EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE
MEETING AGENDA
BOARD OFFICE

May 18, 2018
9 A.M.

Committee Members:
Chris Poulson, DO, Chair
Mohamud Daya, MD
Wayne Endersby, EMT-I
Mike Verkest, Paramedic
Steve Brost, Paramedic (via phone)

Staff:
Kathleen Haley, JD, Executive Director
Nicole Krishnaswami, JD, Operations & Policy Analyst
Netia N. Miles, Licensing Manager
Frank Clore, Committee Coordinator (9:08am-12:15pm)
Shayne J. Nylund, Committee Coordinator
Nicole Burke, Legal Extern/Observer

Board Members Attending:
K. Dean Gubler, DO, Board Chair (via phone)
Kathleen Harder, MD, Board Member (via phone)

PUBLIC SESSION

1 Call Meeting to Order – Introductions/Attendance Poulson

The meeting was called to order at 9:08 a.m.

Members of the public introduced themselves:
Jan Acebo, Multnomah County Emergency Medical Services (9:08am-12:00pm)
Yu Hsu, Oregon Mobile Healthcare
Gregg Lander, Chemeketa Community College
Michael Lepin, Jefferson County Emergency Medical Services District
Rebecca Long, Oregon Health Authority
Chad Partington, Oregon Mobile Healthcare
Matthew Philbrick, Mercy Flights
Yvan Saastamanen, Oregon Health Authority (9:08am-12:18pm)
Mark Stevens, Oregon Fire Chiefs Association (9:08am-12:15pm)
Candace Toyama, Oregon Health Authority
Dr. Poulsen moved to approve the February 16, 2018 minutes as written. Dr. Daya seconded the motion. The motion unanimously passed.

**EMSS Advisory Committee Open EMS Position Interviews:**
1) Louise Groomer, EMT-Intermediate (*via phone*)
2) Matthew Philbrick, Paramedic
3) Michael Lepin, Paramedic
4) Timothy Novotny, Paramedic (*via phone*)

Due to Mr. Endersby’s term ending June 30, 2018, the Committee interviewed candidates for the upcoming EMS position.

**COMMITTEE RECOMMENDATION:** By secret ballot, the Committee recommended Louise Groomer, EMT-I for the EMS position. Forward to the full Board for approval.

**DISCUSSION ITEMS**

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<th>4</th>
<th>OAR 847-035-0030: Scope of Practice</th>
<th>FIRST REVIEW</th>
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<td>The proposed rule amendment (1) removes the requirement that an EMR complete an Oregon Health Authority-approved course before performing cardiac defibrillation with an automatic external defibrillator; (2) allows EMT providers to prepare and administer ipratropium in addition to albuterol for bronchospasms in patients with known asthma or chronic obstructive pulmonary disease; and (3) simplifies the list of medications that may be prepared and administered by AEMT and EMT-I providers.</td>
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Dr. Daya reviewed the proposed changes to OAR 847-035-0030 before the Committee.

Dr. Daya suggested changing “automatic external defibrillator” to “*automated* external defibrillator” in (8)(r). The Committee discussed the duplicative language in (9)(g) and determined that it should be removed because it is now unneeded.

Dr. Daya noted that the proposed language in (9)(f)(D) (“prepare and administer albuterol and/or ipratropium”) suggests that ipratropium may be used alone, which is incorrect. Per Committee consensus, the language will be changed to “prepare and administer albuterol *with or without* ipratropium.”

The Committee reviewed the proposed housekeeping changes to the list of medications that may be prepared and administered by AEMT and EMT-I providers.

The Committee reviewed comments received from the Oregon Health Authority and discussed the additional suggested changes.

- The Committee agreed with the suggestion to remove “non-cuffed” from “a non-cuffed oropharyngeal airway device” in (8)(L)(B).
• The Committee agreed with the Health Authority’s suggestion to rephrase (9)(b) to clarify that either a “manual or continuous” positive pressure delivery device may be used by an EMT.
• The Committee agreed to add “nebulized and metered dose” to (9)(f)(D) but did not agree to list albuterol and atrovent as separate provisions.
• The Committee declined to remove (12)(c)(C) regarding transtracheal jet insufflation because the Committee believes this may continue to be a useful tool for Paramedics.
• The Committee agreed with the proposal to remove “attempted external” from (12)(g) related to transcutaneous pacing of bradycardia.
• The Committee agreed with removing (12)(h) “perform electrocardiographic interpretation” as it is duplicative with language in (11)(i).
• The Committee agreed that “in a prehospital setting” may be removed from (12)(h) because all procedures in the EMS scope of practice must be performed in a prehospital setting.
• Finally, the Committee agreed with the suggestion to add “under specific written protocols authorized by the supervising physician or under direct orders from a licensed physician” to (12)(L) regarding urinary catheters.

