Board-approved April 06, 2017

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE
MEETING AGENDA
BOARD OFFICE

February 16, 2018
9 A.M.

Committee Members:
Chris Poulsen, DO, Chair
Mohamud Daya, MD
Wayne Endersby, EMT-I
Stephen Brost, Paramedic (by phone)
Mike Verkest, Paramedic

Staff:
Kathleen Haley, JD, Executive Director
Joe Thaler, Medical Director
Nicole Krishnaswami, JD, Operations & Policy Analyst
Frank Clore, Committee Coordinator

PUBLIC SESSION

1 Call Meeting to Order – Introductions/Attendance  Poulsen
The Meeting was called to order at 9:01 a.m.

Members of the public introduced themselves:
Yu Hsu, Oregon Mobile Healthcare
Chad Partington, Oregon Mobile Healthcare
Jonathan Chin, Washington County Emergency Medical Services
Rebecca Long, Oregon Health Authority
Candace Toyama, Oregon Health Authority
Greg Lander, EMS Consortium
Mark Stevens, Oregon Fire Chief Association

2 Meeting Minutes – Review of Board Approved Minutes from November 17, 2017  Poulsen
Dr. Poulsen moved to approve the November 17, 2017 minutes as written. Mr. Endersby seconded the motion. The motion unanimously passed.
DISCUSSION ITEMS

<table>
<thead>
<tr>
<th></th>
<th>OAR 847-035-0030: Scope of Practice</th>
<th>FINAL REVIEW</th>
<th>Daya</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>The 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. The amendment also allows EMRs to administer epinephrine by subcutaneous or intramuscular injection upon successful completion of an Oregon Health Authority approved course.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dr. Daya reviewed the proposed amendments to the rule.

Dr. Poulsen recounted the January full Board review of the proposed rule change and the difficulties involved in this discussion due to the rare but life-saving need for epinephrine along with the risks of insufficient training at the Emergency Medical Responder (EMR) level.

Candace Toyama, Manager of EMS & Trauma Systems, Oregon Health Authority (OHA), commented on the training provided to EMRs and the lack thereof in recognizing anaphylaxis, in pharmacology, and in preparing medications from ampules. She cited the information OHA provided to the Board regarding the frequency of EMRs using auto-injectors. She indicated that rural providers in Washington made a similar change to allow EMTs to draw and administer epinephrine via syringe and ampule, but the Washington department switched back to auto-injectors due to the EMTs’ lack of comfort and familiarity with the skillset.

Dr. Daya noted that EMRs are trained to recognize anaphylaxis in order to administer epinephrine via auto-injector. Ms. Toyama stated that EMRs are trained to assist patients with their own auto-injectors.

Mr. Endersby indicated that this topic came from rural departments needing to administer epinephrine to firefighters on the frontlines of wildland fires. Due to the remoteness of these locations, access to a large care center could be hours away. Epinephrine auto-injectors are cost prohibitive for these rural departments.

Dr. Daya reviewed questions from Board member, Kathleen Harder, MD:

1. *What medications, if any, are mandated to be carried on First Responder Vehicles staffed by EMRs?* The Committee responded that there are none.
2. *What does EMR training entail?* Dr. Daya stated that training varies by department.
3. *What is the average time between an EMR’s arrival and higher level back-up?* Dr. Daya stated that there is currently no data available to accurately answer this question.
4. *How is this problem being addressed in other states?* Dr. Daya cited the materials provided by OHA including a nationwide review of the frequency of any medical skill used by EMR nationwide.
5. *Does the OHA view this as a problem?* Ms. Toyama said the proposed rule change is a problem.
6. *If OHA perceives this as a problem, what are their recommendations for resolution?* Ms. Toyama said OHA has begun to allow EMT courses to be taught by non-educational institutions such as fire departments. There is discussion about non-traditional staffing models to allow for shared resources.
7. *What would it cost OHA to cover the price of auto-injectors in rural areas of the state? What funding mechanisms/grants are available to help offset the costs to local Emergency Providers for them to continue to have access to auto-injectors?* Ms. Toyama stated that she is unable to estimate costs. Additional research would be required to accurately derive a total dollar amount.

2
8. **What pressures are being made on the pharmaceutical manufacturers to address the costs of the auto injector?** Dr. Daya stated that the provider community as a whole is frustrated with the costs associated with the auto-injectors.

