

To: Licensees and Stakeholders

From: Sam Hunthausen, Executive Officer, Department of Labor and Industry

Re: Montana Emergency Care Provider (ECP) Endorsements

At the January 2025 Board meeting, staff introduced a concept to reformat ECP endorsement information to align with the [ECP Scope of Practice Document](#) and the [National Model EMS Clinical Guidelines Version 3.0](#). A recording of this initial discussion can be found on the [board meetings](#) webpage.

These revised competencies sheets were shared with the Emergency Medical Services Advisory Committee at its February meeting. The Committee generally supported the effort to consolidate the endorsement forms and materials, and it provided input on the specific content of the documents. The revised forms were reviewed and approved by the Board at its April 2025 meeting and published to the [endorsement website](#) in August 2025.

#### **A SUMMARY OF THIS ENDORSEMENT PROJECT**

In reviewing the Montana Scope of Practice Document, individuals will note that the endorsement system is responsible for much of the customization in how ECPs practice in Montana when compared against the national model. Similar to its work on the ECP Scope of Practice Document, the board sought to make the endorsement system clearer and easier to navigate for the medical directors, lead instructors, and licensees who use it.

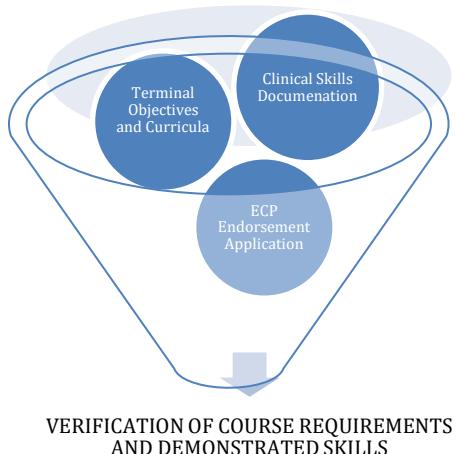
The Board issues the following endorsements to ECPs, as authorized through [ARM 24.156.2751](#):

- a. EMR Monitoring
- b. EMT Airway
- c. EMT IV/IO Initiation
- d. EMT IV/IO Maintenance
- e. EMT Medication
- f. AEMT Medication
- g. Paramedic Critical Care
- h. Community Integrated Health Care
- i. Lead Instructor

Previously, an ECP seeking endorsement must find information in 2-3 documents to obtain the credential:

- 1) [“Terminal Objectives”](#)
- 2) [“Clinical Skills Documentation Form”](#)
- 3) [“ECP Endorsement Application”](#)

Board staff consolidated these three forms into one document.



Beyond simple consolidation of *format*, reconsideration of the *content* within the “Terminal Objectives” and “Clinical Skills” was also needed. By basing Montana ECP Scope of Practice on the National EMS Scope of Practice Model, many skills and interventions that previously required an endorsement are now simply within scope for the base level of license. Board staff prepared a revised competencies sheets, employing a methodology of reconciling the currently-listed Montana endorsement competencies against the National Model ECP Scope of Practice Document, eliminating redundancies in assessment required of the medical director/lead instructor.

#### SPECIFIC CHANGES TO ENDORSEMENT COMPETENCIES

This summary below outlines the content removed from the 2014 Montana Emergency Care Provider (ECP) endorsements to reflect current skills and scope of practice included in the [National Model EMS Clinical Guidelines Version 3.0 \(March 2022\)](#).

The Medical Director should be aware of their staff’s educational and training history and whether there is a need for additional training to meet the current [National Emergency Medical Services \(EMS\) Education Standards](#) to comply with their level of training and to meet the most recent version of the endorsement requirements (2025).

- 1. EMR Monitoring Endorsement**
  - a. No content added or removed.
- 2. EMT Airway Endorsement**
  - a. Removed
    - i. Continuous positive airway pressure (CPAP) – falls within EMT scope
      1. Course requirements
        - a. Describe how CPAP functions
        - b. Describe the CPAP out of hospital indications.
        - c. Describe CPAP absolute contraindications.
        - d. Describe CPAP relative contraindications.

