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ARCHIVES DIVISION

MARY BETH HERKERT
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILED
03/21/2018 1:07 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Licensing Requirements for Ambulance Vehicles

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/26/2018 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Brittany Hall
503-449-9808
publichealth.rules@state.or.us

800 NE Oregon St. Suite 930
Portland, OR 97232

Filed By:
Brittany Hall
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 04/26/2018

TIME: 11:00 AM

OFFICER: Jana Fussell

ADDRESS: Portland State Office

Building

800 NE Oregon St. Room 1E

Portland, OR 97232

NEED FOR THE RULE(S):

Current rules identify the U.S. General Services Administration (GSA), Federal Specification for the Star-of-Life standards (KKK-A-1822F) as the minimum requirement for ambulance service agencies who wish to purchase and license a new automotive ambulance vehicle. These standards were scheduled to be sunset in October 2016. The GSA has extended approval of the KKK-A-1822F standards while states consider new standards developed by the National Fire Protection Association (NFPA) and the Commission on the Accreditation of Ambulance Services (CAAS). In 2014, several EMS Associations and the American Academy of Pediatrics and American College of Emergency Physicians co-authored a joint policy statement regarding equipment for ground ambulances. This policy statement incorporates essential pediatric equipment based on the EMS for Children performance measure. The Oregon Health Authority (Authority), Public Health Division, Emergency Medical Services (EMS) and Trauma Systems Program is proposing amendments to align administrative rules with the standards noted, make general updates consistent with current practices, and align language with other facility licensing rules. The proposed amendments seek to:

- Update language and terms used to reflect current terminology, technology, and statutory references;
- Align rules with other facility licensing types including streamlining the organization of the rules;
- Clarify licensing requirements and actions necessary;
- Update the construction criteria for a new or previously owned ambulance. Allows a previously owned ambulance that does not meet specified criteria to be inspected by a certified Emergency Vehicle Technician (EVT) ambulance

technician;

- Require vehicles remounted by an agency with an in-house remount program to have vehicles inspected by a certified EVT ambulance technician;
- Require the name of the ambulance service on the vehicle to match the name on the licensing application;
- Clarify the type of service provided by an ambulance and necessary staffing;
- Update equipment requirements;
- Modify air ambulance staffing requirements, training necessary and equipment;
- Remove outdated rules relating to marine ambulances;
- Clarify process for investigations and surveys; and
- Clarify notification requirements if a license vehicle is suspended.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

- ORS chapter 682: Regulation of Ambulance and EMS Providers - https://www.oregonlegislature.gov/bills_laws/ors/ors682.html
- OAR chapter 847, division 35: Oregon Medical Board – Emergency Medical Services Providers and Supervising Physicians - http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_847/847_035.html
- Commission on Accreditation of Ambulance Services, Ground Vehicle Standard for Ambulances, Version 1.0, July 1, 2016 – <http://www.groundvehiclestandard.org/>
- National Fire Protection Association, Standard for Automotive Ambulances, NFPA 1917, 2016 Edition - <http://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=1917>
- Commission on Accreditation of Medical Transport Systems, 10th Edition Accreditation Standards - <http://www.camts.org/>
- Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual, Chapter 10-Ambulance Services - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>
- American Academy of Pediatrics, American College of Emergency Physicians, American College of Surgeons Committee on Trauma, Emergency Medical Services for Children, Emergency Nurses Association, National Association of EMS Physicians & National Association of State EMS Officials (2014) Equipment for Ground Ambulances, Prehospital Emergency Care, 18:1, 92-97 - <http://www.tandfonline.com/doi/full/10.3109/10903127.2013.851312>
- General Services Administration, Federal Specification for the Star-of-Line Ambulance, KKK-A-1822F – available from the agency upon request
- EVT Certification Commission, Inc.; Emergency Vehicle Technician Certification Program – available from the agency upon request

FISCAL AND ECONOMIC IMPACT:

The EMS and Trauma Systems Program licenses approximately 134 licensed ambulance service agencies in Oregon and 735 ambulance vehicles. Licensing fees are established in statute and there is no increase to fees being proposed. The proposed rules update the construction requirements for new ambulance purchases to align with either the CAAS or NFPA national standards due to the sunset of the GSA KKK standards. The goal of these standards is to address the safety of the EMS patient, EMS crew and the public.

- A new ambulance vehicle that complies with the CAAS or NFPA national standards is approximately \$125,000. An agency may choose to buy new or used. Previously owned vehicles acquired by a licensed ambulance service agency will be required to meet 2007 GSA KKK standards for licensing or be inspected by a certified Emergency Vehicle Technician (EVT) ambulance technician.

- There are approximately 30 EVT's certified in Oregon and it is unknown how much an EVT would charge to inspect an

ambulance. The cost for an agency to have a staff person certified as an EVT ambulance technician is approximately \$300 for initial certification and \$175 to renew certification every five years. Ambulance agencies that have an in-house remount program who do not have a certified EVT ambulance technician on staff will be required to have vehicles that are remounted to be inspected by a certified EVT ambulance technician.

- Additional equipment approximate costs include:
 - o 2 pediatric oxygen nasal cannula – \$2.00 each
 - o If reflected by standing orders, a nebulizer – \$2.00 each
 - o A child car seat or other restraint system - \$120-\$325.00
 - o Occlusive dressing - \$14-\$26.00
 - o Commercially manufactured arterial tourniquet - \$30-\$40.00
 - o Pelvic sling in various sizes - \$85.00 each
 - o Quick reference guide for pediatric drug dosing - \$12-\$25.00
 - o Commercially packaged or sterile burn sheets - \$5-\$10.00
 - o 2016, Department of Transportation – Emergency Response Guidebook - \$12.00
 - o An ambulance service agency providing advanced life support (ALS) must have cardiac monitoring equipment with hands-free defibrillation patches – \$33-\$126.00
 - o If an ALS ambulance vehicles is staffed with a paramedic, the cardiac monitoring equipment must have 12 lead ECG - \$7,600-\$30,000
- Administrative efficiencies due to electronic licensing include:
 - o Issuing replacement licenses for lost, damaged or destroyed licenses is no longer necessary.
 - o When an ambulance vehicle is sold, traded or donated, the licenses no longer need to be returned nor the decals, emblems and markings for decommissioned vehicles. The agency must only attest to the Authority that the license, emblems, and decals have been destroyed.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) There is no anticipated cost of compliance impact on state agencies or units of local government. The Oregon Health Authority's EMS & Trauma Systems program already processes ambulance vehicle licensing applications and conducts initial licensing surveys and complaint investigations. There is no anticipated cost of compliance impact on the public.

