



Approved By Board October 3, 2014

**EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE
MEETING AGENDA
BOARD OFFICE**

August 22, 2014
9 A.M.

Committee Members:

Doug Kelly, Paramedic, Chair
Kara Kohfield, Paramedic
Terri Schmidt, MD
Chris Poulsen, DO
Susan Katz, Public Member

Staff:

Kathleen Haley, JD, Executive Director
Joseph Thaler, MD, Medical Director
Netia N. Miles, Licensing Manager
Shayne J. Nylund, Committee Coordinator

Absent by Prior Notification

Wayne Endersby, EMT-I
Nicole Krishnaswami, JD, Rules Coordinator

PUBLIC SESSION

1	Call Meeting to Order – Introductions/Attendance	Kelly
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The Meeting was called to order at 9:07 a.m.

Members of the public introduced themselves:

Mark Stevens, *EMS Section Oregon Fire Chiefs Association*
Gregg Lander, *EMS Consortium*
Paul Rostykus, MD, *Jackson County EMS*
Jonathan Chin, *Washington County Emergency Medical Services*
Justin Hardwick, *Oregon Health Authority*

2	Meeting Minutes – Review of Board Accepted Minutes from May 16, 2014	Kelly
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COMMITTEE RECOMMENDATION: Dr. Schmidt moved to approve the May 16, 2014 minutes as written. Dr. Poulsen seconded the motion. The motion unanimously passed.

OREGON ADMINISTRATIVE RULES (OAR)

The Committee re-stated there is an anticipated fiscal impact in the training and materials associated with the proposed changes to OAR 847-035-0030, specifically with the peripheral arterial blood provision for Paramedics.

3	OAR 847-035-0030: Scope of Practice	FINAL REVIEW	Kohfield
The rule amendment expands the Emergency Medical Responder scope of practice to allow the preparation and administration of Naloxone via intranasal device or auto-injector for suspected opioid overdose; clarifies that Advanced EMTs may obtain only peripheral venous blood specimens; and expands the Paramedic scope of practice to allow them to obtain peripheral arterial blood specimens.			

Ms. Kohfield reviewed the proposed changes to OAR 847-035-0030 before the Committee.

COMMITTEE RECOMMENDATION: Dr. Schmidt moved the Committee recommend adoption of OAR 847-035-0030 as written. Dr. Poulsen seconded the motion. The motion unanimously passed.

INFORMATIONAL ITEMS

4	Full Board Response Regarding Use of Xopenex as an Alternative to Albuterol	Kelly
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Mr. Kelly reviewed the Full Board response regarding the use of Levalbuterol (Xopenex) as an alternative to Albuterol. He stated the Board has determined Levalbuterol is an accepted substitute for Albuterol and is considered the same medication. Paul Rostykus, MD recommended deleting the word “sulfate” from OAR 847-035-0030(9)(D) for keeping Albuterol consistent within the entire scope. Dr. Poulsen recommended lower casing the letter “A” in the word Albuterol because it is not a trade medication.

COMMITTEE RECOMMENDATION: The Committee agrees Xopenex is the same as Albuterol for this specific question. In addition, the Committee recommended removing the word “sulfate” and lower casing the letter “A” in Albuterol from OAR 847-035-0030(9)(D) to read: *Prepare and administer nebulized albuterol treatments for known asthmatic and chronic obstructive pulmonary disease (COPD) patients suffering from suspected bronchospasm.* These changes will be brought back to the Committee in November as a first review rule amendment.

DISCUSSION ITEMS

5	Placement of Urinary Catheters	Poulsen
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Dr. Poulsen introduced the topic by acknowledging possible increased specific uses for this procedure based on the evolution of paramedicine. As a result, he suggested the current language to be more broadly written so urinary catheters could be placed at the paramedic level under the specific physician advisors recommendations for that area. Dr. Poulsen questioned if the placement of urinary catheters should be taught to every paramedic student. Public attendee Gregg Lander clarified his school teaches the procedure because it is within the current scope, but pointed out that not every school does.

Mr. Kelly pointed out that it is up to the Medical Director to define when and whom does this skill. The Executive Director asked members of the Oregon Health Authority (OHA) if there had been any disciplinary actions or investigations as a result of paramedics having the procedure within the scope. Public attendee Justin Hardwick, of OHA responded that he was not aware of any disciplinary actions or investigations. OHA was asked to provide additional research regarding this issue.

COMMITTEE RECOMMENDATION: The Committee recommended changing OAR 847-035-0030(12)(j) to read: *Initiate and maintain urinary catheters*. The proposed changes will be forwarded to the full Board in October 2014 for review. If approved, the change will be brought back to the Committee in November as a first review rule amendment.

6	Application of Kinesio Tape	Schmidt
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The Committee reviewed an inquiry from Beth Hopson, RN regarding the application Kinesio tape and if it falls outside the EMR and EMT scope of practice.

COMMITTEE RECOMMENDATION: The Committee determined the application of Kinesio tape falls within the EMR scope of practice for musculoskeletal injuries under OAR 847-035-0030(8)(f).

7	Application of Calcium Gluconate	Endersby
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The Committee reviewed an inquiry from Paul Rostykus, MD. Dr. Rostykus wanted clarification for the following inquiries regarding the application of calcium gluconate:

- 1) Whether or not the EMS provider scope of practice for non-paramedics allows for the use of first aid or over the counter medications beyond what is specifically listed in the scope of practice and
- 2) Can EMS Supervising Physicians authorize non-paramedics via standing orders the use of over the counter medications not specifically listed in the scope of practice?

After much discussion, Dr. Poulsen stated as a supervising physician, he would be reluctant to have a broad number of over the counter medications his personnel could provide because of the risks, liabilities and medical decisions that has to happen. It was suggested that further research should be done to include what the national curriculum requires and what other states are currently doing.

COMMITTEE RECOMMENDATION: The Committee recommended bringing the discussion back to the November meeting after obtaining some additional research on the topic.

8	EMR Scope of Practice	Schmidt
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Dr. Schmidt inquired why OAR 847-035-0030(9)(j), *Perform other emergency tasks as requested if under the direct visual supervision of a physician and then only under the order of that physician* is only at the EMT level and not at the EMR level. She stated that in certain emergency situations there is no distinction between the

EMT and EMR level when under the direct visual supervision of a physician. Dr. Schmidt suggested that OAR 847-035-0030(9)(j) be moved to the EMR level.

COMMITTEE RECOMMENDATION: The Committee recommended moving OAR 847-035-0030(9)(j), *Perform other emergency tasks as requested if under the direct visual supervision of a physician and then only under the order of that physician* as written to the EMR scope of practice section in 847-035-0030(8). The changes will be brought back to the November meeting as a first review amendment.

9	Public Comments	Kelly
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No public comments were made during this portion of the meeting.

10	Confirm Next Meeting Date – November 21, 2014, 9:00 A.M.	Kelly
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By consent, the Committee approved the next meeting date as November 21, 2014.

ADJOURN at 11:03 a.m.