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Oregon Medical Board 847

Agency and Division Administrative Rules Chapter Number
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To become effective Upon filing, Rulemaking Notice was published in the November 2016 Oregon Bulletin.

RULE CAPTION

Allows EMTs to insert supraglottic airway devices and paramedics to maintain ventilators during transport

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:

AMEND:

847-035-0030

REPEAL:

RENUMBER:

AMEND AND RENUMBER:

Statutory Authority:

ORS 682.245

Other Authority:

Statutes Implemented:

ORS 682.245

RULE SUMMARY

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 for only endotracheal intubated patients so that EMTs may also perform this suctioning on tracheostomy patients. The rule amendment also adds a provision to allow Paramedics to maintain ventilators during transport if the Paramedic is formally trained on the specific device and is acting under written protocol or direct orders.

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OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 035 – OREGON MEDICAL BOARD

FINAL REVIEW – JANUARY 2017

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847-035-0030

Scope of Practice

- (1) The Oregon Medical Board has established a scope of practice for emergency and nonemergency care for emergency medical services providers. Emergency medical services providers may provide emergency and nonemergency care in the course of providing prehospital care as an incident of the operation of ambulance and as incidents of other public or private safety duties, but is not limited to "emergency care" as defined in OAR 847-035-0001.
- (2) The scope of practice for emergency medical services providers is the maximum functions which may be assigned to an emergency medical services provider by a Board-approved supervising physician. The scope of practice is not a set of statewide standing orders, protocols, or curriculum.
- (3) Supervising physicians may not assign functions exceeding the scope of practice; however, they may limit the functions within the scope at their discretion.
- (4) Standing orders for an individual emergency medical services provider may be requested by the Board or Authority and must be furnished upon request.
- (5) An emergency medical services provider, including an Emergency Medical Responder, may not function without assigned standing orders issued by a Board-approved supervising physician.
- (6) An emergency medical services provider, acting through standing orders, must respect the patient's wishes including life-sustaining treatments. Physician-supervised emergency medical services providers must request and honor life-sustaining treatment orders executed by a physician, nurse practitioner or physician assistant if available. A patient with life-sustaining treatment orders always requires respect, comfort and hygienic care.
- (7) Whenever possible, medications should be prepared by the emergency medical services provider who will administer the medication to the patient.
- (8) An **Emergency Medical Responder** may:

- (a) Conduct primary and secondary patient examinations;
- (b) Take and record vital signs;
- (c) Utilize noninvasive diagnostic devices in accordance with manufacturer's recommendation;
- (d) Open and maintain an airway by positioning the patient's head;
- (e) Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;
- (f) Provide care for musculoskeletal injuries;
- (g) Assist with prehospital childbirth;
- (h) Complete a clear and accurate prehospital emergency care report form on all patient contacts and provide a copy of that report to the senior emergency medical services provider with the transporting ambulance;
- (i) Administer medical oxygen;
- (j) Maintain an open airway through the use of:
 - (A) A nasopharyngeal airway device;
 - (B) A noncuffed oropharyngeal airway device;
 - (C) A pharyngeal suctioning device;
- (k) Operate a bag mask ventilation device with reservoir;
- (L) Provide care for suspected medical emergencies, including administering liquid oral glucose for hypoglycemia;
- (m) Prepare and administer aspirin by mouth for suspected myocardial infarction (MI) in patients with no known history of allergy to aspirin or recent gastrointestinal bleed;
- (n) Prepare and administer epinephrine by automatic injection device for anaphylaxis;
- (o) Prepare and administer naloxone via intranasal device or auto-injector for suspected opioid overdose; and
- (p) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator, only when the Emergency Medical Responder:
 - (A) Has successfully completed an Authority-approved course of instruction in the use of the automatic or semi-automatic defibrillator; and
 - (B) Complies with the periodic requalification requirements for automatic or semi-automatic defibrillator as established by the Authority; and

(q) Perform other emergency tasks as requested if under the direct visual supervision of a physician and then only under the order of that physician.

(9) An **Emergency Medical Technician (EMT)** may:

(a) Perform all procedures that an Emergency Medical Responder may perform;

(b) Ventilate with a non-invasive positive pressure delivery device;

(c) Insert a ~~[cuffed pharyngeal]~~ **supraglottic** airway device **to facilitate ventilation through the glottic opening by displacing tissue and sealing of the laryngeal area;** ~~[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.]~~

(d) Perform tracheobronchial tube suctioning ~~[on the endotracheal intubated patient];~~

(e) Provide care for suspected shock;

(f) Provide care for suspected medical emergencies, including:

(A) Obtain a capillary blood specimen for blood glucose monitoring;

(B) Prepare and administer epinephrine by subcutaneous injection, intramuscular injection, or automatic injection device for anaphylaxis;

(C) Administer activated charcoal for poisonings; and

(D) Prepare and administer albuterol treatments for known asthmatic and chronic obstructive pulmonary disease (COPD) patients suffering from suspected bronchospasm.

