The Oregon Administrative Rules contain OARs filed through June 13, 2008

OREGON MEDICAL BOARD

DIVISION 35

EMERGENCY MEDICAL TECHNICIANS, FIRST RESPONDERS AND SUPERVISION PHYSICIANS

847-035-0001

Definitions

(1) "Agent" means a medical or osteopathic physician licensed under ORS Chapter 677, actively registered and in good standing with the Board, a resident of or actively practicing in the area in which the emergency service is located, designated by the supervising physician to provide direction of the medical services of EMTs and First Responders as specified in these rules.

(2) "Board" means the Oregon Medical Board for the State of Oregon.

(3) "Committee" means the EMT Advisory Committee to the Oregon Medical Board.

(5) "Emergency Care" as defined in ORS 682.025(5) means the performance of acts or procedures under emergency conditions in the observation, care and counsel of the ill, injured or disabled; in the administration of care or medications as prescribed by a licensed physician, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital emergency care. However, "emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.

(5) "Section" means the Emergency Medical Services and Trauma Systems Section of the Public Health Division of the Department of Human Services.

(6) "Emergency Medical Technician-Basic (EMT-Basic)" means a person certified under ORS Chapter 682 and in good standing with the Section, who has completed an EMT-Basic course as prescribed by OAR 333, division 265, and is certified by the Section.

(7) "Emergency Medical Technician-Intermediate (EMT-Intermediate)" means a person certified under ORS Chapter 682 and in good standing with the Section, who has completed an EMT-Intermediate

course as prescribed by OAR 333, division 265, and is certified by the Section.

(8) "Emergency Medical Technician-Paramedic (EMT-Paramedic)" means a person certified under ORS Chapter 682 and in good standing with the Section, who has completed an EMT-Paramedic course as prescribed by OAR 333, division 265, and is certified by the Section.

(9) "First Responder" means a person who has successfully completed a first responder course approved by the Section and has been examined and certified as a First Responder by an authorized representative of the Section to perform basic emergency and nonemergency care procedures.

(10) "In Good Standing" means a person who is currently certified or licensed, who does not have any restrictions placed on his/her certificate or license, or who is not on probation with the certifying or licensing agency for any reason.

(11) "Nonemergency care" as defined in ORS 682.025(11) means the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24 hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed under ORS 677, insofar as any of these acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the Oregon Medical Board in the course of providing prehospital care.

(12) "Supervising Physician" means a person licensed under ORS Chapter 677, actively registered and in good standing with the Board as a Medical Doctor or Doctor of Osteopathic Medicine, approved by the Board, and who provides direction of, and is ultimately responsible for emergency and nonemergency care rendered by EMTs and First Responders as specified in these rules. The supervising physician is also ultimately responsible for the agent designated by the supervising physician to provide direction of the medical services of the EMT and First Responder as specified in these rules.

(13) "Scope of Practice" means the maximum level of emergency and nonemergency care that an EMT or First Responder may provide as defined in OAR 847-035-0030.

(14) "Standing Orders" means the written detailed procedures for medical or trauma emergencies and nonemergency care to be performed by an EMT or First Responder issued by the supervising physician commensurate with the scope of practice and level of certification of the EMT or First Responder.

Stat. Auth.: ORS 682.245
Stats. Implemented: ORS 682.015(11)
Hist.: ME 2-1983, f. & ef. 7-21-83; ME 7-1985, f. & ef. 8-5-85; ME 11-1986, f. & ef. 7-31-86; ME 15-1988, f. & cert. ef. 10-20-88; ME 6-1991, f. & cert. ef. 7-24-91; ME 1-1996, f. & cert. ef. 2-15-96; ME 3-1996, f. & cert. efg. 7-25-96; BME 6-1998, f. & cert. ef. 4-27-98; BME 13-1999, f. & cert. ef. 7-23-99; BME 10-2002, f. & cert. ef. 7-22-02

847-035-0011

EMT Advisory Committee

(1) There is created an EMT Advisory Committee, which shall consist of five members appointed by the Oregon Medical Board. The Board shall appoint two physicians and three emergency medical technicians (EMTs) from nominations provided from EMS agencies, organizations, and individuals.

(a) The two physician members shall be actively practicing physicians licensed under this chapter who are supervising physicians, medical directors, or practicing emergency medicine physicians.

(b) The three EMT members shall be Oregon certified EMTs who have been residents of this state for at least two years, certified as EMTs for not less than two years. At least two of the three EMT members shall be actively practicing prehospital care, and at least one of the three EMT members shall be an EMT-Paramedic.

(c) Two of the five committee members shall be from rural or frontier Oregon.

(2)(a) The term of office of a member of the committee shall be three years and members may be reappointed to serve not more than two terms.

(b) Vacancies in the committee shall be filled by appointment by the board for the balance of an unexpired term and each member shall serve until a successor is appointed and qualified.

