

11/20/09 EMT Meeting Minutes

EMERGENCY MEDICAL TECHNICIAN ADVISORY COMMITTEE Friday November 20, 2009, 9:00 AM.

OREGON MEDICAL BOARD

1500 SW 1st Ave Ste 620
Portland, OR 97201

MEMBERS PRESENT

Dave Lapof, EMT-B (Chair)
Matt Eschelbach, DO
Terri Schmidt, MD
Toni R. Grimes, EMT-P
Rose Howe, EMT-I

STAFF PRESENT

Malar Ratnathicam, Licensing Manager

GUESTS

Shawn Baird, Oregon Ambulance Assoc./ Woodburn Ambulance
Gary McLean, OSPA
Peggy Andrews, Chemeketa Community College.
Bob Leopold, DHS-EMS/Trauma
Ritu Sahni, MD, DHS EMS & Trauma Systems
Mark Stevens, OFMAA/Tualatin Valley Fire & Rescue
Charmaine Kaptur, OIT/OHSU
Jonathan Chin, Washington County EMS.

1. Tab A – Meeting To Order.

Dave Lapof called the meeting to order; welcomed the guests and requested that guests sign in,

2. Tab B – Approve August 28, 2009 meeting minutes.

Dr. Terri Schmidt noted that the word “Ondansetron” was not in upper case letters. Dr. Matthew Eschelbach motioned that the meeting minutes be approved, the motion was seconded by Toni Grimes. All members approved the August 28, 2009 meeting minutes.

3. Tab C – Final Review OAR 847- 035-0030 related to immunization.

Dave Lapof noted that he and Dr Sahni attended the October 2009 Board meeting at the Oregon Medical Board and discussed the need for the Temporary Rule adoption to provided immunization for influenza as well as for the H1N1. Dave explained that OMB was supportive of the rule change for seasonal flu and pandemic immunizations. The Board did not word this to include routine immunizations. Dave assured them that this was

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not the intent and any further change would require more study. The OMB approved the rule change.

Gary McLean questioned how EMT's can be allowed to provide non emergency services, since he believed that the OAR's scope of practice seems to violate the state statutes. Several committee members made the following comments:

- * It is a good idea to offer vaccinations to the general public.
- * Unsure what his concern is?
- * Intent here is to protect the public.

Toni Grimes said that when we treat a person they become a patient. Dave Lapof finally said that there may be other interpretation(s) for a patient, the Board has reviewed the rule change, approved it and that is how it stands currently. Toni made a final comment and said that the committee is focusing on the public; private and public duties have been discussed several times in the committee and resolved.

A final notation was made that the addition to the language in the scope of practice was by the board with a sunset clause.

Dr Terri Schmidt made a motion to approve the rule as a final review. The motion was seconded Dr. Matthew Eschelbach. Committee members approved the rule as the Final review.

Exhibit A. Final Review OAR 847- 035-0030

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 035 – OREGON MEDICAL BOARD

PROPOSED RULES CHANGES – JANUARY 2010

FINAL RULE ADOPTION

<p>Proposed rule amendment adds language to the EMT-I and EMT-P scopes of practice to distribute medications and to provide seasonal and pandemic influenza vaccinations to the general public as directed by the Oregon State Public Health Officer and / or the CDC Advisory Committee until June 30, 2010.</p>
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847-035-0030

Scope of Practice

(1) The Oregon Medical Board has established a scope of practice for emergency and nonemergency care for First Responders and EMTs. First Responders and EMTs may provide

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emergency and nonemergency care in the course of providing prehospital care as an incident of the operation of ambulance and as incidents of other public or private safety duties, but is not limited to "emergency care" as defined in OAR 847-035-0001 (5).

(2) The scope of practice for First Responders and EMTs is not intended as statewide standing orders or protocols. The scope of practice is the maximum functions which may be assigned to a First Responder or EMT by a Board-approved supervising physician.

(3) Supervising physicians may not assign functions exceeding the scope of practice; however, they may limit the functions within the scope at their discretion.

(4) Standing orders for an individual EMT may be requested by the Board or Section and shall be furnished upon request.

(5) No EMT may function without assigned standing orders issued by Board-approved supervising physician.

