



Oregon

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

November 20, 2015
9 A.M.

Committee Members:

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

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

1	Call Meeting to Order – Introductions/Attendance	Kohfield
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The Meeting was called to order at 9:00 a.m.

Members of the public introduced themselves:

Jan Acebo, *Multnomah County Emergency Medical Services*
Paul Bollinger, *Health Share of Oregon*
Jonathan Chin, *Washington County Emergency Medical Services*
Brett Hamilton, *FamilyCare Health Plans*
Candace Hamilton, *Oregon Health Authority*
Dave Lapof, *Mid Columbia Fire and Rescue*
Aaron Monnig, *Multnomah County Emergency Medical Services*
Mark Stevens, *EMS Section Oregon Fire Chiefs Association*

2	Meeting Minutes – Review of Board Approved Minutes from August 21, 2015	Kohfield
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Dr. Poulsen moved to approve the August 21, 2015 minutes as written. Mr. Verkest seconded the motion. The motion unanimously passed.

INFORMATIONAL ITEMS

3	Mike Verkest, Paramedic, to Serve on the Rule Advisory Committee (RAC)	Verkest
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Mr. Verkest provided an update regarding the Rule Advisory Committee's meeting held on November 3, 2015. He stated that rulemaking as required by Senate Bill 875 (2015) relating to adrenal insufficiency is moving forward while rulemaking for Senate Bill 611 (2015) relating to severe allergies is currently on hold due to outstanding questions.

4	EMS Provider Reports from Oregon Health Authority (OHA)	Poulsen
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The Committee acknowledged the list of registered supervising physicians as well as the statistical and disciplinary reports provided by the Oregon Health Authority per OAR 847-035-0025. The Committee reviews these reports annually as a reference for decision and recommendation processes.

DISCUSSION ITEMS

5	Proposed Change Request to OAR 847-035-0011	Poulsen
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The Committee reviewed a proposal from Paul Rostykus, MD, President, Oregon NAEMSP, who proposed applicant qualification changes to OAR 847-035-0011(1)(a), which currently reads: *The two physician members must be actively practicing physicians licensed under ORS Chapter 677 who are supervising physicians, medical directors, or practicing emergency medicine physicians.* Dr. Rostykus's proposed revision: *The two physician members must be actively practicing physicians licensed under ORS Chapter 677 who are Oregon EMS supervising physicians actively practicing as such during at least the prior 2 years.*

In reviewing the current rule language, Dr. Daya suggested two potential requirements for future physician members of the Committee: (1) board certified in emergency medicine and (2) actively involved in EMS supervision. The Committee did not want to overly restrict the candidate pool. They recommended not requiring an emergency medicine sub-specialization, but they agreed that the physician member must be actively engaging in EMS medicine. As a result, the Committee proposed to modify current rule language.

COMMITTEE RECOMMENDATION: Dr. Poulsen moved to amend OAR 847-035-0011(1)(a) to read: *The two physician members must be licensed under ORS Chapter 677 who are Oregon EMS supervising physicians actively practicing as such during at least the prior 2 years.* Dr. Daya seconded the motion. The motion unanimously passed. Forward to the Full Board for review.

6	Scope of Practice Change Request: Allow EMRs to Draw Up to EPI 1:1000 From Ampules & Administer to Patients Experiencing Anaphylaxis	Verkest
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The Committee reviewed a scope of practice change request from Glide Rural Fire Protection District. The proposed change request asks that EMRs be allowed to prepare and administer epinephrine (EPI) 1:1000 from

ampules for patients experiencing anaphylaxis. The benefits of the proposed change would make EPI more easily available to EMRs in rural volunteer agencies that have budget constraints.

Mr. Endersby stated administering EPI from vials should also be considered as there may be a request to include vials in the future. Dr. Daya stated the downside of administering EPI from ampules or vials is that the medication has to be drawn up, which can potentially cause exposure to blood borne pathogens. He pointed out the advantage of administering EPI from ampules or vials is that one can give a second dose to a patient, as an estimated 20% to 40% with true anaphylaxis often require a second dose.

The Committee stated that while cost is an important factor, it is not the only consideration.

Public attendee David Lapof expressed concern about maintaining proficiency in administering EPI from an ampule.

The Committee suggested the Oregon Health Authority (OHA) look into providing grant support or possibly purchase auto-injectors in bulk for the rural agencies as a cost saving measure rather than changing the scope of practice. The Committee also requested that OHA and the larger agencies provide information on purchasing options to Glide.

Public attendee Candace Hamilton from OHA informed the Committee that the state has set up an EMS sub-committee workgroup, which focuses on rural health community issues. She stated that she will take the Committee's recommendation to the workgroup for discussion.

COMMITTEE RECOMMENDATION: The Committee recommended leaving the current language in place. In addition, the Committee asked OHA to provide purchasing information for auto injectors to small agencies across the state.

7	Scope of Practice Change Request: Naloxone Administration via Intramuscular (IM) Injection at the EMR Level	Daya
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The Committee reviewed a scope of practice change request from René Pizzo of Portland Fire and Rescue, which asked that the administration of Naloxone via intramuscular (IM) injection be added to the EMR scope of practice.

Dr. Daya stated that he has the same concerns as discussed in the previous request. Dr. Poulsen stated there already is an appropriate mechanism in place for EMRs to administer Naloxone both in the auto-injector format and intra-nasally, which can be lifesaving.

COMMITTEE RECOMMENDATION: The Committee recommended leaving the current language in place.

8	Scope of Practice: Care and Counsel of a Patient Over the Phone	Kohfield
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The Committee reviewed correspondence from Aliasha Milligan, Workers Compensation Analyst, ATI Metals, who inquired if non-emergency care and counsel (triage) over the phone when a RN isn't available is within the

scope of practice for an EMR and EMT. Ms. Milligan clarified that after an EMS provider takes the call and documents all information, it is reviewed by an RN, who follows up to perform a hands-on assessment.

COMMITTEE RECOMMENDATION: The Committee stated that in non-emergency situations, it is reasonable for EMRs and EMTs to provide care and counsel over the phone as described in Ms. Milligan’s correspondence.

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

10	Confirm Next Meeting Date – February 19, 2016, 9:00 A.M	Kohfield
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By consent, the Committee approved the next meeting date as February 19, 2016.

ADJOURN at 10:24 a.m.