(3) Notwithstanding the term of office specified in section (2):

(a) One EMT shall serve for a term ending June 30, 2002;

(b) One EMT and one physician shall serve for a term ending June 30, 2003; and

(c) One EMT and one physician shall serve for a term ending June 30, 2004.

(4) The members of the advisory committee are entitled to compensation and expenses as provided in ORS 677.280.

Stat. Auth.: ORS 677.265
Stats. Implemented: ORS 677.757 & 677.780
Hist.: BME 12-2001, f. & cert. ef. 10-30-01

847-035-0012

Duties of the Committee

(1) The EMT Advisory Committee shall:

(a) Review requests for additions, amendments, or deletions to the First Responder and EMT scope of practice, and recommend to the board changes to the scope of practice.

(b) Recommend requirements and duties of supervising physicians of First Responders and EMTs; and

(c) Recommend physician nominations for the State EMS Committee.

(2) All actions of the EMT Advisory Committee shall be subject to review and approval by the Board.

Stat. Auth.: ORS 677.245
Stats. Implemented: ORS 677.245
Hist.: BME 12-2001, f. & cert. ef. 10-30-01

847-035-0020

Application and Qualifications for a Supervising Physician and Agent

(1) A physician must receive approval from the Board in order to supervise one or more EMT or First Responder.

(2) Any physician who desires to function as a supervising physician or agent must apply and receive approval from the Board.

(3) Applications are to be submitted on forms provided by the Board.

(4) A supervising physician and agent must meet the following qualifications:

(a) Be a medical or osteopathic physician currently licensed under ORS Chapter 677, actively registered and in good standing with the Board;

(b) Be in current practice;

(c) Be a resident of or actively practicing in the area in which the emergency service is located;

(d) Possess thorough knowledge of skills assigned by standing order to EMTs and First Responders; and

(e) Possess thorough knowledge of laws and rules of the State of Oregon pertaining to EMTs and First Responders.

Stat. Auth.: ORS 183.205
Stats. Implemented: ORS 183.205
Hist.: ME 13-1984, f. & ef. 8-2-84; ME 2-1985(Temp), f. & ef. 1-21-85; ME 5-1985, f. & ef. 5-6-85; ME 7-1985, f. & ef. 8-5-85; ME 6-1991, f. & cert. ef. 7-24-91; ME 1-1996, f. & cert. ef. 2-15-96

847-035-0025

Supervision

(1) A supervising physician is responsible for the following:

(a) Issuance, review and maintenance of standing orders within the scope of practice not to exceed the certification level of the EMT or the First Responder when applicable;

(b) Explaining the standing orders to the EMT and First Responder, making sure they are understood and not exceeded;

(c) Ascertaining that the EMT and First Responder are currently certified and in good standing with the Division;

(d) Providing regular review of the EMT's and First Responder's practice by complying with one or more of the following:

(A) Direct observation of prehospital emergency care performance by riding with the emergency

medical service; and

(B) Indirect observation using one or more of the following:

(i) Prehospital emergency care report review;

(ii) Prehospital communications tapes review;

(iii) Immediate critiques following presentation of reports;

(iv) Demonstration of technical skills; and

(v) Post-care patient or receiving physician interviews using questionnaire or direct interview techniques.

(e) Provide or coordinate formal case reviews for EMTs by thoroughly discussing a case (whether one in which the EMT has taken part or a textbook case) from the time the call was received until the patient was delivered to the hospital. The review should include discussing what the problem was, what actions were taken (right or wrong), what could have been done that was not, and what improvements could have been made;

(f) Provide or coordinate continuing education. Although the supervising physician is not required to teach all sessions, the supervising physician is responsible for assuring that the sessions are taught by a qualified person.

(2) The supervising physician may delegate responsibility to his/her agent to provide any or all of the following:

(a) Explanation of the standing orders to the EMT or First Responder, making sure they are understood, and not exceeded;

(b) Assurance that the EMT or First Responder is currently certified and in good standing with the Division;

(c) Regular review of the EMT's and First Responder's practice by complying with one or more of the following:

(A) Direct observation of prehospital emergency care performance by riding with the emergency medical service; and

(B) Indirect observation using one or more of the following:

(i) Prehospital emergency care report review;

(ii) Prehospital communications tapes review;

(iii) Immediate critiques following presentation of reports;

(iv) Demonstration of technical skills; and

(v) Post-care patient or receiving physician interviews using questionnaire or direct interview techniques.

(d) Provide or coordinate continuing education. Although the supervising physician or agent is not required to teach all sessions, the supervising physician or agent is responsible for assuring that the sessions are taught by a qualified person.

(3) Nothing in this section shall limit the number of EMTs and First Responders that may be supervised by a supervising physician so long as the supervising physician can meet with the EMTs and First Responders under his/her direction for a minimum of two hours each calendar year.