(g) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator;

(h) Transport stable patients with saline locks, heparin locks, foley catheters, or in-dwelling vascular devices;

(i) Assist the on-scene Advanced EMT, EMT-Intermediate, or Paramedic by:

(A) Assembling and priming IV fluid administration sets; and

(B) Opening, assembling and uncapping preloaded medication syringes and vials;

(j) Complete a clear and accurate prehospital emergency care report form on all patient contacts;

(k) Assist a patient with administration of sublingual nitroglycerine tablets or spray and with metered dose inhalers that have been previously prescribed by that patient's personal physician and that are in the possession of the patient at the time the EMT is summoned to assist that patient;

(L) In the event of a release of organophosphate agents, the EMT who has completed Authority-approved training may prepare and administer atropine sulfate and pralidoxime chloride by autoinjector, using protocols approved by the Authority and adopted by the supervising physician; and

(m) In the event of a declared Mass Casualty Incident (MCI) as defined in the local Mass Casualty Incident plan, monitor patients who have isotonic intravenous fluids flowing.

(10) An **Advanced Emergency Medical Technician (AEMT)** may:

(a) Perform all procedures that an EMT may perform;

(b) Initiate and maintain peripheral intravenous (I.V.) lines;

(c) Initiate saline or similar locks;

(d) Obtain peripheral venous blood specimens;

(e) Initiate and maintain an intraosseous infusion in the pediatric patient; **and**

~~[(f) Perform tracheobronchial suctioning of an already intubated patient; and]~~

~~[(g)]~~ **(f)** Prepare and administer the following medications under specific written protocols authorized by the supervising physician or direct orders from a licensed physician:

(A) Analgesics for acute pain: nitrous oxide.

(B) Anaphylaxis: epinephrine;

(C) Antihypoglycemics:

(i) Hypertonic glucose;

(ii) Glucagon;

(D) Nebulized bronchodilators:

(i) Albuterol;

(ii) Ipratropium bromide;

(E) Vasodilators: nitroglycerine;

(F) Naloxone; and

(G) Physiologic isotonic crystalloid solution.

(11) An **EMT-Intermediate** may:

(a) Perform all procedures that an Advanced EMT may perform;

(b) Initiate and maintain an intraosseous infusion;

(c) Prepare and administer the following medications under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician:

(A) Vasoconstrictors:

(i) Epinephrine;

(ii) Vasopressin;

(B) Antiarrhythmics:

(i) Atropine sulfate;

(ii) Lidocaine;

(iii) Amiodarone;

(C) Analgesics for acute pain:

(i) Morphine;

(ii) Nalbuphine Hydrochloride;

(iii) Ketorolac tromethamine;

(iv) Fentanyl;

(D) Antihistamine: Diphenhydramine;

(E) Diuretic: Furosemide;

(F) Intraosseous infusion anesthetic: Lidocaine;

(G) Anti-Emetic: Ondansetron;

(d) Prepare and administer immunizations in the event of an outbreak or epidemic as declared by the Governor of the state of Oregon, the State Public Health Officer or a county health officer, as part of an emergency immunization program, under the agency's supervising physician's standing order;

(e) Prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC Advisory Committee on Immunization Practices (ACIP), and/or the Oregon State Public Health Officer's recommended immunization guidelines as directed by the agency's supervising physician's standing order;

(f) Distribute medications at the direction of the Oregon State Public Health Officer as a component of a mass distribution effort;

(g) Prepare and administer routine or emergency immunizations and tuberculosis skin testing, as part of an EMS Agency's occupational health program, to the EMT-Intermediate's EMS agency personnel, under the supervising physician's standing order;

(h) Insert an orogastric tube;

(i) Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written and verbal instructions for such maintenance have been provided by the physician, nurse practitioner or physician assistant at the sending medical facility;

(j) Perform electrocardiographic rhythm interpretation; and

(k) Perform cardiac defibrillation with a manual defibrillator.

(12) A **Paramedic** may:

(a) Perform all procedures that an EMT-Intermediate may perform;

(b) Initiate and maintain mechanical ventilation during transport if formally trained on the particular equipment and if acting under written protocols specific to the particular equipment;

~~(b)~~ **(c)** Initiate the following airway management techniques:

(A) Endotracheal intubation;

(B) Cricothyrotomy; and

(C) Transtracheal jet insufflation which may be used when no other mechanism is available for establishing an airway;

~~(c)~~ **(d)** Initiate a nasogastric tube;

~~(d)~~ **(e)** Provide advanced life support in the resuscitation of patients in cardiac arrest;

~~(e)~~ **(f)** Perform emergency cardioversion in the compromised patient;

~~(f)~~ **(g)** Attempt external transcutaneous pacing of bradycardia that is causing hemodynamic compromise;

~~(g)~~ **(h)** Perform electrocardiographic interpretation;

~~(h)~~ **(i)** Initiate needle thoracostomy for tension pneumothorax in a prehospital setting;

~~(i)~~ **(j)** Obtain peripheral arterial blood specimens under specific written protocols authorized by the supervising physician;

[~~(j)~~] **(k)** Access indwelling catheters and implanted central IV ports for fluid and medication administration;

[~~(4)~~] **(L)** Initiate and maintain urinary catheters; and

[~~(L)~~] **(m)** Prepare and initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician.

Stat. Auth.: ORS 682.245

Stats. Implemented: ORS 682.245