(2)(a) The Authority does not collect data on the number of staff each ambulance service agency employs and therefore cannot estimate with accuracy how many agencies may be a small business.

(b) Ambulance service agencies that acquire previously owned ambulance vehicles will be required to have the vehicle inspected by a certified EVT ambulance technician if the vehicle does not meet the standards specified in rule in order to be licensed. An agency with an in-house remount program will be required to have vehicles that are remounted inspected by an EVT if a certified EVT is not employed by the agency. Agencies may choose to have staff become certified which costs \$300 for the initial certification and \$175 every five years for recertification.

(c) Additional medical equipment has been identified and is summarized under 'Fiscal and Economic Impact.'

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Both small and large ambulance service agencies were represented on the Rules Subcommittee and rule advisory committee (RAC), as well as representation from the Oregon State Ambulance Association.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

333-255-0000, 333-255-0010, 333-255-0015, 333-255-0020, 333-255-0021, 333-255-0022, 333-255-0023, 333-255-0040, 333-255-0060, 333-255-0070, 333-255-0071, 333-255-0072, 333-255-0073, 333-255-0079, 333-255-0080, 333-255-0081, 333-255-0082, 333-255-0090, 333-255-0091, 333-255-0092, 333-255-0093, 333-255-0100, 333-255-0105, 333-255-0110, 333-255-0115, 333-255-0120, 333-255-0125

AMEND: 333-255-0000

RULE SUMMARY: Amend OAR 333-255-0000: Definitions were amended to align with statute or to provide further clarification. Definitions no longer relevant were removed. Definition was added for Ambulance Service Administrator. Definition for "Prehospital Care Report Form" was changed to "Patient Care Report" to align with revised ambulance service agency administrative rules.

CHANGES TO RULE:

333-255-0000

Definitions ¶

(1) "Advanced Emergency Medical Technician (AEMT ~~or Advanced EMT~~)" means a person who is licensed by the Authority as an Advanced Emergency Medical Technician. ¶

(2) "Ambulance" or "Ambulance ~~vehicle~~" means ~~any~~ privately or publicly owned motor vehicle, aircraft, or watercraft that is regularly provided or offered to be provided for the emergency transportation of persons who are ill or injured or who have disabilities. ¶

(3) "Ambulance ~~Based~~ Clinician" means a ~~R~~egistered ~~N~~urse, ~~P~~hysician, or ~~P~~hysician ~~A~~ssistant who: ¶

(a) Has an active license in Oregon and is in good standing with the Oregon Board of Nursing or the Oregon Medical Board; and ¶

(b) Staffs an ambulance for a licensed ambulance service. ¶

(4) "Ambulance ~~S~~ervice" means ~~any~~ person, governmental unit, ~~corporation, partnership, sole proprietorship,~~ or other entity that operates ambulances(s) and that holds itself out as providing prehospital care or medical transportation to persons who are ill or injured or who have disabilities. ¶

(5) "Ambulance service administrator" has the meaning given that term in OAR 333-250-0205. ¶

(6) "Ambulance Service Area (ASA)" means a geographic area served by one ~~ground~~-ambulance service provider, and may include all or portion of a county, or all or portions of two or more contiguous counties. ¶

(67) "Authority" means the Emergency Medical Services and Trauma Systems Program, within the Oregon Health Authority. ¶

(78) "Business day" means Monday through Friday when the Authority is open for business, excluding holidays. ¶

(89) "Emergency ~~C~~are" means the performance of acts or procedures under emergency conditions in the observation, care and counsel of ~~th~~persons who are ill, or injured or disabled who have disabilities; in the administration of care or medications ~~as~~-prescribed by a licensed physician or naturopathic 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, "e~~Emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures. ¶

(910) "EMS" means Emergency Medical Services. ¶

(101) "EMS Medical Director" has the same meaning as "Supervising Physician" in ORS 682.025-AR 847-035-0001. ¶

(112) "Emergency Medical Responder (EMR)" means a person who is licensed by the Authority as an Emergency Medical Responder. ¶

(123) "Emergency Medical Services Provider (EMS Provider)" means a person who has received formal training in prehospital and emergency care and is state-licensed to attend to any ill, injured or disabled person. Police officers, fire fighters, funeral home employees and other personnel serving in a dual capacity, one of which meets the definition of "emergency medical services provider" are "emergency medical services providers" within the meaning of ORS Chapter 682. has the meaning given that term in ORS 682.025. ¶

(134) "Emergency Medical Technician (EMT)" means a person who is licensed by the Authority as an Emergency Medical Technician. ¶

(14) "EMT-Basic" has the same meaning as Emergency Medical Technician. ¶

(15) "EMT-Intermediate" means a person who is licensed by the Authority as an EMT-Intermediate. ¶

(16) "EMT-Paramedic" has the same meaning as Paramedic. ¶

(17) "In Operation" means the time beginning with the initial response of the ambulance and ending when the ambulance is available to respond to another request for service. An ambulance that transports a patient becomes available to respond when the care of the patient has been transferred. ¶

(18) "License" means the documents issued by the Authority to the owner of an ambulance service when the service and its ambulances are found to be in compliance with ORS Chapter 682, OAR chapter 333, division 250 and OAR chapter 333, division 255. ¶

(197) "Non-emergency Care" 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 Chapter 677, or naturopathic physician licensed under ORS chapter 685 insofar as any of those 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 or Oregon Board of Naturopathic Medicine in the course of providing prehospital care as defined by in this rule. ¶

(2018) "Owner" means the person having all the incidents of ownership in an ambulance service or an ambulance vehicle or, where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement or a lease for a term of 10 or more successive days. ¶

(219) "Paramedic" means a person who is licensed by the Authority as a Paramedic. ¶

(220) "Patient" means a person who is ill or injured or who has a disability and who is transported in an ambulance. ¶

(231) "Patient care report (PCR)" means any individual, corporation, association, firm, partnership, joint stock company, group of individuals acting together authority-approved paper form or an electronic field data format (ePCR) that is completed by an EMS provider for a common purpose, or organization of any kind and includes any receiver, trustee, assignee, or other similar representative ambulance based clinician for all patients receiving prehospital assessment, care or transportation to a medical facility. ¶