(6) An Oregon-certified First Responder or EMT, acting through standing orders, shall respect the patient's wishes including life-sustaining treatments. Physician supervised First Responders and EMTs shall request and honor life-sustaining treatment orders executed by a physician, nurse practitioner or physician assistant if available. A patient with life-sustaining treatment orders always requires respect, comfort and hygienic care.

(7) A First Responder may perform the following procedures without having signed standing orders from a supervising physician:

- (a) Conduct primary and secondary patient examinations;
- (b) Take and record vital signs;
- (c) Utilize noninvasive diagnostic devices in accordance with manufacturer's recommendation;
- (d) Open and maintain an airway by positioning the patient's head;

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(e) Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;

(f) Provide care for soft tissue injuries;

(g) Provide care for suspected fractures;

(h) Assist with prehospital childbirth; and

(i) Complete a clear and accurate prehospital emergency care report form on all patient contacts and provide a copy of that report to the senior EMT with the transporting ambulance.

(8) A First Responder may perform the following additional procedures only when the First Responder is part of an agency which has a Board-approved supervising physician who has issued written standing orders to that First Responder authorizing the following:

(a) Administration of medical oxygen;

(b) Maintain an open airway through the use of:

(A) A nasopharyngeal airway device;

(B) A noncuffed oropharyngeal airway device;

(C) A Pharyngeal suctioning device.

(c) Operate a bag mask ventilation device with reservoir;

(d) Provision of care for suspected medical emergencies, including administering liquid oral glucose for hypoglycemia; and

(e) Administer epinephrine by automatic injection device for anaphylaxis;

(f) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator, only when the First Responder:

(A) Has successfully completed a Section- approved course of instruction in the use of the automatic or semi-automatic defibrillator; and

(B) Complies with the periodic requalification requirements for automatic or semi-automatic defibrillator as established by the Section.

(9) An Oregon-certified EMT-Basic may perform the following procedures:

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- (a) Perform all procedures that an Oregon-certified First Responder can perform;
- (b) Ventilate with a non-invasive positive pressure delivery device;
- (c) Insert a cuffed pharyngeal airway device in the practice of airway maintenance. A cuffed pharyngeal airway device is:
 - (A) A single lumen airway device designed for blind insertion into the esophagus providing airway protection where the cuffed tube prevents gastric contents from entering the pharyngeal space; or
 - (B) A multi-lumen airway device designed to function either as the single lumen device when placed in the esophagus, or by insertion into the trachea where the distal cuff creates an endotracheal seal around the ventilatory tube preventing aspiration of gastric contents.
- (d) Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;
- (e) Provide care for suspected shock, including the use of the pneumatic anti-shock garment;
- (f) Provide care for suspected medical emergencies, including:
 - (A) Obtaining a capillary blood specimen for blood glucose monitoring;
 - (B) Administer epinephrine by subcutaneous injection or automatic injection device for anaphylaxis;
 - (C) Administer activated charcoal for poisonings; and
 - (D) Administer aspirin for suspected myocardial infarction.
- (g) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator;
- (h) Transport stable patients with saline locks, heparin locks, foley catheters, or in-dwelling vascular devices;
- (i) Perform other emergency tasks as requested if under the direct visual supervision of a physician and then only under the order of that physician;

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(j) Complete a clear and accurate prehospital emergency care report form on all patient contacts;

(k) Assist a patient with administration of sublingual nitroglycerine tablets or spray and with metered dose inhalers that have been previously prescribed by that patient's personal physician and that are in the possession of the patient at the time the EMT-Basic is summoned to assist that patient; and

(l) In the event of a release of military chemical warfare agents from the Umatilla Army Depot, the EMT-Basic who is a member or employee of an EMS agency serving the DOD-designated Immediate Response Zone who has completed a Section-approved training program may administer atropine sulfate and pralidoxime chloride from a Section-approved pre-loaded auto-injector device, and perform endotracheal intubation, using protocols promulgated by the Section and adopted by the supervising physician. 100% of EMT-Basic actions taken pursuant to this section shall be reported to the Section via a copy of the prehospital emergency care report and shall be reviewed for appropriateness by Section staff and the Subcommittee on EMT Certification, Education and Discipline.

(m) In the event of a release of organophosphate agents the EMT-Basic, who has completed Section-approved training, may administer atropine sulfate and pralidoxime chloride by autoinjector, using protocols approved by the Section and adopted by the supervising physician.

