patient has taken on their own combined with your subsequent dosages.

10. **EMT-IV STOP Ø**

#### PARAMEDIC

11. Cardiac monitor, obtain 12 lead, transmit if available. Patients with positive AMI should be transported to an appropriate cardiac facility as soon as possible. Treat arrhythmia appropriately.
12. Oxygen saturation
13. Aspirin (nonenteric coated), 324 mg chewed then swallowed, if not self-dosed within last 24 hr

### History

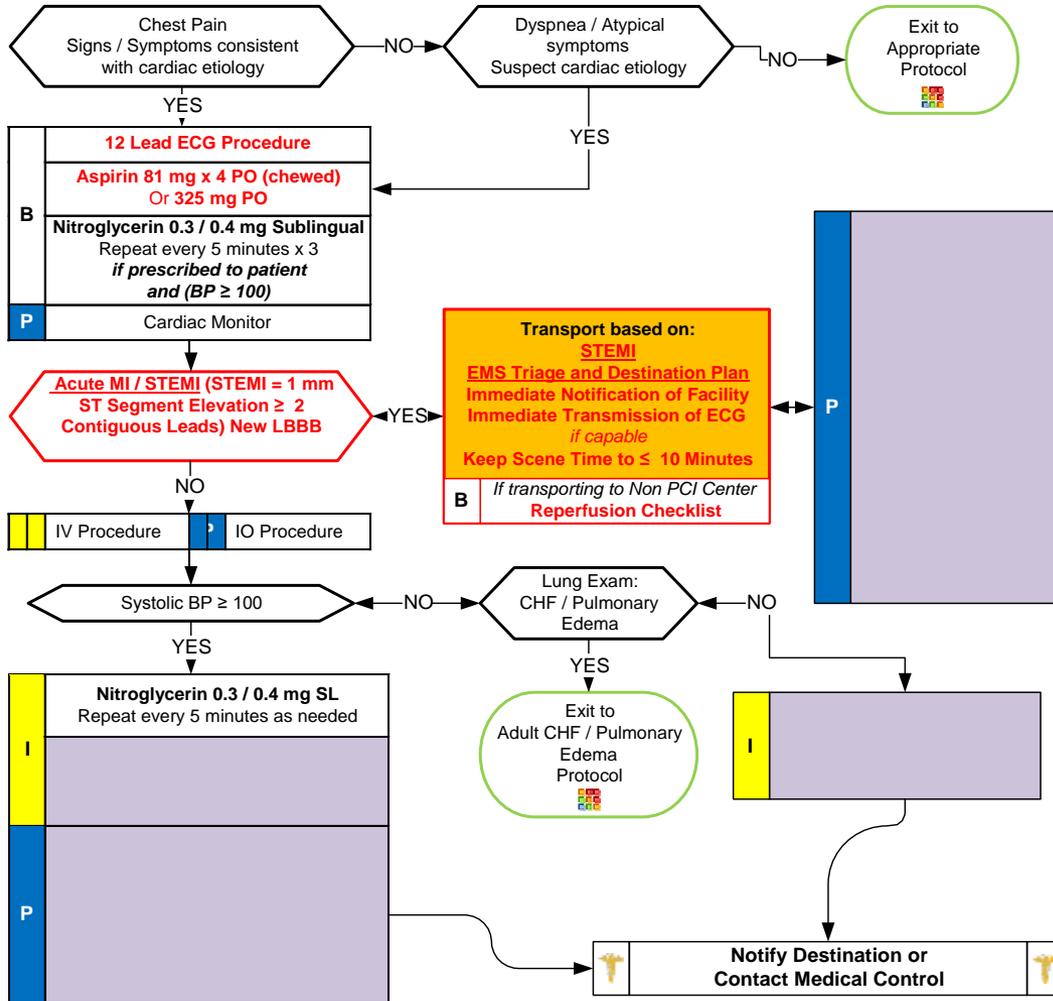
- Age
- Medications (Viagra / sildenafil, Levitra / vardenafil, Cialis / tadalafil)
- Past medical history (MI, Angina, Diabetes, post menopausal)
- Allergies
- Recent physical exertion
- Palliation / Provocation
- Quality (crampy, constant, sharp, dull, etc.)
- Region / Radiation / Referred
- Severity (1-10)
- Time (onset / duration / repetition)

