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?

847.035-0030
(10) An Advanced Emergency Medical Technician (AEMT) may:
(b) Initiate and maintain peripheral intravenous (I.V.) lines;
(e) Initiate and maintain an intraosseous infusion in the pediatric patient;

My proposed change is to allow the A-EMT to also establish intravenous access via intraosseous (IO) infusion in adult patients.

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

We allow IO access for pediatric patients and it would seem to be in the best interest of patient care to allow it for adults also. All that is needed is to allow it in scope.

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

Injecting directly into the marrow of a bone to provide a non-collapsible entry point into the systemic venous system. This technique is used to provide fluids and medication when intravenous access is not available or not feasible.

In this circumstances that traditional IV access is unattainable IO access would be in the best for patient care. This would especially be true for the A-EMTs as this is one of skills this provider can perform.
4. What are the disadvantages or risks of the proposed change? (Is there potential for harm?)

The biggest disadvantage is the potential increase cost to the agency in supplies. The risk should not be any more than traditional IV access or IO access in a pediatric patient.

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

Training facilities, supervising physicians. Patients that are needing fluids and an IO access is the only available option.

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

Training facilities, supervising physicians as it may require more QA and changes to standing orders.

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?

Minimal additional training would be required. The Oregon EMS Conference does offer IO training on cadavers during their conference that includes training on both the upper humorous and tibia.
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?)

   Minimal cost -- based on agency frequency of use the additional cost of the IO Catheters
   No additional permits required

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

   Unknown

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

    Unknown

---

NAME: Margaret Strozyk-Hayes   DATE: 7/11/16
AGENCY NAME: Hamlet RFPD
POSITION: EMT/ Firefighter
ADDRESS (Street): 82621 Hamlet Rd
CITY: Seaside   STATE: OR   ZIP: 97138
PHONE:   FAX:
CELL PHONE: (360) 589-9667   E-MAIL: mvstrozyk@yahoo.com
E-mail EMS Scope of Practice Change Request form to all of the following:

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

OR send 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
800 NE Oregon Street, Ste. 465
Portland, OR  97232