(22) "Person" has the meaning given thereof at term in ORS 174.100. ¶

(243) "Physician" means a person licensed under ORS Chapter 677, actively registered and in good standing with the Oregon Medical Board as a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). ¶

(254) "Physician Assistant (PA)" means a person licensed under ORS Chapter 677, actively registered and in good standing with the Oregon Medical Board. ¶

(265) "Prehospital Care" means that care rendered by EMS providers as an incident of the operation of an ambulance as defined by ORS Chapter 682 and that care rendered by EMS providers as incidents of other public or private safety duties, and includes, but is not limited to "emergency care" as defined by ORS Chapter 682. ¶

(27) "Prehospital Care Report Form (PCRF)" means an Authority-approved form or electronic field data format

~~that is completed for all patients receiving prehospital assessment, care or transportation to a medical facility in this rule.~~ ¶

~~(286)~~ "Qualified ~~D~~river" means someone who is not licensed by the Authority and who meets Authority requirements to operate a ground ambulance. ¶

~~(297)~~ "Registered Nurse (RN)" means a person licensed under ORS ~~C~~chapter 678, actively registered and in good standing with the Oregon Board of Nursing. ¶

~~(3028)~~ "Rural ~~A~~mbulance ~~S~~ervice" means ambulance service located in an area where all geographic areas are 10 or more miles from the centroid of a population center of 40,000 or more. ¶

~~(3129)~~ "Sanitary" means being free from all body fluids, dirt, dust, grease or other extraneous matter. ¶

~~(320)~~ "Scope of ~~P~~ractice" means the maximum level of emergency or non-emergency care that an ~~emergency medical technician may provide.~~ EMS provider may provide in accordance with OAR chapter 847, division 35. ¶

~~(331)~~ "Specialty ~~C~~are ~~T~~ransport (SCT)" means interfacility transportation of a critically injured or ill ~~beneficiary patient~~ by a ground ambulance ~~vehicle~~, including medically necessary supplies and service, ~~at a level of service beyond the scope of the Paramedic.~~ SCT is necessary when a ~~beneficiary patient's~~ condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, or cardiovascular care, or a Paramedic with additional specialized training. Any skill or medication in addition to or not found in the ~~Department of Transportation curriculum~~ National Education Standards for Paramedics would be defined as additional training and is defined by the EMS medical director. ¶

~~(342)~~ "Standing ~~O~~rders" means the written detailed procedures for medical or trauma emergencies ~~issued by the EMS medical director to be performed by appropriate certificate holders or licensees and nonemergency care to be performed by an EMS provider issued by an EMS medical director~~ in conformance with the scope of practice and level of licensure of the EMS provider.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0010

RULE SUMMARY: Amend OAR 333-255-0010: Language regarding the application process was amended for clarity including updating to an electronic application. Information that must be included with an application was amended to align with new construction criteria identified in OAR 333-255-0060. Application process for a marine ambulance was removed to align with the repeal of OARs 333-255-0090 through 0093.

CHANGES TO RULE:

333-255-0010

~~Application Process to Obtain for an Ambulance Vehicle License.~~

~~(1) An ambulance service vehicle owner that wishes to obtain an ambulance license must apply for and receive an ambulance license from the Authority before placing an ambulance into operation.~~

~~(2) The Authority shall issue an ambulance license to the owner of an ambulance service that is not subject to disqualification from licensure for any reason specified in perated by a licensed ambulance service must be licensed by the Authority and comply with ORS Chapter 682; OAR chapter 333, division 250-~~or~~; and these rules. The ambulance service owner before being placed into operation.~~

~~(2) An ambulance service owner applying for an ambulance vehicle license must:~~

~~(a) Have a current ambulance service license;~~

~~(b) Have paid the fees required by ORS Chapter 682 and these rules; and~~

~~(c) Agree to Comply with all applicable federal, state and local laws and regulations governing the operation of a licensed ambulance; and~~

~~(d) Submit a completed application in a form specified by the Authority in accordance with ORS 682.045 and these rules.~~

~~(3) An application for an air ambulance license must be made on an Authority-approved form containing at a minimum:~~

~~(a) The name and address of the person or public entity owning the aircraft;~~

~~(b) If other than the applicant's true name, the name under which the applicant is doing business;~~

~~(c) The description of the ambulance;~~

~~(A) Indication if the aircraft was purchased from an ambulance service in Oregon;~~

~~(B) Type of aircraft;~~

~~(i) Fixed-wing; or~~

~~(ii) Rotary-wing.~~

~~(C) Number of engines;~~

~~(D) Make of aircraft;~~

~~(E) Model of aircraft;~~

~~(F) Year of manufacture;~~

~~(G) Federal Aviation Authority (FAA) registration number;~~

~~(H) Whether a major repair or alteration has been made to the aircraft, and if so, a FAA Form 337 must be on file in the licensee's office for each repair or alteration made;~~

~~(I) Aircraft colors;~~

~~(i) Fuselage;~~

~~(ii) Stripe; and~~

~~(iii) Lettering.~~

~~(J) Insigne name, monogram or other distinguishing characteristics. A photo of the air ambulance may be submitted.~~

~~(3) An application to license a ground ambulance shall be submitted electronically in a manner prescribed by the Authority and shall include, but is not limited to show these characteristics.~~

~~(4) An application for a ground ambulance must be made on an Authority-approved form containing at a minimum: the following information:~~

