EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE
MEETING AGENDA
BOARD OFFICE

August 18, 2017
9 A.M.

Committee Members:
Chris Poulsen, DO, Chair
Mohamud Daya, MD
Wayne Endersby, EMT-I
Stephen Brost, Paramedic

Staff:
Joe Thaler, Medical Director
Nicole Krishnaswami, JD, Operations & Policy Analyst
Netia N. Miles, Licensing Manager
Frank Clore, Committee Coordinator

Present Via Phone:
Mike Verkest, Paramedic

Absent by Prior Notification:
Kathleen Haley, JD, Executive Director

PUBLIC SESSION

1  Call Meeting to Order – Introductions/Attendance   Poulsen

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
Chad Partington, Oregon Mobile Healthcare
Jonathan Chin, Washington County Emergency Medical Services
Rebecca Long, Oregon Health Authority
Liana Walta, Oregon Health Authority
David Lehrfeld, Oregon Health Authority
Yu Hsu, Oregon Mobile Healthcare
Charmaing Kaptur, Tualatin Valley Fire and Rescue
Dave Lapof, Klickitat County Emergency Medical Services
Dr. Poulsen reviewed his presentation of the EMS minutes from the meeting held on May 19, 2017 at the full Board meeting held on July 13-14, 2017. Dr. Poulsen relayed concerns raised by some Board members regarding the use of TXA (Tranexamic acid). The Committee discussed the uses of TXA within emergency medical services, and the need to be aware of potential concerns on behalf of the Board. Mr. Endersby moved to approve the May 19, 2017 minutes as written. Mr. Brost seconded the motion. The motion unanimously passed.

**DISCUSSION ITEMS**

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<th>OAR 847-035-0030: Scope of Practice</th>
<th>FIRST REVIEW</th>
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<td>The proposed rule amendment requires EMS providers to honor POLST orders executed according to the relevant statute, which now includes naturopathic physicians among the healthcare professionals who may sign POLST orders for a patient. The proposed amendment also allows Emergency Medical Responders to administer epinephrine by subcutaneous or intramuscular injection upon successful completion of an Oregon Health Authority approved course.</td>
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Dr. Daya reviewed the proposed changes to OAR 847-035-0030 before the Committee. The committee agreed the proposed changes should have no fiscal impact.

**COMMITTEE RECOMMENDATION:** The Committee recommended forwarding proposed changes to OAR 847-035-0030 as written to the full Board for review

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<th>Scope of Practice Change Request: Administering Ipratropium at the EMT Level</th>
<th>Verkest</th>
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<td>The Committee reviewed a Scope of Practice Change Request from Robert Chance, FP-C, EMS Training Officer, Western Lane Ambulance, who requested to amend the scope to allow Ipratropium to be delivered by EMT level providers.</td>
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Mr. Verkest informed the Committee that many states, such as Virginia, New Mexico, Wisconsin, and Kentucky, allow for delivery of Atrovent (Ipratropium) at the EMT level. The Committee discussed the low fiscal impact of this request, detailing that training would be required. Ultimately, this matter would need to be handled by a medical director within each agency per its local protocol.

**COMMITTEE RECOMMENDATION:** The Committee proposed to amend OAR 847-035-0030(9)(d)(D) to read: “Prepare and administer albuterol and ipratropium treatments for known asthmatic and chronic obstructive pulmonary disease (COPD) patients suffering from suspected bronchospasm.” Forward to full Board for review.

| 5 | Scope of Practice Inquiry: EMTs Training in Emergency Rooms | Brost |
The Committee reviewed correspondence from Heather Cofer, BSN/RN, Salem Health, who inquired if community SWAT medics would be able to train within Emergency Rooms.

Dr. David Lehrfeld, Oregon Health Authority, stated that an EMS provider may work as an employee in a hospital or other health care setting; however, the employee may not use their license or title as an EMS provider while doing so. The Committee agreed with Dr. Lehrfeld’s summary of the Board’s position.

**COMMITTEE RECOMMENDATION:** The Committee recommended Board staff respond to the inquiry by reiterating their position on the matter, which is posted on the Board’s webpage dedicated to EMS, http://www.oregon.gov/omb/board/Pages/Emergency-Medical-Services-(EMS)-Providers.aspx.

