EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE
MEETING AGENDA
BOARD OFFICE

November 18, 2016
9 A.M.

Committee Members:
Kara Kohfield, Paramedic, Chair
Mohamud Daya, MD
Wayne Endersby, EMT-I
Chris Poulsen, DO
Mike Verkest, Paramedic (arrived at 9:20 a.m.)

Staff:
Kathleen Haley, JD, Executive Director
Shayne J. Nylund, Committee Coordinator

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
Jonathan Chin, Washington County Emergency Medical Services
Yu Hsu, Oregon Mobile Healthcare
Dave Lapof, Mid Columbia Fire and Rescue
Chad Partington, Oregon Mobile Healthcare
Sebastian Ramirez, Oregon Mobile Healthcare

Arrived after introductions:
Margaret Strozyk-Hayes, Hamlet Fire and Rescue Department

2 Meeting Minutes – Review of Board Approved Minutes from August 19, 2016 Kohfield

Dr. Poulsen moved to approve the August 19, 2016, minutes as written. Mr. Verkest seconded the motion. The motion unanimously passed.
INFORMATIONAL ITEMS

The Committee reviewed the EMS Provider Reports from OHA. Dr. Poulsen pointed out that when OHA provided the current EMS Provider Reports, they stated there may be some inaccuracies regarding the registered EMS supervising physicians due to a transition in the licensing management system. Dr. Poulsen stated the current list of registered EMS supervising physicians appears to be out of date which may also be due to some supervising physicians not updating their information.

Dr. Daya recommended contacting OHA to find out what is needed to keep the list of active EMS supervising physicians current. He stated that given the changing nature of what EMS physicians do, having a current and accurate list of EMS supervising physicians is helpful in communicating any physician related issues. In addition, he would like to request that OHA add the EMS supervising physicians’ contact information to the existing list of registered EMS supervising physicians.

COMMITTEE RECOMMENDATION: The Committee recommended the Board write a letter to OHA requesting a list of registered EMS supervising physicians be as up to date as possible and to reflect the EMS supervising physicians’ contact information. In addition to the letter, the Board will put a reminder in the quarterly newsletter asking EMS supervising physicians to keep their information up to date.

DISCUSSION ITEMS

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<th>OAR 847-035-0030: Scope of Practice</th>
<th>FINAL REVIEW</th>
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The rule amendment broadens the EMT scope of practice to allow blind insertion of any supraglottic airway device rather than limiting the scope to only cuffed pharyngeal airway devices and removes the limitation on performing tracheobronchial tube suctioning to only endotracheal intubated patients to allow EMTs to also perform this suctioning on tracheostomy patients. The rule amendment also adds a provision to allow Paramedics to initiate and maintain ventilators during transport if the Paramedic is trained on the specific device and is acting under written protocol or direct orders.

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

The EMT scope of practice OAR 847-035-0030(9)(c) currently reads: Insert a cuffed pharyngeal airway device in the practice of airway maintenance. A cuffed pharyngeal airway device is:

(A) A single lumen airway device designed for blind insertion into the esophagus providing airway protection where the cuffed tube prevents gastric contents from entering the pharyngeal space; or
(B) A multi-lumen airway device designed to function either as the single lumen device when placed in the esophagus, or by insertion into the trachea where the distal cuff creates an endotracheal seal around the ventilatory tube preventing aspiration of gastric contents.
The **proposed revision** to (9)(c) reads: *Insert a supraglottic airway device to facilitate ventilation through the glottic opening by displacing tissue and sealing of the laryngeal area.*

The EMT scope of practice OAR 847-035-0030(9)(d) **currently** reads: *Perform tracheobronchial tube suctioning on the endotracheal intubated patient.*

The **proposed revision** to (9)(d) reads: *Perform tracheobronchial tube suctioning.*

The **proposed revision** removes language OAR 847-035-0030(10)(f) from the AEMT scope of practice which **currently** reads: *Perform tracheobronchial suction of an already intubated patient.*

The **proposed amendment** to the Paramedic scope of practice language reads: **OAR 847-035-0030(12)(b):** *Initiate and maintain mechanical ventilation during transport if trained on the particular equipment and if acting under specific written protocols.*