- (a) The name and address of the person or public entity owning the ground ambulance; ¶
- (b) If other than the applicant's true name, the name under which the applicant is doing business; ¶
- (c) The description of the ground ambulance; including; ¶
- (A) Whether the ground ambulance was purchased from an ambulance service in Oregon; ¶
- (B) Make of vehicle; ¶
- (C) Model type of vehicle; ¶
- (D) Year of manufacture; ¶
- (E) Whether the vehicle is a remounted chassis; ¶
- (F) Conversion manufacturer; ¶
- (G) Vehicle Identification Number; ¶
- (H) Vehicle license plate number; ¶
- (I) Mileage at the time of licensing; ¶
- (J) ~~A~~ Ground ambulance colors; ¶
 - (i) Body; ¶
 - (ii) Stripe; and ¶
 - (iii) Lettering; and ¶
- (K) Insigneia name, monogram or other distinguishing characteristics. A photo of the ground ambulance ~~may~~shall be submitted to show these characteristics; ¶
- (d) A copy of the ground~~final stage~~ ambulance manufacturers (FSAM) authenticated ~~Star-of-Life certificate or Final Stage Vehicle Manufacturing Certification of compliance~~; ¶
- ~~(A) A previously owned ambulance must have, at a minimum, a January 1, 1995, Star-of-Life certificate; or certification and label identifying that the ambulance and equipment comply with construction criteria specified in OAR 333-255-0060(1); ¶~~
- ~~(A) A previously owned ambulance must:~~ ¶
 - (i) Be commercially constructed and certified as complying with the U.S. General Services Administration (GSA), August 1, 2007, Federal Specification for the Star-of-Life ambulance certification standards (KKK-A-1822F) and Change Notices 7 through 9; or ¶
 - (ii) Be inspected by an Emergency Vehicle Technician (EVT) certified by the EVT Certification Commission as an ambulance technician who provides documentation that the ambulance meets minimum safety requirements as determined by the Authority. ¶
- (B) A newly constructed ambulance must have at a minimum a ~~Star-of-Life certificate or a Final Stage Vehicle Manufacturing Certificate of compliance~~; either; ¶
 - (i) A CAAS Ground Vehicle Standard certification sticker and verification document(s); or ¶
 - (ii) An NFPA certification sticker and verification document(s). ¶
- ~~(54) A completed application for the licensing of a marine ambulance must contain, at a minimum:~~ pplication to operate an air ambulance shall be submitted electronically in a manner prescribed by the Authority and shall include, but not be limited to, the following; ¶
- (a) The name and address of the person or public entity owning the ~~ambulance~~; ircraft; ¶
- (b) If other than the applicant's true name, the name under which the applicant is doing business; ¶
- (c) The description of the ambulance; ¶
- (A) ~~Whether the marine~~ Indication if the aircraft was purchased from an ambulance service in Oregon; ¶
- (B) ~~Whether the patient-care area is covered or uncovered~~; ¶
- ~~(C) Number of engines~~; ¶
- ~~(D) Type of engines~~; ¶
 - (i) ~~Inboard~~; ¶
 - (ii) ~~Outboard~~; or ¶
 - (iii) ~~Both inboard and outboard~~. ¶
- ~~(E) Type of aircraft~~; ¶
 - (i) Fixed-wing; or ¶

~~(ii) Rotary-wing.~~ ¶

~~(C) Number of engines;~~ ¶

~~(D) Make of marine aircraft;~~ ¶

~~(E) Model of marine aircraft;~~ ¶

~~(F) Year of manufacture;~~ ¶

~~(G) Marine craft Federal Aviation Authority (FAA) registration number;~~ ¶

~~(H) Marine craft license plate number; Whether a major repair or alteration has been made to the aircraft, and if so, a FAA Form 337 must be on file in the licensee's office for each repair or alteration made;~~ ¶

~~(I) Ambulance aircraft colors;~~ ¶

~~(i) Hull; Fuselage;~~ ¶

~~(ii) Stripe; and~~ ¶

~~(iii) Lettering.~~ ¶

~~(K) Insigne name, monogram or other distinguishing characteristics. A photo of the marine air ambulance may shall be submitted to show these characteristics.~~ ¶

~~(d5) A signed and dated statement that the application contains truthful information.~~ ¶

~~(6) The completed ambulance license application must be submitted to the Authority with complete application to operate a ground ambulance or air ambulance shall be accompanied by a nonrefundable ambulance licensing fee of:~~ ¶

~~(a) \$45, when the service has a maximum of four full-time paid positions; and~~ ¶

~~(b) \$80, when the service has five or more full-time paid positions in accordance with ORS 682.047.~~

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0015

RULE SUMMARY: Adopt OAR 333-255-0015: New rule to align with other facility licensing rules and identifies factors that the Authority will consider in reviewing an application.

CHANGES TO RULE:

333-255-0015

Review of Ambulance Vehicle License Application

In reviewing a complete application for an ambulance vehicle license, the Authority:

(1) Shall verify compliance with ORS chapter 682; ORS 820.300 through 820.380; OAR chapter 333, division 250; OAR 847-035-0020 through 0025 and these rules; and

(2) May conduct an on-site licensing survey in accordance with OAR 333-255-0110.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0020

RULE SUMMARY: Amend OAR 333-255-0020: Language was changed to provide better clarity about the application approval process and includes adding a reference to survey requirements. Statutory language was added regarding an ambulance vehicle license not being transferrable. Reference to replacement license was removed due to the new electronic licensing system. Language regarding the expiration of the license was moved to new OAR 333-255-0022.

CHANGES TO RULE:

333-255-0020

Issuance of License to Operate an Ambulance Approval of Ambulance Vehicle License

~~(1) When the completed ambulance license application with a Authority shall issue an ambulance vehicle license to a licensed ambulance service that:~~

~~(a) Submits a completed application as described in OAR 333-255-0010;~~

~~(b) Submits the nonrefundable ambulance vehicle license fee as specified in OAR 333-255-0010(6)(a) or (6)(b) has been received by the Authority and if it is 682.047;~~

~~(c) Successfully completes the survey requirements as described in OAR 333-255-0110; and~~

~~(d) Is found that by the submitted data Authority to be in compliances with the requirements of ORS Chapter 682 ORS chapter 682; ORS 820.300 through 820.380; OAR chapter 333, division 250; and these rules;~~

~~(2) The Authority shall issue an ambulance vehicle license for the specified ambulance within 10 business days.~~

~~(2) The ambulance license:~~

~~(a) Shall be valid until June 30 of each year, unless sooner revoked or suspended. The initial licensing period may not exceed 15 months;~~

~~(b) If issued between April 1 and June 30, shall expire on June 30 of the following year; and~~

~~(c) Must and shall notify the applicant in writing and make the license available.~~

~~(3) An ambulance vehicle license must be conspicuously displayed in the operator's or patient compartment of the ambulance vehicle, or as otherwise as directed by the Authority.~~

~~(34) An ambulance vehicle license shall be issued only to the owner and shall not be transferrable to any other person, governmental unit, ambulance service, or ambulance vehicle.~~

~~(5) Except when specifically exempted by ORS 682.035 and OAR 333-250-0220(4), an out-of-state licensed ambulance vehicle that operates in Oregon must be licensed by the Authority:~~

~~(a) An ambulance vehicle license shall be granted when the ambulance vehicle is currently licensed in another state, the standards of which meet or exceed those of Oregon; and~~