(10) An Oregon-certified EMT-Intermediate may perform the following procedures:

(a) Perform all procedures that an Oregon-certified EMT-Basic can perform;

(b) Initiate and maintain peripheral intravenous (I.V.) lines;

(c) Initiate and maintain an intraosseous infusion;

(d) Initiate saline or similar locks;

(e) Draw peripheral blood specimens;

(f) Administer the following medications under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician:

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(A) Physiologic isotonic crystalloid solution.

(B) Vasoconstrictors:

(i) Epinephrine

(ii) Vasopressin;

(C) Antiarrhythmics:

(i) Atropine sulfate,

(ii) Lidocaine,

(iii) Amiodarone;

(D) Antidotes:

(i) Naloxone hydrochloride;

(E) Antihypoglycemics:

(i) Hypertonic glucose,

(ii) Glucagon;

(F) Vasodilators:

(i) Nitroglycerine;

(G) Nebulized bronchodilators:

(i) Albuterol,

(ii) Ipratropium bromide;

(H) Analgesics for acute pain:

(i) Morphine,

(ii) Nalbuphine Hydrochloride,

(iii) Ketorolac tromethamine,

(iv) Fentanyl;

(I) Antihistamine:

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(i) Diphenhydramine;

(J) Diuretic:

(i) Furosemide;

(K) Intraosseous infusion anesthetic;

(i) Lidocaine;

(L) Anti-Emetic;

(i) Ondansetron;

(g) Administer immunizations in the event of an outbreak or epidemic as declared by the Governor of the state of Oregon, the State Public Health Officer or a county health officer, as part of an emergency immunization program, under the agency's supervising physician's standing order;

(h) Administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC Advisory Committee on Immunization Practices (ACIP), and/or the Oregon State Public Health Officer's recommended immunization guidelines as directed by the agency's supervising physician's standing order until June 30, 2010.

(i) Distribute medications at the direction of the Oregon State Public Health Officer as a component of a mass distribution effort until June 30, 2010.

[~~(h)~~] **(j)** Administer routine or emergency immunizations, as part of an EMS Agency's occupational health program, to the EMT's EMS agency personnel, under the supervising physician's standing order.

[~~(i)~~] **(k)** Insert an orogastric tube;

[~~(j)~~] **(l)** Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, and if clear and understandable written and verbal instructions for such maintenance have been provided by the physician, nurse practitioner or physician assistant at the sending medical facility;

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~~[(k)]~~ **(m)** Electrocardiographic rhythm interpretation;

[(4)] (n) Perform cardiac defibrillation with a manual defibrillator.

(11) An Oregon-certified EMT-Paramedic may perform the following procedures:

(a) Perform all procedures that an Oregon-certified EMT-Intermediate can perform;

(b) Initiate the following airway management techniques:

(A) Endotracheal intubation;

(B) Tracheal suctioning techniques;

(C) Cricothyrotomy; and

(D) Transtracheal jet insufflation which may be used when no other mechanism is available for establishing an airway.

(c) Initiate a nasogastric tube;

(d) Provide advanced life support in the resuscitation of patients in cardiac arrest;

(e) Perform emergency cardioversion in the compromised patient;

(f) Attempt external transcutaneous pacing of bradycardia that is causing hemodynamic compromise;

(g) Electrocardiographic interpretation.

(h) Initiate needle thoracentesis for tension pneumothorax in a prehospital setting;

(i) Initiate placement of a femoral intravenous line when a peripheral line cannot be placed;

(j) Initiate placement of a urinary catheter for trauma patients in a prehospital setting who have received diuretics and where the transport time is greater than thirty minutes; and

(k) Initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician.

(12) The Board has delegated to the Section the following responsibilities for ensuring that these rules are adhered to:

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- (a) Designing the supervising physician and agent application;
 - (b) Approving a supervising physician or agent; and
 - (c) Investigating and disciplining any EMT or First Responder who violates their scope of practice.
 - (d) The Section shall provide copies of any supervising physician or agent applications and any EMT or First Responder disciplinary action reports to the Board upon their request.
- (13) The Section shall immediately notify the Board when questions arise regarding the qualifications or responsibilities of the supervising physician or agent of the supervising physician.

4. Tab D – Discussion on setting up an Ad Hoc Committee to discuss possible change in the EMT Scope of Practice.

Dave said that in light of the temporary rule approved by the OMB an Ad Hoc committee needs to be created to review the possible options. This is because the rule will sunset in June 2010.