### Signs and Symptoms

- CP (pain, pressure, aching, vice-like tightness)
- Location (substernal, epigastric, arm, jaw, neck, shoulder)
- Radiation of pain
- Pale, diaphoresis
- Shortness of breath
- Nausea, vomiting, dizziness
- Time of Onset**

### Differential

- Trauma vs. Medical
- Angina vs. Myocardial infarction
- Pericarditis
- Pulmonary embolism
- Asthma / COPD
- Pneumothorax
- Aortic dissection or aneurysm
- GE reflux or Hiatal hernia
- Esophageal spasm
- Chest wall injury or pain
- Pleural pain
- Overdose (Cocaine) or Methamphetamine



Adult Cardiac Section Protocols

# The Board of Medical Examiners

Regulates **PRACTICE**



# **MONTANA BOARD OF MEDICAL EXAMINERS**

MONTANA PREHOSPITAL

TREATMENT PROTOCOLS

2014

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[General Instructions for Using These Protocols](#)  
[General Orders for all Patients](#)  
[Universal Precautions](#)  
[Best Practice: Spinal Immobilization](#)

## **Specific Protocols**

[ABDOMINAL PAIN \(Medical Etiology\)](#)  
[ABNORMAL DELIVERY PROCEDURES](#)  
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[SHOCK -MEDICAL](#)  
[SMOKE INHALATION](#)

## Montana Board Approved Protocols: Introduction

The Montana Board of Medical Examiners has approved the following protocols for licensed Montana Emergency Medical Responder's thru Paramedic's (including all endorsements).

These protocols are intended to be used as a default or baseline protocols for Montana licensed Emergency Medical Providers and local Medical Directors to assist in providing established and approved guidelines for individual providers functioning in prehospital, transport and emergent conditions.

The local medical director may choose not to use the default protocols and may develop protocols for their Emergency Medical Providers; **however**, service specific protocols must be first reviewed and approved by the Board of Medical Examiners.

The Board authorizes the medical director to use the Board approved protocols in their entirety or may determine to limit the service or individual EMT providers function / practice where appropriate and in accordance with provider's abilities or needs of the community they serve. **However**, the local medical director may not significantly alter or expand approved Board protocols without first seeking Board of Medical Examiners approval. (See ARM 24.156. 2140 for Board Protocol Request/Approval Procedures) A submission for approval form is available on <http://www.emt.mt.gov/>.

Emergency Medical Personnel may not function/practice beyond their individual licensure level and scope of practice authorized by the state wide protocols or local medical director (if an exception has been granted by the Board).

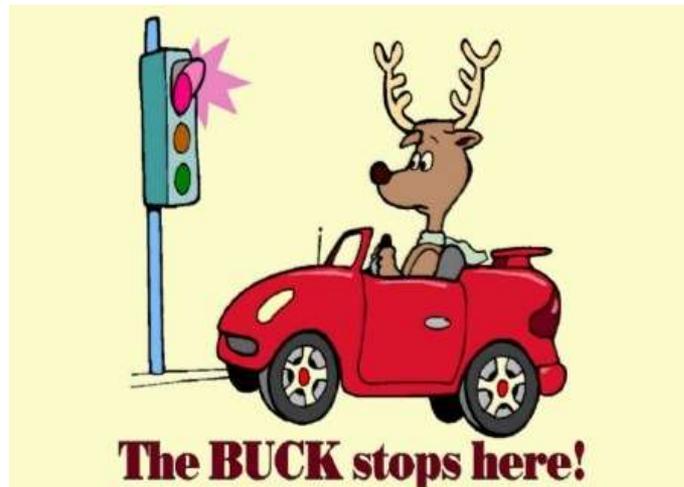
These protocols define the expected performance of various levels of prehospital personnel when faced with a variety of emergency situations. This is not a procedure manual describing the "how to", but a performance manual which guides the "what to do". It is presented in a field guide format for easy reference.