~~(b) The owner submits to the Authority:~~

~~(A) A completed Oregon ambulance vehicle license application;~~

~~(B) A non-refundable ambulance vehicle licensing fee as specified in ORS 682.047; and~~

~~(C) A copy of the current home-state ambulance vehicle license.~~

~~(46) An ambulance license is not transferable to a replacement ambulance or to a new owner.~~

~~(5) An ambulance vehicle license shall be issued to an owner of an ambulance vehicle used as a reserve, so long as the ambulance vehicle meets all construction and mechanical requirements at the time of manufacture. A reserve ambulance shall not be required to have patient care equipment on-board at all times. However, when the ambulance is placed in operation, it must meet all ambulance licensing requirements.~~

~~(67) If When an ambulance license becomes lost, damaged or destroyed, the licensee must obtain an application for a replacement license from the Authority. The licensee must submit the completed application with a nonrefundable fee of \$10 to the Authority for each replacement license and shall receive a replacement license within 10 business days.~~

~~(7) When an ambulance is found to be in non-compliance with ORS Chapter 682 vehicle is found to be in non-compliance with ORS chapter 682; ORS 820.300 through 820.380; OAR chapter 333, division 250; or these rules, the Authority may deny, suspend or revoke the ambulance license as authorized by ORS 682.220 vehicle license in accordance with OAR 333-255-0120 or OAR 333-255-0125.~~

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0021

RULE SUMMARY: Adopt OAR 333-255-0021: Denial of license was added to align with other facility licensing rules.

CHANGES TO RULE:

333-255-0021

Denial of Ambulance Vehicle License Application

If the Authority intends to deny an ambulance vehicle license application, it shall issue a Notice of Proposed Denial of License Application in accordance with ORS chapter 183.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0022

RULE SUMMARY: Adopt OAR 333-255-0022: Expiration and renewal of license was added to align with other facility licensing rules.

CHANGES TO RULE:

333-255-0022

Expiration and Renewal of Ambulance Vehicle License

(1) Each license to operate an ambulance vehicle:¶

(a) Shall be valid until June 30 of each year, unless sooner revoked or suspended. The initial licensing period may not exceed 15 months; and¶

(b) Shall expire on June 30 of the following year, if a license is applied for and issued between April 1 and June 30.¶

(2) If a vehicle license renewal is desired, the licensed ambulance service shall make application and pay the appropriate fee at least 30 days prior to the expiration date in a manner prescribed by the Authority.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0023

RULE SUMMARY: Adopt OAR 333-255-0023: Return of license was added to align with other facility licensing rules.

CHANGES TO RULE:

333-255-0023

Return of Ambulance Vehicle License

If an ambulance vehicle license is suspended, revoked, or expires, the ambulance service administrator shall submit a statement to the Authority acknowledging that the license certificate and any applicable license decals have been removed and destroyed.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0040

RULE SUMMARY: Amend OAR 333-255-0040: Language was changed to provide better clarity, align language with OAR chapter 333, division 250 relating to ambulance service agencies and remove requirement that ambulance vehicle decals, emblems and markings be returned to the Authority when a vehicle is decommissioned. Requires ambulance service administrator to provide a statement to the Authority attesting to the removal and destruction of decals, emblems and other markings.

CHANGES TO RULE:

333-255-0040

Surrender of License to Operate an Ambulance for Ambulance Vehicle ¶

~~(1) The ambulance license in the owner's possession must be surrendered to the Authority immediately upon notification by the Authority of the suspension or revocation of an ambulance service or ambulance license, or upon the sale of an ambulance, or upon the termination of operations. ¶~~

~~(2) An ambulance vehicle license is non-transferable. ¶~~

(2) When the owner sells, trades, or donates an ambulance, or terminates the business, the vehicle, the licensed ambulance service must, within 10 calendar days: ¶

(a) Notify the Authority within 10 days of the transaction by list providing the date that the sale was completed and the full name and address of the purchaser of the ambulance on the back of the ambulance license and surrendering all ambulance licenses for vehicle; and ¶

(b) Submit a statement signed by the ambulance service administrator acknowledging that all applicable ambulance vehicle licenses have been removed and destroyed. ¶

(3) An owner of a licensed ambulance service that sells or closes the ambulance service must comply with OAR 333-250-0240. Within 10 calendar days of final closing of that ambulance to the Authority service, the owner shall submit a statement in accordance with subsection (2)(b) of this rule. ¶

~~(34) When an ambulance vehicle is decommissioned and not sold to another licensed ambulance service, the owner of the ambulance shall be responsible for the removal of the vehicle shall: ¶~~

(a) Remove and destroy any ambulance license decals. Ambulance license decals shall be returned and emblems or markings defined in OAR 333-255-0060 identifying the vehicle as an ambulance; and ¶

(b) Submit to the Authority within 130 business days. In addition to the removal of the ambulance license decals, the owner of the vehicle shall remove any calendar days from the date the vehicle was decommissioned a statement signed by the ambulance service administrator acknowledging that all decals, emblems or and markings as defined in OAR 333-255-0060(5) identifying the vehicle as an ambulance subsection (4)(a) of this rule have been removed and destroyed.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0060

RULE SUMMARY: Amend OAR 333-255-0060: Construction criteria for a new ambulance was updated to align with new national standards and allows a licensed ambulance service to choose either the National Fire Protection Agency (NFPA) standards or the Commission on Accreditation of Ambulance Services (CAAS). A previously owned ambulance needs to comply with the 2007, USA General Services Administration (GSA), Star-of-Life certification standards (KKK-A-1822F) or be inspected by a certified Emergency Vehicle Technician (EVT) ambulance technician. Vehicles remounted using an in-house remount program must have vehicles inspected by an EVT ambulance technician. Agencies wishing to license a new or previously owned ambulance must display the name of the service or organization or logo that matches the name on the license application. Additional language changes were made for clarity.