The Health Authority’s comments include a request for a new provision (10)(g) to allow Advanced EMTs to “perform other emergency tasks as requested if under the direct visual or telehealth supervision of a physician and then only under the order of that physician.” The Committee declined to include this suggested language. Instead, the Committee suggested that this be revisited at a future Emergency Medical Services Advisory Committee meeting for a full discussion of the role of telemedicine in Emergency Medical Services and the national implications of expanding the scope and supervision in this way.

Mr. Endersby moved that the Committee incorporate the additional changes and then forward OAR 847-035-0030 to the Board. Mr. Verkest seconded the motion. The motion passed unanimously.

COMMITTEE RECOMMENDATION: The Committee recommends moving the proposed changes to OAR 847-035-0030. Forward to full Board for approval.

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<th>5</th>
<th>OAR 847-035-0011 EMS Advisory Committee</th>
<th>FIRST REVIEW</th>
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<td>The proposed rule amendment removes the EMS Advisory Committee position for a public member, which was added in April 2013. Despite efforts to appoint a public member, this position has been continuously vacant for five years. With this amendment, the public perspective would continue to be provided by the public members of the Board before making any final decisions. In addition, public input is received via public meetings and public comment received during rulemaking procedures.</td>
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The Committee reviewed the proposed changes to OAR 847-035-0011.

Dr. Gubler, Chair, Oregon Medical Board, thanked the Committee for their work and stated he can appreciate the difficulty presented in recruiting public members. He strongly recommends keeping the public position to aid in transparency. Ms. Haley, Executive Director, Oregon Medical Board, said that the staff could work with Tina Edlund, the governor’s health policy advisor, for a public member.
Dr. Poulsen stated that this matter will be reviewed at the July full Board meeting, and will return on the agenda for the next Committee meeting.

Mr. Verkest moved the Committee recommend adoption of OAR 847-035-0011 as written. Dr. Daya seconded the motion. The motion unanimously passed.

**COMMITTEE RECOMMENDATION:** The Committee recommends adoption of OAR 847-035-0030 as written. Forward to the full Board for approval.

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<th>Tranexamic Acid (TXA)</th>
<th>Poulsen</th>
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Dr. Poulsen provided a brief history of the Tranexamic Acid (TXA) discussion, which took place at the full Board meeting on April 6, 2018. Along with this, he presented information on the subject of trials and research done in regards to this medication. Ms. Haley asked the Committee to provide a brief description of what TXA is and how it is used. Dr. Daya provided an explanation regarding the purpose and usage of TXA in the hospital and pre-hospital setting. He cited Dalhousie University’s research study which references the levels of evidence surrounding the application and efficacy of the medication. Per this study, he suggested there is evidence which supports the utilization of this medication and the benefits surrounding its application under the correct circumstances.

Dr. Gubler addressed concerns regarding the off label use of this medication, and additional studies which have not provided conclusive evidence surrounding the usage of TXA in trauma settings. Dr. Harder, Oregon Medical Board member, agreed that additional discussion is required.

The Committee asked whether the use of TXA is captured in the state trauma registry. Candace Toyama, Oregon Health Authority, agreed to review the registry data to determine whether TXA is recorded.

The Committee suggested that the statewide EMS conferences may be a helpful venue for this discussion.

**COMMITTEE RECOMMENDATION:** Forward to full Board for review.

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<th>7</th>
<th>Public Comments</th>
<th>Endersby</th>
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There were no public comments during this portion of the meeting.

**INFORMATIONAL ITEMS**

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<th>Prehospital Patient Care Reporting Rules (SB 52)</th>
<th>Verkest</th>
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Mr. Verkest reviewed the final rule regarding pre-hospital patient care reporting. Committee discussion indicated that all further inquiries should be directed to the Oregon Emergency Medical Services office for additional information.
Dr. Poulsen presented Mr. Endersby with a plaque in appreciation of his service to the state and citizens of Oregon.

By consent, the Committee approved the next meeting date as August 17, 2018.

**ADJOURN 12:21 P.M.**