EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE
MEETING AGENDA
BOARD OFFICE

February 10, 2017
9 A.M.

Committee Members:
Kara Kohfield, Paramedic, Chair
Mohamud Daya, MD
Wayne Endersby, EMT-I (via phone)
Chris Poulsen, DO
Mike Verkest, Paramedic

Staff:
Nicole Krishnaswami, JD, Operations and Policy Analyst
Netia N. Miles, Licensing Manager
Shayne J. Nylund, Committee Coordinator
Frank Clore, Licensing Assistant

PUBLIC SESSION

1 Call Meeting to Order – Introductions/Attendance  Kohfield

The Meeting was called to order at 9:03 a.m.

Members of the public introduced themselves:
Paul Bollinger, Health Share of Oregon
Gregg Lander, EMS Consortium
Dave Lapof
Gary McLean
Mark Stevens, EMS Section Oregon Fire Chiefs Association
Margaret Strozyk-Hayes, Hamlet Fire and Rescue Department

2 Meeting Minutes – Review of Board Approved Minutes from November 18, 2016  Kohfield

Ms. Kohfield moved to approve the November 18, 2016, minutes as written. Mr. Verkest seconded the motion. The motion unanimously passed.
**DISCUSSION ITEMS**

*In reviewing this rule, please consider the Fiscal Impact.*

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<th>OAR 847-035-0030: Scope of Practice</th>
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The proposed rule amendment (1) adds “hemorrhage control” to the EMR scope of practice, which will allow use of multiple modalities such as tourniquets and bandages; (2) adds “emergency moves for endangered patients” to the EMR scope of practice; (3) allows intraosseous infusions to be performed by AEMTs for all patients, not just pediatric patients; and (4) moves intraosseous infusion of lidocaine for anesthetic from the EMT-Intermediate scope of practice to the AEMT scope of practice.

Dr. Daya reviewed the proposed changes to OAR 847-035-0030.

- The **proposed addition** to the EMR scope of practice reads: OAR 847-035-0030(7)(g): *Assist with hemorrhage control.*

- The **proposed addition** to the EMR scope of practice reads: OAR 847-035-0030(7)(h): *Provide emergency moves for endangered patients.*

- The **proposed revision** to the AEMT scope of practice OAR 847-035-0030(10)(e) reads: *Initiate and maintain an intraosseous infusion.*

- The **proposed revision** to the AEMT scope of practice reads: OAR 847-035-0030(10)(D): *Intraosseous infusion anesthetic: Lidocaine.*

- The **proposed revision** removes language OAR 847-035-0030(11)(b) from the EMT-I scope of practice which currently reads: *Initiate and maintain an intraosseous infusion.*

- The **proposed revision** removes language OAR 847-035-0030(11)(F) from the EMT-I scope of practice which currently reads: *Intraosseous infusion anesthetic: Lidocaine.*

Ms. Kohfield stated the full Board had some concerns regarding EMRs applying tourniquets and hemorrhage control, as they have seen some inappropriate placement of tourniquets. She pointed out the Board felt there needed to be some further discussion with the Committee before moving forward with the proposed language change.

Dr. Daya stated that providing hemorrhage control is within the EMR’s scope of practice. In addition, he pointed out that there is a national Stop the Bleed Campaign that encourages the public to provide bystanders of emergency situations with the tools and knowledge to stop life threatening bleeding. Overall, the Committee stated that the issue in question appears to be more of a training concern specific to agencies and/or the provider and that this is not something that can be addressed on the Committee level at this time without more information. The Committee encouraged physicians to provide feedback directly to the agencies and medical directors across the state as a reminder to improve their process.

**COMMITTEE RECOMMENDATION:** The Committee recommended revising the proposed new OAR 847-035-0030(7)(g) to read: *Provide hemorrhage control.* Forward to the Full Board for review.
The Committee reviewed correspondence from Rebekah Rand, Paramedic, Blue Mountain Hospital, who inquired whether or not it’s within an EMT-Intermediate’s scope of practice to maintain the transport of patients with nitroglycerin drips, antibiotic drips, and heparin drips. She also inquired if a policy should be also be written.

**COMMITTEE RECOMMENDATION:** The Committee stated that it’s within an EMT-Intermediate’s scope of practice to maintain the transport of patients with nitroglycerin drips, antibiotic drips and heparin drips. However, the Committee stated that they cannot provide guidance on an individual agency’s policy.

The Committee added the topic of allowing EMRs to prepare and administer epinephrine (EPI) via IM to patients experiencing anaphylaxis. Mr. Endersby stated he reviewed the rules of 27 states and he found that Idaho and Wisconsin allow EMRs to draw up and administer their own EPI. He pointed out the EMRs in those states have to first pass a module before they can draw up and administer their own EPI.

Gregg Lander stated that most of the schools do not provide this training to EMRs, as it is more commonly done by the agencies themselves. Mr. Verkest pointed out that private companies also train EMRs. Mr. Endersby indicated that the average age in a rural setting is 65 and as a result, his agency is having difficulty finding people who are willing to take an EMT basic class. He stated that rural agencies may have to rely on EMRs if they can’t find EMTs and higher levels as there are less young people moving into those types of communities.

Dr. Daya pointed out that it will be harder to keep EPI pens with an expected life span of two years in supply due at smaller agencies and in rural areas due to the increasing costs. He further stated that if allowing EMRs to administer EPI by pre-filled syringe would solve the problem, there would need to be a formal training course because it’s slightly different that administering EPI via automatic injection.

**COMMITTEE RECOMMENDATION:** The Committee recommended drafting a rule change to revise current language OAR 847-035-0030(8)(n), which currently reads: *Prepare and administer epinephrine by automatic injection device for anaphylaxis to read: Prepare and administer by automatic injection device or intramuscular injection for anaphylaxis upon successful completion of an Authority-approved course of instruction.*

In addition, the Committee recommended removing OAR 847-035-0030(9)(B) which currently reads: *Prepare and administer epinephrine by subcutaneous injection, intramuscular injection, or automatic injection device for anaphylaxis.*
Gary McLean asked the Committee if an EMT can draw blood on a non-patient in a non-emergency situation, such as one who is in jail, without standing orders from a judge. The Committee pointed out that this could be covered under nonemergency care per OAR 847-035-0001(11). However, it was more common for another provider, such as a phlebotomist, to perform these types of services as described in Mr. McClean’s example.

By consent, the Committee approved the next meeting date as May 19, 2017.

ADJOURN at 10:20 a.m.