

Secretary of State  
**NOTICE OF PROPOSED RULEMAKING\***  
A Statement of Need and Fiscal Impact accompanies this form.

<b>Oregon Medical Board, Licensing Department</b>	<b>OAR Chapter 847</b>	
Agency and Division	Administrative Rules Chapter Number	
<b>Malar Ratnathicam</b>	<b>1500 SW 1<sup>st</sup> Ave., #620, Portland, OR 97201</b>	<b>971-673-2713</b>
Rules Coordinator	Address	Telephone

**RULE CAPTION**

[Allow EMT-I and EMT-P to administer seasonal and pandemic influenza vaccinations](#)

**Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.**

**RULEMAKING ACTION**

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing

**ADOPT:**

**AMEND:** [OAR 847-035-0030](#)

**REPEAL:**

**RENUMBER:**

**AMEND & RENUMBER:**

Stat. Auth.: [ORS 682.245](#)

Other Auth.:

Stats. Implemented: [ORS 682.245](#)

**RULE SUMMARY**

[The 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.](#)

The agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

[12/28/09](#)

**Last Day for Public Comment** (Last day to submit written comments to the Rules Coordinator)

<b>Kathleen Haley, Executive Director</b>	<b>10/20/09</b>
Signature	Date

\*Rulemaking Notices published in the Oregon Bulletin must be submitted by 5:00 pm on the 15th day of the preceding month unless this deadline falls on a weekend or legal holiday, upon which the deadline is 5:00 pm the preceding workday. A public rulemaking hearing may be requested in writing by 10 or more people, or by an association with 10 or more members, within 21 days following the publication of the Rulemaking Notice in the Oregon Bulletin or 28 days from the date Notice was sent to people on the agency mailing list, whichever is later. If sufficient hearing requests are received, notice of the date and time of the rulemaking hearing must be published in the Oregon Bulletin at least 14 days before the hearing.

ARC 923-2005

**STATEMENT OF NEED AND FISCAL IMPACT**

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

**Oregon Medical Board, Licensing Department**

**OAR Chapter 847**

Agency and Division

Administrative Rules Chapter Number

**Allow EMT-I and EMT-P to administer seasonal and pandemic influenza vaccinations**

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of: **OAR 847, Division 026, the 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.**

Statutory Authority: **ORS 682.245**

Other Authority:

Stats. Implemented: **ORS 682.245**

Need for the Rule(s): **The proposed rule amendment is needed to protect the public health and welfare by facilitating rapid administration of the seasonal and pandemic influenza vaccinations to the general public and distribution of medications as a component of a mass distribution effort until June 30, 2010.**

Documents Relied Upon, and where they are available: **OAR Chapter 847, and ORS 682; available at Board office or at [http://arcweb.sos.state.or.us/rules/OARS\\_800/OAR\\_847/847\\_tofc.html](http://arcweb.sos.state.or.us/rules/OARS_800/OAR_847/847_tofc.html) and <http://www.leg.state.or.us/ors/682.html>.**

Fiscal and Economic Impact:

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)): **The public should be saved health care costs that could result from becoming ill with the flu if not vaccinated.**
2. Cost of compliance effect on small business (ORS 183.336): **Medical clinics and EMT agencies may be small businesses. There is an anticipated positive fiscal impact to medical clinics in that other clinical staff such as physicians and nurses can be otherwise engaged in patient care, rather than administering additional vaccinations.**
  - a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule: **There are hundreds of medical and health care clinics and EMT agencies.**
  - b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services: **Recordkeeping should be routine as required to maintain patient charts and records of any care.**
  - c. Equipment, supplies, labor and increased administration required for compliance: **EMT agencies would need to be adequately staffed to administer vaccinations. Supplies of the vaccine will be provided to the agencies.**

How were small businesses involved in the development of this rule? **Members of the Emergency Medical Technician Advisory Committee who were consulted in the development of the rule represent small businesses.**

Administrative Rule Advisory Committee consulted?: **Yes, the Emergency Medical Technician Advisory Committee on August 28, 2009. The rules were reviewed by the Board at its quarterly meeting on October 9, 2009.**

	<b>Kathleen Haley, Executive Director</b>	<b>10/20/09</b>
Signature	Printed name	Date

# OREGON ADMINISTRATIVE RULES

## CHAPTER 847, DIVISION 035 – OREGON MEDICAL BOARD

### PROPOSED RULES CHANGES – OCTOBER 2009

#### FIRST REVIEW BY THE BOARD

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.

#### 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 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;
- (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:

(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;
- (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:

(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:
  - (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 such as 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.**

~~(4)~~ **(i)** 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.

~~(4)~~ **(k)** Insert an orogastric tube;

~~(4)~~ **(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;

~~(4)~~ **(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:

(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.