PUBLIC SESSION

1 Call Meeting to Order – Introductions/Attendance

The Meeting was called to order at 9:00 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 Hamilton, Oregon Health Authority (9:45am-10:20am)

Dr. Poulsen moved to approve the August 18, 2017 minutes as written. Dr. Daya seconded the motion. The motion unanimously passed.

DISCUSSION ITEMS
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 for a patient. The amendment also allows Emergency Medical Responders to administer epinephrine by subcutaneous or intramuscular injection upon successful completion of an Oregon Health Authority approved course.

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

Dr. Daya moved the Committee recommend adoption of OAR 847-035-0030 as written. Dr. Poulsen 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.

Mr. Verkest reviewed a prior request brought by 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.

After reviewing the scope of practice chart, Mr. Endersby noted that this matter was included within the EMT scope in 2015. The May 2015 minutes show that the Committee determined that BiPAP and CPAP falls under the EMT scope of practice under OAR 847-035-0030(9)(f)(D). Dr. Poulsen added that a CPAP is not to be used for ventilation, but may be used to assist a patient’s respiration.

COMMITTEE RECOMMENDATION: The Committee recommends Board staff notify the inquirer that BiPAP and CPAP falls under the EMT scope of practice under OAR 847-035-0030(9)(f)(D). In conjunction with this response, a copy of the May 2015 Board-approved minutes will be provided.

The Committee reviewed correspondence from Jennifer Young, a member of the public. Ms. Young inquired if EMTs were able to administer Solu-Cortef to an unconscious patient. Along with this inquiry, Ms. Young asked for clarification regarding the protocols for emergency responders who are treating an unconscious patient with adrenal insufficiency.

Mr. Brost reviewed his findings regarding different agencies protocols which addressed treating patients with adrenal insufficiency. He found that only Lane County has protocols for a response in this capacity. According to the scope of practice, the administration of this medication to combat adrenal insufficiency falls under the Paramedic scope of practice. Dr. Thaler stated that Adrenal Fatigue is now widely, and frequently, diagnosed.
In some instances, patients may wear bracelets stating they have adrenal insufficiency, but may not require the specific medication mentioned within this inquiry. The Committee determined that adding specific medications can become cumbersome. Dr. Daya proposed reviewing the scope of practice as a whole for simplification and needed updates.

Mr. Verkest said he would discuss this plan with educators to ensure that any changes have minimal impact on their programs.

Dr. Poulsen asked that all Committee members look at the EMT-I and AEMT scopes and send their own ideas to Nicole, regarding scope reform. These will be compiled and reviewed at a future meeting.

**Committee Recommendation:** The Committee recommends Board staff respond to Ms. Young, by stating that her inquiry is currently covered under the Paramedic scope of practice. In addition, it is encouraged that she work with a local agency to work on protocols regarding the emergency administration of Solu-Cortef which could include a letter of administration of medication from her physician.

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### INFORMATION ITEM

**7**  
**Informational Item: EMS Provider Reports from the Oregon Health Authority (OHA)**  
**Daya**

Candace Hamilton, Oregon Health Authority, discussed the EMS Provider Reports which were sent to the Committee. She detailed that the Oregon Health Authority is taking measures to transition into new software. The current list is being migrated to the new system which will link all of the mentioned providers to their respective agencies. The Oregon Health Authority expects this process to be completed in Spring 2018. Informational item only; no action taken.

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**8**  
**Informational Item: OREMSIS Rulemaking (SB 52)**  
**Verkest**

Mr. Verkest presented information regarding the OREMSIS Rulemaking (SB 52). Currently, this is a voluntary reporting system, and will not be required from all agencies until 2019. This system will assist in the exchange of information between agencies regarding patient care. There will be a public hearing on December 7, 2017 in response to this matter. Informational item only; no action taken.
Mr. Endersby reviewed changes to the Administrative Rules for POLST, which have been amended in the following ways:

1. An authorized POLST signer may issue a phone order for a newly enrolled patient, effective 10/13/17.
2. Naturopathic physicians will be authorized to sign and submit POLST orders as required by Senate Bill 856 (2017), effective 1/1/18.
3. The POLST Registry Advisory Committee (PRAC) has been dissolved as required by House Bill 2301, effective 1/1/18.

Informational item only; no action taken.

By consent, the Committee approved the next meeting date as February 16, 2018.

ADJOURNED at 10:20 am