CHANGES TO RULE:

333-255-0060

Ground Ambulance Construction Criteria ¶¶

(1) ~~Effective [insert one year from the effective date of these rules] the construction criteria for a new ground ambulance shall comply with June 1, 2008 Federal Specifications for the Star-of-Life Ambulance Certification. Copies of the specifications are available through the Authority. ¶¶~~

~~(2) Either the Commission on Accreditation of Ambulance Services (CAAS), Ground Vehicle Standard for Ambulances, v.1.0 Edition, July 1, 2016 or the National Fire Protection Association (NFPA), Standard for Automotive Ambulances, NFPA 1917, 2016 Edition, incorporated by reference. ¶¶~~

~~(2) Effective [insert one year from the effective date of these rules] the construction criteria for a previously owned ambulance must be: ¶¶~~

~~(a) Commercially constructed and certified as complying with the November 1, 1994 U.S. General Services Administration (GSA), August 1, 2007 Federal Specifications for the Star-of-Life Ambulance Certification, or standards as defined by the Final Stage Vehicle Manufacturing Certification of compliance. Copies of the specifications are available through (KKK-A-1822F) and Change Notices 7 through 9 as of the date of vehicle construction; or ¶¶~~

~~(b) Inspected by an Emergency Vehicle Technician (EVT) certified by the EVT Certification Commission as an ambulance technician who provides documentation that the ambulance meets minimum safety requirements as determined by the Authority. ¶¶~~

~~(3) The construction criteria for remounting a Type I or Type III ambulance is: ¶¶~~

~~(a) The patient compartment must have been built after November 1, 1994; and ¶¶~~

~~(b) The remounting must be done by a: ¶¶~~

~~(A) Recognized ambulance manufacturer; a: ¶¶~~

~~(B) Recognized vehicle modifier; a: ¶¶~~

~~(C) Remount center; or license ¶¶~~

~~(D) Licensed ambulance service with an established in-house remount program; and is inspected by a certified EVT in accordance with subsection (2)(b) of this rule. ¶¶~~

~~(c) The agency doing the remounting must utilize current nationally recognized vehicle modification techniques and industry standard parts and components. The ¶¶~~

~~(4) An agency ~~decompleting a remounting~~ shall provide a notarized statement that the structural integrity of the specific patient compartment was not compromised during the remounting, and the remounting has not invalidated the Star-of-Life Certification or must provide a Final Stage Vehicle Manufacturing Certificate of compliance. ¶¶~~

~~(45) A licensed ambulance service may establish an in-house remount program by obtaining the necessary training, appropriate equipment and facilities to remount a vehicle to the described standard. ¶¶~~

~~(56) The owner of an ambulance must select an exterior color, emblems, and markings for the ambulance that will ensure the prompt recognition of that vehicle as an ambulance. All ambulance vehicles shall be clearly identified~~

by appropriate emblems and markings on the front, side, roof, and rear of the vehicle. ¶

~~(a) The size, number and locations of the "Star-of-Life" emblems are:~~ 7) Each licensed ambulance vehicle shall display the following emblems and terms in the location(s) specified: ¶

(a) "Star-of-Life" emblem: Shall comply with the specifications adopted by the US Department of Transportation, National Highway Traffic Safety Administration (NHTSA). ¶

(A) Sides - a 12 to 16-inch emblem must be located on the left and right side panels; and ¶

(B) Roof - a 32-inch emblem must be located on the roof. ¶

~~(b) The size, number and locations of the word "AMBULANCE" are: ¶~~

(A) Front - centered, in block letters, not less than four inches high, must be in mirror image and centered above the grille; and ¶

(B) Rear - in block letters of not less than six inches in height and centered on the rear door panels or an approved alternative; and ¶

(C) Acceptable alternatives for the word "AMBULANCE" includes generic terms that do not connote any particular level of service, limited to "MEDIC UNIT", "FIRE MEDIC UNIT", "EMERGENCY MEDICAL SERVICES", "EMS UNIT" or other phrases as the Authority, in its sole discretion, may permit. ¶

~~(c) The locations of additional markings are: ¶~~

(A) An ambulance shall display Service name or logo that matches the service name on the application must be visible on the service vehicle or organization name or logo on the vehicle; exterior in a location that does not interfere with the term "AMBULANCE" or the "Star-of-Life" emblem; ¶

(B) An licensed ambulance vehicle may not display on its exterior any level of service which is not provided at all times when that ambulance is in operation. ¶

~~(69) An licensed ambulance vehicle in operation and a licensed reserve ambulance must bshall: ¶~~

(a) Be reasonably equipped and maintained, and m. Maintenance records must be kept and made available for inspection by the Authority. An ambulance must be equipped with the following items ¶

(b) Be equipped with audio or visual devices, in satisfactory working condition: ¶

(a) Audio/visual devices must be in compliance with the Star-of-Life Certification or, that are in compliance with the CAAS or NFPA vehicle standards and the Final Stage Vehicle Ambulance Manufacturing Certificate of compliance; ¶

(b) An ambulance shall cComply with Federal Motor Vehicle Safety Standards (FMVSS) and Department of Transportation (DOT) vehicle equipment standards for the ambulance vehicle at the time of manufacture; ¶

(ed) InHave heat shields, in the case of dual batteries, where the batteries are located in the engine compartment must have heat shields. If the batteries are located elsewhere, they must be sealed off from the occupants' compartment in a ventilated area. ¶

(10) A licensed ambulance service has until [insert one year from effective date of rule] for its ambulance vehicles to comply with section (1), section (2), and paragraph (3)(b)(D) of this rule.

Statutory/Other Authority: ORS 682.017, 682.068

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0070

RULE SUMMARY: Amend OAR 333-255-0070: Language was added to clarify the type of service provided by an ambulance and necessary staffing requirements. Exceptions to the staffing requirement are now identified in this one rule versus two separate rules previously. Equipment requirements were moved to OAR 333-255-0072 for clarity.

CHANGES TO RULE:

333-255-0070

Ground Ambulance Operating Staffing and Response Requirements-

(1) In order to operate a ground ambulance a licensee shall:

(a) Have a qualified driver that meets the qualifications in OAR chapter 333, division 250; service shall provide one of the following transport services using a licensed ground vehicle:

(ba) Have EMS providers or other qualified licensed health care professionals staffing the ambulance, as required by OAR chapter 333, division 250.

(c) Ensure that the appropriate equipment is available and in satisfactory working condition, stored in a sanitary and secure manner that protects the viability and safe operation of medications and equipment, including but not limited to: Basic life support - the maximum functions that may be assigned to an EMR or EMT in accordance with OAR 847-035-0030;

(b) Advanced life support - the maximum functions that may be assigned to an AEMT, EMT-Intermediate or Paramedic in accordance with OAR 847-035-0030; or

(c) Specialty care as defined in these rules.