- e. Describe CPAP hazards
- 2. Endorsement skills demonstrated during course
  - a. Set up and assist a patient with a (CPAP) device (not to exceed 10cm H2O).
- b. Modified
  - i. Changed “advanced airway” to “supraglottic airway” for accuracy.
  - ii. Will not add the “8-year-old” provision, as per 05/22 EMSAC meeting.
  - iii. Added “End tidal CO<sub>2</sub> numerical value monitoring” to reflect MT Scope of Practice.
  - iv. Altered language to clarify that EMT with this endorsement can monitor a patient ventilated with a supraglottic airway.
- 3. **EMT IV/IO Initiation** - initiate and maintain clear intravenous fluids (D5W, D10W. LR and NS).
  - a. Removed D10 from endorsement.
- 4. **EMT IV/IO Maintenance** - to maintain clear intravenous fluids (D5W, D10W, LR and NS).
  - a. Removed D10 from endorsement.
- 5. **EMT Medication Endorsement** – of note, the current [Montana EMT Medication Endorsement](#) does not include a specific medication list. For this reason, the content below was reconciled from multiple sources, including the [MT Prehospital Protocols](#) (2020), the prior iteration of the EMT Medication Endorsement (2014), and testimony from the Economic Affairs Interim Committee meeting (2017)<sup>1</sup>.
  - a. Removed
    - i. Aspirin, oral
    - ii. Glucose, oral Epinephrine auto-injector – within national scope<sup>2</sup>
    - iii. Epinephrine auto-injector
    - iv. Albuterol, Isoetharine, Metaproterenol, (inhaler & nebulizer)<sup>3</sup>
      - 1. Nebulized Albuterol within scope for EMT<sup>1</sup>.
      - 2. Isoetharine and metaproterenol are not referenced in the MT Prehospital protocol.
    - v. Narcan (ET) – ET is paramedic level route of administration, per national scope.<sup>1</sup>
    - vi. Solu Cortef, Solu-Medrol or Decadron (IV/IO) –route is inconsistent with [MT Prehospital Protocols](#) content. in which the IM route is cited.
    - vii. Morphine (auto Injector 5 mg/10mg)
    - viii. Glucagon SQ per preference EMSAC 05/22
  - b. Retained
    - i. Diphenhydramine (PO)
    - ii. Glucagon (IM, IN)
    - iii. Influenza immunization
    - iv. Hydrocortisone, methylprednisolone, or dexamethasone (IM)
    - v. Narcan (IM, IV, IO)
    - vi. Nitroglycerin (tablet or spray)
    - vii. Epinephrine 1 ml vial (adult only) - 1:1,000 IM = 1 mg/ml for anaphylaxis

<sup>1</sup> [Economic Affairs Interim Committee meeting \(2017\)](#)

<sup>2</sup> [National EMS Scope of Practice Model 2019: Including Change Notices 1.0 and 2.0](#) <sup>3</sup> [2014 version of the EMT Medication Endorsement](#)



- viii. Nitrous oxide
- c. Added
  - i. "Sublingual" as a route of administration to the "course requirements" section to account for nitroglycerin route.

## 6. AEMT Medication Endorsement

- a. Removed
  - i. Diphenhydramine (PO) – this is within scope for EMT with medication endorsement. Not required for AEMT.
  - ii. Influenza immunization – within national scope of practice for AEMT.<sup>4</sup>
  - iii. Hydrocortisone, methylprednisolone, or dexamethasone (IM) - this is within scope for EMT with medication endorsement. Not required for AEMT.
- b. Retained
  - i. Diphenhydramine intramuscular (IM) route
  - ii. Hydrocortisone, methylprednisolone, dexamethasone intravenous (IV) and intraosseous (IO) routes.

## 7. Paramedic Critical Care Endorsement

- a. No content removed or added.

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<sup>4</sup> [National EMS Scope of Practice Model 2019: Including Change Notices 1.0 and 2.0](#)