



Board-approved April 8, 2016

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE
MEETING AGENDA
BOARD OFFICE

February 19, 2016
9 A.M.

Committee Members:

Kara Kohfield, Paramedic, Chair
Mohamud Daya, MD
Wayne Endersby, EMT-I
Chris Poulsen, DO
Mike Verkest, Paramedic

Staff:

Kathleen Haley, JD, Executive Director
Joseph Thaler, MD, Medical Director
Nicole Krishnaswami, JD, Operations & Policy Analyst
Netia N. Miles, Licensing Manager
Shayne J. Nylund, Committee Coordinator

PUBLIC SESSION

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| 1 | Call Meeting to Order – Introductions/Attendance | Kohfield |
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The Meeting was called to order at 9:02 a.m.

Members of the public introduced themselves:

Jan Acebo, *Multnomah County Emergency Medical Services*
Jonathan Chin, *Washington County Emergency Medical Services*
Jessica Gilham, *Oregon Health Authority*
Gregg Lander, *EMS Consortium/Chemeketa Community College*
Aaron Monnig, *Multnomah County Emergency Medical Services*
Mark Stevens, *EMS Section Oregon Fire Chiefs Association*

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| 2 | Meeting Minutes – Review of Board Approved Minutes from November 20, 2015 | Kohfield |
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Ms. Kohfield moved to approve the August 21, 2015 minutes as written. Dr. Daya seconded the motion. The motion unanimously passed.

INFORMATIONAL ITEMS

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| 3 | Rule Advisory Committee (RAC) Update | Verkest |
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Mr. Verkest stated there have been no new updates since the Rule Advisory Committee's last meeting which was held on November 3, 2015.

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| 4 | Proposed Rules from Oregon Health Authority - OAR 333-250: Ambulance Service Agency Providing Secure Transport | Kohfield |
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Ms. Kohfield reviewed the proposed rules OAR 333-250 from the Oregon Health Authority (OHA). The proposed rules address policy and educational requirements that are necessary for an ambulance service agency to provide transport to individuals suffering from a behavioral health crisis, who are in custody or in diversion. This practice is often referred to as 'secure transport.' She asked if OAR 333-250, regarding a patient's rights, is a brand new set of requirements. Public attendee Aaron Monnig answered OAR 333-250 used to be in rule, but had been eliminated around 1997 without explanation. He stated OHA is also unaware as to why it was originally removed; however, they are proposing to reincorporate it.

Nicole Krishnaswami, JD, Operations & Policy Analyst, stated any rule changes are required to be saved forever and that OHA should have a record of prior rule language in OAR 333-250, in addition to when and why it was removed. Ms. Kohfield suggested the Committee forward OHA some questions and concerns regarding the proposed rules language. Specifically, the Committee would like clarification as to what the definition of a secured transport is, how it's going to affect EMS and who to obtain permission from when transferring a secured transport.

COMMITTEE RECOMMENDATION: The Committee recommended OMB staff put together a response to OHA regarding the Committee's inquiries.

DISCUSSION ITEMS

In reviewing this rule, please consider the Fiscal Impact.

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| 5 | OAR 847-035-0011: EMS Advisory Committee | FIRST REVIEW | Poulsen |
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| <p>The proposed rule amendment requires that the physician members of the EMS Committee have at least two years of experience actively practicing as Oregon EMS supervising physicians.</p> |
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Dr. Poulsen reviewed the proposed changes to OAR 847-035-0011 before the Committee. The Committee agreed the proposed changes should have no fiscal impact.

COMMITTEE RECOMMENDATION: The Committee recommended forwarding proposed changes to OAR 847-035-0011 as written to the Full Board for review

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| 6 | Additional Review for Scope of Practice Change Request to Allow EMRs to Draw Up to EPI 1:1000 from Ampules & Administer to Patients Experiencing Anaphylaxis | Daya |
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Dr. Daya recognized that the impetus for the scope of practice change request was is due to the cost of auto-injectors being exceptionally expensive; averaging between \$400 and \$500 per unit. He pointed out a position paper was published by the National Association of EMS Physicians (NAEMSP) which stated it is acceptable for an EMT Basic to potentially prepare and administer epinephrine (EPI) from ampules or vials but not at the EMR level.

In recognizing the need to help off-set the burden of cost for smaller agencies and the rural health community, the Committee suggested the Oregon Health Authority (OHA) explore other options, such as buying auto-injectors in bulk or finding grants.

COMMITTEE RECOMMENDATION: The Committee recommended no amendment to the current scope of practice.

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| 7 | Scope of Practice: Transporting Stable and Unstable Patients on Ventilators at the Paramedic Level | Verkest |
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The Committee reviewed correspondence from Davalee Meade, Paramedic, Falck Salem, who asked for a statement regarding a Paramedic’s ability to transport both stable and unstable patients who are on ventilators from hospital to hospital.

Ms. Kohfield stated there are agencies who are asking their paramedics to take ventilator training so they can transfer patients on a ventilator without an RN being present. However, she doesn’t believe that all schools provide this training as she had to receive the training through her agency. Gregg Lander, Chemeketa Community College, stated that he trains all of his students on ventilators.

Dr. Poulsen recommended the Committee be cautious in offering an opinion to the inquiry as the question could be asking the Committee to craft an agencies’ policies and procedures in transporting unstable patients. Aaron Monnig, Multnomah County Emergency Medical Services, stated transporting patients between hospitals on ventilators falls under *Ambulance Service Regulations* OHA rule OAR 333-250-0040(C). Dr. Daya stated there should be specific language addressing the use of ventilators be included in the EMS scope of practice.

COMMITTEE RECOMMENDATION: The Committee is unable to help craft the inquirer’s policy and procedure concerning their agency. However, it is recommended that the facility review OHA’s rule regarding transport in order to remain in compliance with the law.

Additionally, the Committee also recommended adding language to the EMS scope of practice addressing the transport of patients on ventilators.

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| 8 | Scope of Practice: LMAs and I-Gels at the EMT Level | Endersby |
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The Committee reviewed correspondence from Dick Virk, Hood River County EMS Medical Director, who asked if LMAs and I-Gels are within the EMTs scope of practice. Public attendee, Aaron Monnig informed the Committee that I-Gels are being widely used by agencies in Multnomah County.

Dr. Poulsen pointed out that while the current language does not cover LMAs and I-Gels specifically, it would be reasonable to discuss changing the language to accommodate such devices. Dr. Daya requested that any changes in language should be written generically due to the number of devices being used. He suggested simplifying the language to include supraglottic or extraglottic devices which have the purpose of providing ventilation.

COMMITTEE RECOMMENDATION: The Committee recommended forwarding this topic to the next meeting with the purpose of crafting language that would include language modification LMAs and I-Gels at the EMT level scope of practice.

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

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| 10 | Confirm Next Meeting Date – May 20, 2016, 9:00 A.M | Kohfield |
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By consent, the Committee approved the next meeting date as May 20, 2016.

ADJOURN at 10:56 a.m.