(4) An EMT or First Responder may have more than one supervising physician as long as the EMT or First Responder has notified all of the supervising physicians involved, and the EMT or First Responder is functioning under one supervising physician at a time.

(5) The supervising physician shall report in writing to the Chief Investigator of the Division's EMS Section any action or behavior on the part of the EMT or First Responder which could be cause for disciplinary action under ORS 823.160 or 823.165.

Stat. Auth.: ORS 183.205
Stats. Implemented: ORS 183.205
Hist.: ME 2-1983, f. & ef. 7-21-83; ME 13-1984, f. & ef. 8-2-84; ME 6-1991, f. & cert. ef. 7-24-91; ME 1-1996, f. & cert. ef. 2-15-96

Scope of Practice

847-035-0030

Scope of Practice

(1) The Oregon Medical Board has established a scope of practice for emergency and nonemergency care for First Responders and EMTs. First Responders and EMTs 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(5).

(2) The scope of practice for First Responders and EMTs is not intended as statewide standing orders or protocols. The scope of practice is the maximum functions which may be assigned to a First Responder or EMT by a Board-approved supervising physician.

(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 EMT may be requested by the Board or Section and shall be furnished upon request.

(5) No EMT may function without assigned standing orders issued by Board-approved supervising physician.

(6) An Oregon-certified First Responder or EMT, acting through standing orders, shall respect the

patient's wishes including life-sustaining treatments. Physician supervised First Responders and EMTs shall 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) The scope of practice for emergency and nonemergency care established by the Board for First Responders is intended as authorization for performance of procedures by First Responders without direction from a Board-approved supervising physician, except as limited by subsection (2) of this rule. A First Responder may perform the following emergency care procedures without having signed standing orders from a supervising physician:

(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 soft tissue injuries;

(g) Provide care for suspected fractures;

(h) Assist with prehospital childbirth; and

(i) Complete a clear and accurate prehospital emergency care report form on all patient contacts and provide a copy of that report to the senior EMT with the transporting ambulance.

(8) A First Responder may perform the following procedures only when the First Responder is providing emergency care as part of an agency which has a Board-approved supervising physician who has issued written standing orders to that First Responder authorizing the following:

(a) Administration of medical oxygen;

(b) Open and maintain an airway through the use of a nasopharyngeal and a noncuffed oropharyngeal and pharyngeal suctioning devices;

(c) Operate a bag mask ventilation device with reservoir;

(d) Provision of care for suspected medical emergencies, including administering liquid oral glucose for hypoglycemia; and

(e) Administer epinephrine by automatic injection device for anaphylaxis;

(f) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator, only when the First Responder:

(A) Has successfully completed a Section- 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 Section.

(9) An Oregon-certified EMT-Basic may perform emergency and nonemergency procedures. Emergency care procedures shall be limited to the following basic life support procedures:

(a) Perform all procedures that an Oregon-certified First Responder can perform;

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

(c) 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.

(d) Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;

(e) Provide care for suspected shock, including the use of the pneumatic anti-shock garment;

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

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

(B) Administer epinephrine by subcutaneous injection or automatic injection device for anaphylaxis;

(C) Administer activated charcoal for poisonings; and

(D) Administer aspirin for suspected myocardial infarction.

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

(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-Basic is summoned to assist that patient; and

(l) In the event of a release of military chemical warfare agents from the Umatilla Army Depot, the EMT-Basic who is a member or employee of an EMS agency serving the DOD-designated Immediate Response Zone who has completed a Section-approved training program may administer atropine sulfate and pralidoxime chloride from a Section-approved pre-loaded auto-injector device, and perform endotracheal intubation, using protocols promulgated by the Section and adopted by the supervising physician. 100% of EMT-Basic actions taken pursuant to this section shall be reported to the Section via a copy of the prehospital emergency care report and shall be reviewed for appropriateness by Section staff and the Subcommittee on EMT Certification, Education and Discipline.

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

(10) An Oregon-certified EMT-Intermediate may perform emergency and nonemergency care procedures. The emergency care procedures shall be limited to the following:

(a) Perform all procedures that an Oregon-certified EMT-Basic can perform;

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

(c) Initiate and maintain an intraosseous infusion;

(d) Initiate saline or similar locks;

(e) Draw peripheral blood specimens;

(f) Administer the following medications under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician:

(A) Physiologic isotonic crystalloid solution.