After much discussion as to who may be included in this ad hoc committee, the committee members and guests attending decided that this ad hoc committee will be represented by the following:

Dr. Matthew Eschelbach - EMT-A / Supervising Physician.
Ms. Toni Grimes – EMT-A / OSAA
Mr. Mark Stevens – TVF&R / OFMAA

It was felt by the EMT committee members that keeping the committee limited in size for now, given the recommendations would be brought back to the EMT-A for two (2) meetings at which time public comment would be taken.

Objective of the Ad Hoc committee:

- * Review the language added to the scope of practice on immunizations.
- * Determine if the rule should sunset in June 30, 2010 or to recommend the rule be made permanent.
- * Broaden the current rule on immunization.

Toni Grimes moved to approve the Ad Hoc committee members and its objective, the motion was seconded by Dr. Matthew Eschelbach. All members approved.

5. Tab E – Presentation by Dr. Ritu Sahni on EMS vision for 2012.

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Dr. Sahni shared the EMS offices findings from presenting the 2012 Vision state wide. At this time there are three levels of EMT and a 4th level will be added if the EMT-adopts the national scope change of the EMS Committee's vision:

The following points were identified:

- ❖ Change certification standards.
- ❖ Meet monthly for 10 months.
- ❖ The State EMS office is reviewing the current administrative rule and obtaining public input.
- ❖ The EMS organization received a passing grade of a "D". Oregon was 47 out of 50 with regards to overall EMS system.
- ❖ Dr. Goldberg has created an Emergency Task Force, and this is in the formation stage. Members are selected, and the first meeting is to be held on 12/18/09 at 2:00 PM at the Portland State Office Building.
- ❖ Affirmed maintaining and or exceeding the National Standards.
- ❖ Recognize the challenge to the rural community
- ❖ Obtain public comments
- ❖ Present

Dr. Sahni was asked what the next steps were for this committee, the reply was to draft the rules and add Advanced EMT to the scope of practice.

It was also noted that the Oregon Medical Board (OMB) has the fundamental responsibility for the EMT scope of practice, and that the curriculum and the scope of practice needs to match up.

There was general agreement that the Advanced EMT will need to be added to the scope of practice, and the addition may fill the need to address the needs of the rural communities. The members agreed that the final decision will need to be made by the OMB.

OMB has been involved in the scope of practice since 40 years ago.

6. Tab F – Report from Toni Grimes on HB3097

Toni indicated that the bill passed and that the bill was introduced to make it easier for Veterans to step into the EMS field. Prior experience can be a replacement for the Associate's Degree (AA). Prior experience can be three years as a National Registered paramedic and working full time. For the Veterans the National Registry Card will replace the AA degree.

Implementation of this will be when the rules are adopted and currently the rule making process is starting. Expected lead time for the rules to be ready will be about eight months.

7. Tab G –

- **New Business.**
- **Good of the Order**
- **Announcements**

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- **Confirm Schedule for 2010 EMT Meetings**
- **Possible Agenda for the next EMT Meeting**

New Business – None.

Good of the Order – None.

Announcements:

Dr. Terri Schmidt said that the POLST registry has been funded by the state legislature and should be operational the first week of Dec. 09. There is a toll free number and providers will be able to call in to determine the status of the patient. More information will be shared as it becomes available.

The Legislature has funded this electronic registry and it will be operational the first week of December 2009. It is housed at the OHSU Communication Center.

Gary McLean said that a reporter wished to write a story about EMS and asked who the reporter should be directed to. Dave agreed to follow up on this request.

Dave Lapof announced that he was leaving his employer Braun Northwest and Keizer Fire District and taking the position of Fire Chief for Seal Rock Fire District on the coast.

Schedule Confirmation for 2010 EMT Meetings are as follows:

Feb 26, 2010

May 14, 2010

August 27, 2010

November 19, 2010.

Possible Agenda for Next EMT meeting:

- ❖ Preliminary report from the Ad Hoc Committee
- ❖ Adding Advanced EMT to the scope of practice
- ❖ Task force report on Emergency Care from the EMS office

Next EMT meeting will be on February 26, 2010 at 9:00 AM in the OMB Board room.
Meeting adjourned about 11:50 AM.