(A2) Installed medical oxygen cylinder with a capacity of at least 3,000 liters and having not less than 500 psi; it is the licensed ambulance service responsibility to ensure that all EMS providers are practicing within their scope as identified in OAR 847-035-0030.

(i3) The installed medical oxygen cylinder must be located in a vented compartment; and

(ii) The compartment shall not be utilized for storage of any non-secured. A licensed ground ambulance shall have at a minimum:

(a) If providing basic life support:

(A) One qualified driver that meets the requirement. No combustible items shall be stored in the oxygen compartment.

(B) Oxygen pressure regulator specified in OAR 333-250-0270(6), and one EMT or above or an ambulance based clinician; or

(iB) The oxygen must be delivered by a single-stage regulator which is set to at least 50 psi;

(ii) The pressure regulator controls must be accessible from inside the patient compartment; and

(iii) The pressure regulator or other display must be visible from inside the patient compartment.

(C) Oxygen flow meter, mounted - 2;

(i) The flow meter must be readable from the EMT seat and squad bench; and

(ii) The flow meter must be adjustable over a minimum range of 0 to 15 liters per minute.

(D) Portable medical oxygen cylinder two EMS providers, one of which must be an EMT or above, or two ambulance based clinicians.

(b) If providing advanced life support, one EMT or above and one AEMT, EMT-Intermediate, Paramedic or ambulance based clinician.

(c) EMS providers accompanying patients in the patient compartment of an ambulance vehicle must be licensed at a level appropriate for any treatment interventions initiated on scene or likely to be required during transport. This requirement does not apply to an indter with a cap facility of at least 300 liters and having not less than 500 psi;

(i) The oxygen must be delivered by a yoke regulator with a pressure gauge and non-gravity-dependent flow meter that is visible and accessible to the medical personnel; and

(ii) The flotransfer or in the case of a disaster or a multiple patient incident consisting of more than five patients or as determined by an incident commander.

- (d) ~~If both crew members must be adjustable over a minimum range of 0 to 15 liters per minute.~~
- (E) ~~Spare portable oxygen cylinder that is full, tagged, sealed and securely mounted;~~
- (F) ~~Oxygen non-rebreathing masks with tubing;~~
- (i) ~~Pediatric – 2; and~~
- (ii) ~~Adult – 3, present in the patient compartment due to the patient's condition, then the driver of the ambulance shall be a licensed EMS provider or a qualified driver that meets the requirements of OAR 333-250-0270(6).~~
- (G4) ~~Oxygen nasal cannula with tubing that is transparent and disposable, adult – 3;~~
- (H) ~~Bag-valve-mask ventilation device with reservoir. The device must:~~
 - (i) ~~Have a standard universal adapter;~~
 - (ii) ~~Be operable with~~ Notwithstanding subsection (3)(b) of this rule, a rural ambulance service is permitted to operate a ground ambulance providing advanced life support without an oxygen supply;
 - (iii) ~~Be manually operated and self-refilling; and~~
 - (iv) ~~Have bag-valve-mask ventilation devices with a qualified driver and one AEMT, EMT-Intermediate, Paramedic or ambulance based clinician if the reservoir that are transparent and semi-rigid in assorted sizes to include adult, child, and newborn/infant.~~
- (I) ~~Pharyngeal esophageal airway devices~~ ural ambulance service:
- (a) ~~Notifies in writing the county responsible for the applicable ASA of the reduced staffing assortment and the county notifies with the ambulance supervising physician approval;~~
- (J) ~~Oxygen Saturation Monitor;~~
- (K) ~~Endtidal CO2 detection device in assorted sizes;~~ ce in writing that it does not object to the reduced staffing;
- (Lb) ~~Oropharyngeal airways in assorted sizes to include adult, child, and newborn/infant;~~
- (M) ~~Nasopharyngeal~~ Notifies in writing the licensed ambulance service's EMS medical director ~~airways in assorted sizes;~~
- (N) ~~Two suction apparatus. Suction apparatus:~~
 - (i) ~~Shall be electrically powered or battery powered with pressure regulator.~~
 - (ii) ~~If battery powered, shall have enough back-up batteries to maintain suction during routine transport.~~ ector of the reduced staffing and the EMS medical director notifies the licensed ambulance service in writing that he or she does not object to the reduced staffing; and
- (c) Notifies the Authority in writing by certified mail, the following:
 - (Oa) ~~A dequate supply of wide-bore tubing, commercial rigid pharyngeal curved suction tips and flexible suction catheters sized from infant to adult;~~ scription of efforts made to comply with the staffing requirements in subsection (3)(b) of this rule; and
 - (PB) ~~Collection canisters, either disposable or sealable liners, with adequate capacity.~~
 - (Q) ~~Cardiac monitoring equipment including, at a minimum, a portable battery operated automatic external defibrillator (AED) or semi-automatic defibrillator with pediatric capabilities and sufficient pediatric accessories for proper operation on a pediatric patient.~~
 - (R) ~~A wheeled stretcher;~~ A copy of the county's notice that it does not object.
- (5) If a rural ambulance service is operating with reduced staffing pursuant to section (4) of this rule it must:
 - (a) Document and track the date and time of calls, and make available, upon request, any associated PCRs to the Authority;
 - (ib) Capable of securely fastening to the ambulance body;
 - (ii) Having a minimum of three restraining devices and an upper torso (over the shoulder) restraint;
 - (iii) Containing a standard size waterproof foam mattress; and
 - (iv) Capable of having the head of the stretcher tilted upwards to a 60-degree semi-sitting position.
- (S) At least one folding stretcher, the number required based on the stretcher-carrying capacity of the ambulance, or an additional long backboard:
 - (i) Capable of securely fastening to the squad bench when carrying a patient; and
 - (ii) Having a minimum of three restraining devices and an upper torso (over the shoulder) restraint. Make a continuous effort to attempt to comply with the staffing requirements in subsection (3)(b) of this rule; and
- (c) Comply annually with the requirements of section (4) of this rule.