(B) Vasoconstrictors:

(i) Epinephrine

(ii) Vasopressin;

(C) Antiarrhythmics:

(i) Atropine sulfate,

(ii) Lidocaine,

(iii) Amiodarone;

(D) Antidotes:

(i) Naloxone hydrochloride;

(E) Antihypoglycemics:

(i) Hypertonic glucose,

(ii) Glucagon;

(F) Vasodilators:

(i) Nitroglycerine;

(G) Nebulized bronchodilators:

(i) Albuterol,

(ii) Ipratropium bromide;

(H) Analgesics for acute pain:

(i) Morphine,

(ii) Nalbuphine Hydrochloride,

(iii) Ketorolac tromethamine,

(iv) Fentanyl;

(I) Antihistamine:

(i) Diphenhydramine;

(J) Diuretic:

(i) Furosemide;

(g) 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;

(h) Administer routine or emergency immunizations, as part of an EMS Agency's occupational health program, to the EMT's EMS agency personnel, under the supervising physician's standing order.

(i) Insert an orogastric tube;

(j) Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, and 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;

(k) Initiate electrocardiographic monitoring and interpret presenting rhythm;

(l) Perform cardiac defibrillation with a manual defibrillator.

(11) An Oregon-certified EMT-Paramedic may perform emergency and nonemergency care procedures. The emergency care procedures shall be limited to:

(a) Perform all procedures that an Oregon-certified EMT-Intermediate can perform;

(b) Initiate the following airway management techniques:

(A) Endotracheal intubation;

(B) Tracheal suctioning techniques;

(C) Cricothyrotomy; and

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

(c) Initiate a nasogastric tube;

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

(e) Perform emergency cardioversion in the compromised patient;

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

(g) Initiate needle thoracentesis for tension pneumothorax in a prehospital setting;

(h) Initiate placement of a femoral intravenous line when a peripheral line cannot be placed;

(i) Initiate placement of a urinary catheter for trauma patients in a prehospital setting who have received diuretics and where the transport time is greater than thirty minutes; and

(j) Initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician.

(12) The Board has delegated to the Section the following responsibilities for ensuring that these rules are adhered to:

(a) Designing the supervising physician and agent application;

(b) Approving a supervising physician or agent; and

(c) Investigating and disciplining any EMT or First Responder who violates their scope of practice.

(d) The Section shall provide copies of any supervising physician or agent applications and any EMT or First Responder disciplinary action reports to the Board upon their request.

(13) The Section shall immediately notify the Board when questions arise regarding the qualifications or

responsibilities of the supervising physician or agent of the supervising physician.

Stat. Auth.: ORS 677.265, 682.245
Stats. Implemented: ORS 682.245
Hist.: ME 2-1983, f. & ef. 7-21-83; ME 3-1984, f. & ef. 1-20-84; ME 12-1984, f. & ef. 8-2-84; ME 7-1985, f. & ef. 8-5-85; ME 12-1987, f. & ef. 4-28-87; ME 27-1987(Temp), f. & ef. 11-5-87; ME 5-1988, f. & cert. ef. 1-29-88; ME 12-1988, f. & cert. ef. 8-5-88; ME 15-1988, f. & cert. ef. 10-20-88; ME 2-1989, f. & cert. ef. 1-25-89; ME 15-1989, f. & cert. ef. 9-5-89, & corrected 9-22-89; ME 6-1991, f. & cert. ef. 7-24-91; ME 10-1993, f. & cert. ef. 7-27-93; ME 3-1995, f. & cert. ef. 2-1-95; ME 1-1996, f. & cert. ef. 2-15-96; ME 3-1996, f. & cert. ef. 7-25-96; BME 6-1998, f. & cert. ef. 4-27-98; BME 13-1998 (Temp), f. & cert. ef. 8-6-98 thru 2-2-99; BME 14-1998, f. & cert. ef. 10-26-98; BME 16-1998, f. & cert. ef. 11-24-98; BME 13-1999, f. & cert. ef. 7-23-99; BME 14-2000, f. & cert. ef. 10-30-00; BME 11-2001, f. & cert. ef. 10-30-01; BME 9-2002, f. & cert. ef. 7-17-02; BME 10-2002, f. & cert. ef. 7-22-02; BME 1-2003, f. & cert. ef. 1-27-03; BME 12-2003, f. & cert. ef. 7-15-03; BME 4-2004, f. & cert. ef. 1-27-04; BME 11-2004(Temp), f. & cert. ef. 4-22-04 thru 10-15-04; BME 12-2004(Temp), f. & cert. ef. 6-11-04 thru 12-8-04; BME 21-2004(Temp), f. & cert. ef. 11-15-04 thru 4-15-05; BME 2-2005, f. & cert. ef. 1-27-05; BME 5-2005, f. & cert. ef. 4-21-05; BME 9-2005, f. & cert. ef. 7-20-05; BME 18-2006, f. & cert. ef. 7-25-06; BME 22-2006, f. & cert. ef. 10-23-06; BME 7-2007, f. & cert. ef. 1-24-07; BME 11-2007, f. & cert. ef. 4-26-07; BME 24-2007, f. & cert. ef. 10-24-07; BME 11-2008, f. & cert. ef. 4-24-08

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