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<th>Scope of Practice Inquiry: Ventilation with a non-invasive positive pressure delivery device/administration of Albuterol treatments</th>
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The Committee reviewed correspondence from Josh Tish, Paramedic, Dayton Fire District, who inquired if OAR 847-035-0030(9)(b) included the use of Continuous Positive Airway Pressure (CPAP) devices. If this was permissible, he further inquired if it may be used both in COPD patients and CHF patients. Additionally, Mr. Tish inquired if OAR 847-035-0030(9) (d)(D) included nebulized Albuterol treatments, or just Metered Dose Inhalers. Again, if this was within the scope of practice, he asked if DuoNeb (Albuterol/Ipratropium) is considered an Albuterol treatment.

Mr. Verkest discussed the use of Albuterol treatments, and the use of DuoNeb (Albuterol/Ipratropium) inhalers. Given prior discussion regarding the use of Ipratropium, this matter will be resolved when the use of Ipratropium is added to OAR 847-035-0030(9)(d)(D).

Mr. Verkest presented information regarding the positive and negative aspects of using CPAPs in prehospital care. Dr. Daya stated that this is not within the EMT scope; however, it may be appropriate at the EMT-Advanced or EMT-I level.

Dr. Lehrfeld, Oregon Health Authority, stated that medical literature and the physiological parameters of premedical care and the use of CPAPs were recently discussed on a national level, which unfortunately didn’t yield a clear consensus regarding their usage.

Dr. Poulsen suggested revisiting this request after obtaining additional information, in addition to considering the addition of the CPAP at either EMT-Advanced or EMT-I.

**COMMITTEE RECOMMENDATION:** The Committee suggested reviewing the CPAP request at a later date after additional materials and findings have been gathered. To clarify that ipratropium or DuoNeb (albuterol/ipratropium combination) may be administered by EMT level providers, the Committee suggested further amending OAR 847-035-0030(9)(d)(D) to read: “Prepare and administer albuterol and/or ipratropium treatments for known asthmatic and chronic obstructive pulmonary disease (COPD) patients suffering from suspected bronchospasm.” Forward to full Board for review.
The Committee reviewed correspondence from Jennifer Graham, Medical Countermeasures Coordinator, Oregon Health Authority. This correspondence provided insight to increase awareness of the state’s CHEMPACK cache among first responders.

Mr. Endersby discussed the EMT’s scope and their ability to administer Atropine via an auto injector. Dr. Poulsen reiterated that this is within the EMT scope of practice per OAR 847-035-0030(9)(L). According to this rule, “In the event of a release of organophosphate agents, the EMT who has completed Authority-approved training may prepare and administer atropine sulfate and pralidoxime chloride by autoinjector, using protocols approved by the Authority and adopted by the supervising physician.” Reviewing Ms. Graham’s correspondence, Dr. Poulsen raised concern over the fact that the rule allowed for administration via an auto injector. The inquiry from Ms. Graham referenced both auto injectors and multi-dose vials.

Mr. Verkest stated, that in his experience, most of the medications are provided in multi-dose vials due to a longer shelf life. Dr. Poulsen suggested amending 847-035-0030(9)(L), by removing, “by autoinjector,” so as to not specify how the medication is to be administered and allow for use of both auto injectors and multi-dose vials.

Dr. Lehrfeld clarified that the auto injectors included in the CHEMPACK caches were solely designated for use by the first responders. The multi-dose vials were for use by the hospitals, or fixed healthcare facilities.

**COMMITTEE RECOMMENDATION:** The Committee suggested Board staff respond to the inquiry by affirming that, per OAR 847-035-0030(9)(L), it is within the EMT scope to administer Atropine. This response would also include an inquiry to explore submission of a Scope of Practice Change Request to amend OAR 847-035-0030(9)(L).

No public comments were made during this portion of the meeting.

**Informational Item**

**Informational Item: Mobile Integrated Healthcare**
Dr. Daya introduced this informational item. Chad Partington, Mobile Integrated Healthcare, discussed this material as creating a standard of care for Mobile Integrated Health Care through multiple projects.

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<th>Informational Item: Senate Bill 52</th>
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Mr. Brost provided information regarding Senate Bill 52, which requires mandatory reporting of EMS prehospital patient care.

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<th>Confirm Next Meeting Date – November 17, 2017</th>
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By consent, the Committee approved the next meeting date as November 17, 2017.

ADJOURN at 10:38 a.m.