



Oregon Medical Board
1500 SW 1st Ave, Suite 620
Portland, Oregon 97201
www.oregon.gov/OMB

EMS Provider Scope of Practice Change Request

Please complete the following questionnaire regarding your request for an addition, deletion, or change to the EMS Provider scope of practice. Please provide as much information as you can to speed the review process. If you do not have an answer, you may leave a section blank and we will research the answer as time permits. Your proposal will be reviewed by the Oregon Medical Board's EMS Advisory Committee and the Department of Human Service/EMS's State EMS Committee will be consulted on proposed changes to the scope of practice. If we have questions concerning the proposal for change, we will be back in touch with you for additional information. Once the proposal is complete, it will be placed on the agenda of the next EMS Advisory Committee meeting.

1. What is your proposed change to the scope of practice and which provider level/s will be affected?

Please see attached email to Doug Kelley.
Contact me if questions.
Thanks,
Liz Heckathorn 503-502-7375

2. Why is this change needed? Why is this the best method of addressing it?

3. What are the advantages or benefits of the proposed change? (Is there a patient benefit?)



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4. What are the disadvantages or risks of the proposed change? (Is there potential for harm?)

5. Who else might be affected by the change? How will they be affected?

6. Who might oppose the change? Why might they oppose it?

7. Education:

A. Is this currently being taught in the EMS Provider curriculum?

Yes No

B. What would be the training needed to add this to the scope of practice?



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8. What are the financial impacts of the proposed change?
 - a. Cost of education and/or training
 - b. Cost of equipment and/or medication
 - c. Cost of permits (Clinical Laboratory Improvement Amendments (CLIA), Drug Enforcement Administration Registration (DEA), others?)

9. Is the proposed change currently being done in other EMS systems in the U.S.? In other countries?

10. What research or evidence is there that the proposed change is useful, beneficial, or works (please list references if any)?

NAME: <u>LIZ HECKATHORN</u>		DATE: <u>1-6-15</u>
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Good Morning Doug,

Thanks for taking my call this morning. As promised here is a brief history of our conversation and what to date has happened. Please let me know if you have other questions.

The Oregon Medical Board OMB published its updated scope of practice for EMS providers. EMRs may now administer naloxone via intranasal device or auto-injector for suspected opioid overdose, however with this new change naloxone is not again mentioned in the OAR for Scope of Practice. Several issues arise which include OAR Scope is written so that the higher levels of EMS provider (EMT through Paramedic) may perform all the interventions of the lower levels of provider. The concern then becomes the letter of the rule, meaning Intermediates and AEMTs may not administer naloxone intravenously nor from a preloaded syringe or vial and only IN, or IM using an auto injector.

OAR in general is written restrictively and not permissively, meaning if it doesn't say you Can do it, you Can't. Paramedics may continue to administer the medication, the Paramedic scope allows the Paramedic to initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician. The Scope of Practice for the Paramedic is a "floor" for medications and a "Ceiling" for invasive procedures. For other levels of EMS provider the Scope is a "Ceiling" and the Medical Director may limit the Scope but not add to it via protocol.

In Oregon EMT-Intermediates have in the past administered naloxone IV, IM. The question is, do they now only give the medication IN or IM with an auto injector?

Mark Hornshush contacted Dr. Lehrfeld to seek clarification from the OMB which he did and he received a response from Shane Nyland stating in essence that, yes, EMRs may now administer naloxone IN or IM via Auto Injector.

I think there is a misunderstanding of the question. The question is not if the EMR may administer the medication but if the AEMT and Intermediate are now also limited to the more restrictive routes?

Doug, I really appreciate the conversation we had this morning and you agreeing to look into this and add it to the OMB EMS Agenda for additional clarification. My guess as we discussed is it is likely a clerical error and easily fixed but if not it would be good to know so our protocols can reflect the change. As we discussed I have added Dr. Lehrfeld and Mark Hornshush to the email because they have also been involved in the conversation.

Thanks Again and I wish you a Joyful Holiday!

Liz

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Be Safe. Stay Focused. Have Fun.



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E-mail EMS Scope of Practice Change form to:

netia.miles@state.or.us
shayne.nylund@state.or.us
david.p.lehrfeld@state.or.us

OR by mail to:

Oregon Medical Board
EMS Advisory Committee
c/o Netia Miles, Licensing Manager
1500 SW 1st Avenue, Ste. 620
Portland, Oregon 97201-5847

and

Department of Human Service/EMS & Trauma Systems
State EMS Committee
c/o David Lehrfeld, MD, Medical Director
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