



# Oregon

John A. Kitzhaber, MD, Governor

**Oregon Medical Board**

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*Approved by Board October 3, 2013*

**EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE  
MEETING AGENDA  
BOARD OFFICE**

August 23, 2013  
9 A.M.

**Committee Members:**

Doug Kelly, Paramedic, Chair  
Kara Kohfield, Paramedic  
Chris Poulsen, DO  
Susan Katz, Public Member

**Staff:**

Netia N. Miles Licensing Manager  
Shayne J. Nylund, Committee Coordinator  
Laura Mazzucco, Licensing Lead

**Attended via Phone**

Terri Schmidt, MD

**Absent by Prior Notification**

Wayne Endersby, EMT-I

**PUBLIC SESSION**

1	Call Meeting to Order – Introductions/Attendance	Kelly
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The Meeting was called to order at 9:00 a.m.

**Members of the public introduced themselves:**

Phil Engle, *Oregon EMS Trauma Systems*  
David Lehrfeld, *Oregon EMS Trauma Systems*  
Rhonda Wood, *Chemeketa Community College*  
Peggy Andrews, *Chemeketa Community College*  
Mark Stevens, *EMS Section Oregon Fire Chiefs Association*  
Gary Oxman, *Retired Public Health Officer from Multnomah County*

Mr. Kelly, Committee chair, welcomed David Lehrfeld MD, the new medical director of Oregon EMS and Trauma Systems.

2	Meeting Minutes – Review and Approve from May 3, 2013	Kelly
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**COMMITTEE RECOMMENDATION:** Ms. Kohfield moved to approve the May 3, 2013, minutes as written. Dr. Poulsen seconded the motion. The motion unanimously passed.

OREGON ADMINISTRATIVE RULES (OAR)

The Committee stated the amendments to OAR 847-035-0030 would not create a fiscal impact on time and costs associated with training paramedic students.

3	OAR 847-035-0030: Scope of Practice	<b>FIRST REVIEW</b>	Kohfield
<p>Proposed rule amendment clarifies that Advanced EMTs may obtain only peripheral venous blood specimens; adds to the Paramedic scope of practice to allow them to obtain peripheral arterial blood specimens; and expands the Paramedic scope of practice to place urinary catheters without restriction to trauma patients.</p>			

Ms. Kohfield reviewed the proposed changes to OAR 847-035-0030 before the Committee, which clarifies that Advanced EMTs may obtain only peripheral venous blood specimens. The suggested amendment allows paramedics to obtain peripheral arterial blood specimens and further expands their scope of practice to place urinary catheters without restriction to trauma patients.

The Committee members stated that expanding a paramedic’s scope of practice to include obtaining peripheral arterial blood specimens and placing urinary catheters should not impact most training programs as there are a limited number of paramedics who utilize these skills. The Committee further stated that the rule amendment allows an agency’s supervising physician to make the determination about adding it to the paramedic’s duties.

**COMMITTEE RECOMMENDATION:** Ms. Kohfield moved to approve the first review of OAR 847-035-0030. Dr. Poulsen seconded the motion. The motion passed unanimously.

4	OAR 847-035-0030: Scope of Practice Proposed Language Change	Poulsen
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The Committee reviewed correspondence from Paul Rostykus, MD who stated that the proposed language, “under specific written protocols authorized by the supervising physician,” in OAR 847-05-0030(12)(i) was already indicated in another section of the rule.

Mr. Kelly recommended removing the proposed language, “under specific written protocols authorized by the supervising physician,” as this information is given under 847-035-0001(14).

**COMMITTEE RECOMMENDATION:** Dr. Poulsen moved to remove the language. Ms. Kohfield seconded the motion. The motion passed unanimously.

5	Naloxone Administration, Gary Oxman, MD, MPH, Multnomah County Chief Public Health Officer	Schmidt
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Gary Oxman, MD provided an overview of the opioid crisis in Oregon and apprised the Committee of Senate Bill 384, which allows training for laypeople to administer Naloxone for suspected opioid overdoses. Upon Committee inquiry, Dr. Oxman explained that Naloxone is administered in pre-packaged dosages, such as pre-filled syringes for intra-nasal and intra muscular injection. Dr. Oxman recommended adding authorization to administer Naloxone to the current scope of practice rules for EMRs and EMTs.

**COMMITTEE RECOMMENDATION:** The Committee recommended adding a new subsection to OAR 847-035-0030(8) to read: *Prepare and administer naloxone for suspected opioid overdose.* Addition of this language will eliminate OAR 847-035-0030(10)(g)(C): *Antidotes: naloxone hydrochloride.* Dr. Poulsen moved to adopt the changes. Ms. Kohfield seconded the motion. The motion passed unanimously.

*The Committee chair recessed for a break at 10:08 a.m. During this time, Dr. Schmidt exited the call due to background noise. The Committee reconvened at 10:23 a.m.*

6	OAR 847-035-0011: EMS Advisory Committee Proposed Language Change	Kohfield
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The Committee reviewed an inquiry from Paul Rostykus, MD who proposed applicant qualification changes to OAR 847-035-0011 (1)(a), which currently reads: *The two physician members must be actively practicing physicians licensed under ORS Chapter 677 who are supervising physicians, medical directors, or practicing emergency medicine physicians.*

**COMMITTEE RECOMMENDATION:** The Committee recommended leaving the current language in place as the Committee has been able to attract qualified applicants.

7	Use of Xopenex as an Alternative to Albuterol	Kohfield
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The Committee reviewed correspondence from Paul Rostykus, MD proposing that a supervising physician should be allowed to choose either Albuterol or Xopenex for administration.

**COMMITTEE RECOMMENDATION:** The Committee affirmed their earlier decision not to expand the EMT scope of practice to include Xopenex at this time.

8	Gastric Suctioning Through a King Tube	Schmidt
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The Committee reviewed correspondence from Dick Virk, MD, who inquired if gastric suctioning through a King tube was allowed in the current scope of practice for an EMT.

**COMMITTEE RECOMMENDATION:** After reviewing the current rules, the Committee stated that it was permissible for EMT's to perform gastric suctioning through a King tube.

9	Application of Calcium Gluconate	Kelly
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The Committee reviewed an inquiry from Beth Hopson, RN regarding the application of a 2.5% topical calcium gluconate as first aid and applying a 1% calcium gluconate eye wash solution.

**COMMITTEE RECOMMENDATION:** The Committee recommended following Oregon Poison Control guidelines, which state that applying a 2.5% topical calcium gluconate and a saline wash is within the normal scope of practice. The Committee and Poison Control do not recommend using a 1% calcium gluconate eye wash solution.

10	Public Comment	Kelly
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Public attendee Phil Engle provided the Committee with a brief update on the Oregon Health Authority.

11	Confirm Next Meeting Date – November 15, 2013, 9:00 AM	Kelly
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By consent, the Committee approved the next meeting date for November 15, 2013.

**ADJOURN at 11:04 a.m.**