Dr. Daya moved to amend the rule by removing proposed subsections (A)-(B) and reverting to the original language which will read, 847-035-0030(8)(p) “Prepare and administer epinephrine by automatic injection device for anaphylaxis;” and ask that OHA look into this problem and seek possible solutions to assist agencies with procuring auto-injectors. Mr. Verkest seconded the motion, which passed unanimously.

Ms. Toyama stated that she would raise awareness of this issue to the state EMS Committee.

**Committee Recommendation:** The Committee recommends removing subsections (A)-(B), reverting to the original language of OAR 847-035-0030(8)(p), and adopting the rule as amended. Forward to the Board for review.

<table>
<thead>
<tr>
<th></th>
<th>Cardiac Defibrillation by EMR (OAR 847-035-0030)</th>
<th>Endersby</th>
</tr>
</thead>
</table>

Mr. Endersby presented the memo from Candace Toyama, Manager of EMS & Trauma Systems, OHA, recommending a revision to OAR 847-035-0030(8)(r) because use of automatic external defibrillators is standard training for the EMR and is not offered by OHA.

Dr. Daya made a motion to amend the rule to read, 847-035-0030(8)(r) “[An EMR may] perform cardiac defibrillation with an automatic external defibrillator” and deleting the remaining language in (r)(A)-(B). Mr. Endersby seconded this motion. The motion passed unanimously.

**Committee Recommendation:** The Committee recommends drafting a rule amendment to OAR 847-035-0030(8)(r), “[An EMR may] perform cardiac defibrillation with an automatic external defibrillator” and deleting the remaining language in (r)(A)-(B).

<table>
<thead>
<tr>
<th></th>
<th>Administration of Medications by AEMT and EMT-I (OAR 847-035-0030)</th>
<th>Brost</th>
</tr>
</thead>
</table>

At the November 17, 2017, EMS Advisory Committee Meeting, Committee members planned to review the Advanced EMT (AEMT) and EMT-Intermediate (EMT-I) scope of practice for ways to simplify and update the language, specifically related to the medications that these EMS providers may prepare and administer.

Mr. Brost presented the amendments suggested by Committee members. At the national EMS & Trauma Systems consortium, there was general consensus to keep the list of specific medications in the scope.

Dr. Daya explained that this was intended to make it easier to identify the medications in a streamlined list.

Dr. Poulsen requested the Committee review the suggested changes, and bring this matter back for additional discussion at the next meeting. The public may bring input or concerns to the next meeting. Ms. Toyama stated that the Oregon Health Authority would provide the Committee with comments.

**Committee Recommendation:** The Committee will review this matter at the next meeting.
Scope of Practice Inquiry: Paramedic Removal of Stitches/Staples

Mr. Verkest reviewed the scope of practice inquiry from Jessica Marcum, Community Paramedic Program in Hermiston, OR, regarding removal of sutures or staples.

Dr. Poulsen noted that the diversity in the type of sutures and techniques used along with the subtlety in the wound healing process complicates suture removal.

Dr. Daya commented that this topic may need to be revisited in the future but will require discussion with the Nursing Board.

Committee Recommendation: The Committee asked staff to draft a letter to Ms. Marcum explaining that the request is not within the scope of practice at this time.

Public Comments

Dr. Daya asked about the current language in the rule provision pertaining to Intraosseous Infusions, which says that AEMTs may (e) Initiate and maintain an intraosseous infusion (in the pediatric patient).

Nicole Krishnaswami, OMB Rules Coordinator, stated that a typo occurred during the filing of the rule and will be corrected. Ms. Krishnaswami will draft a statement for the OMB website addressing this matter, which will clarify that the intraosseous infusion may be performed in both adult and pediatric patients.

Informational Item

Interviews for Committee Position: May 18, 2018

Dr. Poulsen announced that the Committee will interview and nominate a new committee member to fill Mr. Endersby’s positon.

The Committee discussed not currently having a public member. Kathleen Haley, Executive Director, indicated that there has been a lack of potential public members. Dr. Poulsen suggested asking the full Board if having a public member is necessary, or if the rule should be amended to eliminate the position.

Confirm Next Meeting Date – May 18, 2018

By consent, the Committee approved the next meeting date as May 18, 2018.

ADJOURN 10:33 AM