**COMMITTEE RECOMMENDATION:** The Committee recommended adding an introduction at the beginning of proposed OAR 847-035-0030 (12)(b) to read: *Paramedics should only be using ventilator equipment when they have had formal training.* Mr. Endersby moved the Committee recommend adoption of OAR 847-035-0030 as amended. Dr. Poulsen seconded the motion. The motion unanimously passed.

| 5 | Scope of Practice: EMRs Applying Tourniquets and Providing Care for Musculoskeletal Injuries | Verkest |

The Committee reviewed correspondence from Rebecca Long, NRP, Mobile Training Unit Coordinator, EMS and Trauma Systems, who inquired if EMRs are allowed to apply tourniquets. Mr. Verkest stated that EMS providers, including EMRs are being taught nationally how to apply tourniquets. Dr. Daya recommended putting the term *hemorrhage control* in the EMR scope of practice as it would cover multiple application devices including tourniquets and bandages.

In the second half of Ms. Long’s correspondence, she asked for clarification on the EMR scope of practice OAR 847-035-0030(8)(f) which reads: *Provide care for musculoskeletal injuries.* She pointed out that under the National Scope of Practice, it states EMRs can *provide emergency move for endangered patients* and EMTs are able to *provide rapid extrication.* Ms. Long stated she sees these terms as the same thing.

Dr. Poulsen pointed out that the language *provide emergency move for endangered patients* and *provide rapid extrication* are currently not in the Oregon EMR and EMT scope of practice. He stated that it is an inherit function of the service and goal of the EMS in the community, and in the state, to appropriately move a patient when indicated.

**COMMITTEE RECOMMENDATION:** The Committee recommended adding language and new subsection (g) under OAR 847-035-0030(8)(f) to read: **OAR 847-035-0030(8)(g) Provide trauma care including splinting for musculoskeletal injuries, assist with hemorrhage control and emergency move for endangered patients.** Forward to the Full Board for review.
The Committee reviewed correspondence from Dale Mount, EMS Chief, McMinnville Fire Department, who inquired if it is within a EMRs scope of practice to apply splints, c-collars and immobilize patients.

COMMITTEE RECOMMENDATION: The Committee requested that Board staff draft a letter to Mr. Mount clarifying under OAR 847-035-0030(8)(f), Provide care for musculoskeletal injuries, there is an implied assumption that EMRs may apply c-spine immobilization, c-collar, care of musculoskeletal injuries, splinting and assist with safe movement and transfer of patients per protocols.

Chad Partington, founder of Oregon Mobile Healthcare, introduced his organization to the Committee and asked for input on where they see EMS providers in mobile integrated healthcare. He stated Oregon Mobile Healthcare is currently serving the Oregon Health Plan, Medicare and Medicare Advantage clients. As those programs continue to develop, Oregon Mobile Healthcare’s mission is to provide point-of-care testing such as UTI screenings or influenza screenings which may be used for treatment options at the patient’s home. Mr. Partington pointed out that Oregon Mobile Healthcare is directly connected to the patient’s primary care physician, so the physician can be called if assistance is needed.

The Committee added the topic of allowing AEMTs to establish intravenous access via intraosseous (IO) infusion on an adult patients under OAR 847-035-0030(10)(e) which was discussed at the previous meeting held on August 19, 2016.

COMMITTEE RECOMMENDATION: Dr. Daya moved to remove language OAR 847-035-0030(11)(F) from the EMT-Intermediate scope of practice which currently reads: Intraosseous infusion anesthetic: Lidocaine and move it to the AEMT scope of practice and list it as OAR 847-035-0030(10)(G): Intraosseous infusion anesthetic: Lidocaine.

In addition, the Committee recommended revising current language OAR 847-035-0030(1)(e) which reads: Initiate and maintain an intraosseous infusion in the pediatric patient to read: Initiate and maintain an intraosseous infusion. Forward to the Full Board for review.

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

By consent, the Committee moved the next meeting date to February 10, 2017, at 9:00 a.m.
ADJOURN @ 10:57 a.m.