The **Advanced Cardiac Life Support (ACLS)** and **Pediatric Life Support (PALS)** algorithms for the various dysrhythmias are not reproduced in this protocol manual. They are available from various sources and it would serve no useful purpose to re-print them in this protocol. The algorithms are developed to guide a wide variety of medical providers.

It is the responsibility of the Montana Emergency Medical Provider to know / recognize their SCOPE OF PRACTICE and operate within their scope when utilizing ACLS/PALS algorithms. When the appropriate Emergency Medical Provider encounters a dysrhythmia, they are to treat the patient: within their scope of practice, according to the most recent prehospital ACLS or PALS protocols and as directed by their medical director. Medications/procedures identified in the algorithms that are outside of the National Educational Standards and Montana scope of practice of the individual licensee may not be performed.

Emergency Medical Personnel may not function/practice beyond their individual licensure level and scope of practice authorized by the state wide protocols or local medical director (if an exception has been granted by the Board).

A medical director may assign duties where appropriate, **but retains the responsibility** for all assigned duties.



These protocols define the expected performance of various levels of prehospital personnel when faced with a variety of emergency situations.

This is **not a procedure manual** describing the “how to”, but a performance manual which guides the “what to do”. It is presented in a field guide format for easy reference.

# Key Element: Professionalism

It is the responsibility of the MT Emergency Medical  
Provider to know/recognize their SCOPE OF PRACTICE  
and operate within their scope

# Last But Not Least



# Future Challenges

Professionalism

Licensing

Recognition

Research/Evidence

Recruitment/Retention

# A little more food for thought

What we know today as  
Best Practice  
&  
State-of-the-Art or High Tech  
WILL change!

Montana Department of LABOR & INDUSTRY  
Department of Labor & Industry - Business Standards

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[www.emt.mt.gov](http://www.emt.mt.gov)

EMERGENCY MEDICAL TECHNICIANS



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**Emergency Medical Technicians**

The [Montana Board of Medical Examiners](#) has the privilege of licensing Emergency Medical Technicians. We pleased to share with you the licensing and regulatory information for EMTs. However, if you are actually looking for **EMS SERVICE** (Ambulance Service) information, you'll need to go to the [EMS and Trauma Systems Section](#) of the Montana Department of Public Health and Human Services.

You can easily determine how to [become licensed](#) as an EMT at any level. You can verify who is already licensed (by choosing the "Services Tab" above), and learn the statutory and regulatory requirements for EMTs licensed in Montana (by selecting the "Regs" Tab above). You can also learn of board meetings and agenda topics, read current position papers (by making a selection to the left) and determine approved educational programs and examinations (by using the "Education" or "Testing" tabs above).

**Please choose from the board information topics to the left or select another tab from above for associated information.**

For additional assistance please use this [form](#) to contact the board.

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**MONTANA BOARD OF MEDICAL EXAMINERS**

PO Box 200513 301 South Park Avenue 4<sup>th</sup> Floor

Helena, Montana 59620-0513

Phone (406) 841-2359 FAX (406) 841-2305

E-MAIL: kthreet@mt.gov

WEBSITE: www.emt.mt.gov

**Registration Form: Lead Instructor Training Program** (please √ one)

SEPTEMBER 27-28, 2014, GLENDIVE, MONTANA

NOVEMBER 8-9, 2014, BELGRADE, MONTANA

***PLEASE PRINT OR TYPE:***

FULL NAME:

HOME ADDRESS:

CITY:

STATE:

ZIP:

E-MAIL ADDRESS:

TELEPHONE (      )

MALE     FEMALE    DATE OF BIRTH:

LEVEL OF LICENSURE:     PHYSICIAN-ASSISTANT     PHYSICIAN     PARAMEDIC

# Final thoughts





Thanks, for spending  
this time with us...



questions?  
comments?



# Rocky Mountain Rural Trauma Symposium



OK, then  
we're out of here....



PresenterMedia