(6) A full volunteer or part volunteer licensed ambulance service may respond to an emergency scene without a full crew as required by section (3) of this rule if provisions acceptable to the Authority have been made to assure timely arrival of a two-person crew at the scene. ¶

(Ta) Fracture immobilization equipment, including but not limited to: ¶

(i) Traction splints in assorted adult sizes or adult child combination; ¶

(ii) Extremity splints. The full volunteer or part volunteer licensed ambulance service must submit an application requesting assorted sizes; ¶

(iii) Extrication collars in assorted pediatric through adult sizes; ¶

(iv) Scoop stretcher, n exception in a format prescribed by the Authority and include the following or non-folding type with necessary restraining devices with sufficient supplies for head immobilization; information prior to submission to the Authority: ¶

(vA) Short backboard or equivalent with necessary restraining devices with sufficient supplies for head immobilization; ¶

(vi) Long backboard with necessary restraining devices with suffDocumentation showing that the application has been approved by: ¶

(i) The EMS medical director of the licient supplies for head immobilization; ¶

(vii) Pediatric backboard with necessary restraining straps with sufficient supplies for head immobilization; ¶

(viii) Bandages and dressings in assorted sizes, sterile and non-sterile used ambulance service agency: ¶

(ii) The governing body of each municipality for which the exception is being requested; and ¶

(ix) Adhesive or hypo-allergenic tape in assorted sizes. ¶

(U) Miscellaneous equipment, includii) The county and ambulance service planning b aut-limited to: hority: ¶

(iB) Emesis containers; ¶

(ii) Stethoscope, pediatric and adult; A description of and provision for the following requirements: ¶

(iii) Aneroid sphygmomanometer in assorted sizes; ¶

(iv) Bandage shears; ¶

(v) Hypothermia thermometer; ¶

(vi) Disposable obstetrical kit; alerting system which shall make known to the intended responders the location of the emergency: ¶

(vii) Chemical heat and cold packs assorted; ¶

(viii) Urinals, female and male, one each; ¶

(ix) Bedpan; ¶

(x) Set of extremity restraining devices; ¶

(xi) Blood glucose level testing kit or blood glucose level test strips; ¶

(xii) Medications and fluids authorized for Basic Life Support (BLS) use as required by the EMS medical di Either two-way radio communication between responders such that response can be coordinated by responding personnel, or a fixed schedule of assigned personnel, with designation of the parties who are to respond directly to the scene of an emergency and parties who are to; and operate the ambulance: ¶

(xiii) Linen supplies and replacements sufficient to cover wheeled stretchers. ¶

(V) Personal protee Personnel responding directly to the scene of an emergency must be individually equipped with the necessary medication or equipment sufficient for crew and to provide initial patient(s) care, including but not limited to: ¶

(i) Non-latex disposable gloves; ¶

(ii) Disposable face masks; ¶

(iii) Protective eyewear; ¶

(iv) Disposable isolation gowns; ¶

(v) Commercial antimicrobial hand cleanser; ¶

(vi) Surface cleaning disinfectant; ¶

(vii) Sharps container for the patient care compartment and a separate container for each kit that contains needles; and ¶

- (viii) Infectious waste disposal bags;¶
- (W) Security and rescue equipment, including but not limited to:¶
 - (i) Fire extinguisher, 5lb. (2A-10BC type) – mounted and readily accessible in either the driver's or patient compartment;¶
 - (ii) Road flares, red colored chemical lights, the number and burning time to equal at least 180 minutes, or a minimum of six reflective triangles;¶
 - (iii) Flashlight;¶
 - (iv) Leather gloves sufficient for crew; uniform or personal protective clothing, disposable gloves and a pocket ventilation mask or other appropriate ventilatory adjuncts; and¶
 - (v) Copies of approved standard operating procedures or standing orders, which address the number of personnel to respond to the scene, organizational policies regarding the operation of motor vehicles by personnel responding to the scene and prohibiting entry into dangerous scenes; ¶
 - (vb) Reflective vests for each crew member;¶
 - (vi) HEPA mask for each crew member; and¶
 - (vii) Adequate extrication equipment for agencies that provide initial response without the response of other rescue apparatus or equipment.¶
- (X) The 2008 Department of Transportation The full volunteer or part volunteer licensed ambulance service shall ensure that neither of the following occur: ¶
 - (A) A licensed ambulance vehicle driven by a person not licensed as an EMT arrives at an Emergency Response Guidebook, (Initial Response to Hazardous Materials Incidents);¶
 - (Y) Triage tags – 25;¶
 - (Z) Oregon Trauma Systems Identification Bracelets – 5;¶
 - (AA) Prehospital Care Report Forms or electronic field data form;¶
 - (BB) A copy of BLS standing orders scene but an EMT or higher fails to arrive or arrives substantially later than the responding ambulance; or ¶
 - (B) A licensed ambulance vehicle driven by an EMT or higher arrives dated within one year and sig the scene by the EMS medical director;¶
 - (CC) A universal "No Smoking" sign conspicuously displayut no other qualified driver, as specified inby the dse rules, arriver's and patient compartmentt the scene to operate the ambulance; and ¶
 - (DD) A universal "Fasten Seatbelt" sign conspicuously displayed in the driver's compartment.¶
- (2) An ambulance shall have two-way radio communication equipment to provide reliable contact between the ambulance and central dispatch, the receiving hospital, and online medical directionc) Whenever possible, the full volunteer or part volunteer licensed ambulance service operating under an exception granted pursuant to this rule must endeavor to assure that a qualified driver who is not licensed as an EMT or higher is trained to the EMR level and meets the requirements for a qualified driver as specified in OAR 333-250-0270(6).

Statutory/Other Authority: ORS 682.017, 682.068

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

REPEAL: 333-255-0071

RULE SUMMARY: Repeal OAR 333-255-0071: Language has been moved to OAR 333-255-0072 for clarity.

CHANGES TO RULE:

~~333-255-0071~~

~~Ground Ambulance Operating Requirements When Providing Intermediate Level Care~~

- ~~(1) A ground ambulance in operation and providing intermediate life support care must have at a minimum the following staffing:¶¶~~
- ~~(a) A qualified driver, an EMT or above, and an advanced emergency medical technician or EMT-Intermediate; or¶¶~~
 - ~~(b) A driver who is licensed at least at an EMT level and an advanced emergency medical technician.¶¶~~
- ~~(2) Notwithstanding section (1) of this rule a rural ambulance service as that term is defined in OAR 333-255-0000(30) is permitted to operate a ground ambulance providing intermediate level care with a qualified driver and one AEMT or an EMT-Intermediate if the rural ambulance service:¶¶~~
- ~~(a) Notifies the county responsible in writing for the applicable ASA of the reduced staffing and the county notifies the ambulance service in writing that it does not object to the reduced staffing;¶¶~~
 - ~~(b) Notifies the licensee's supervising physician in writing of the reduced staffing and the supervising physician notifies the ambulance service in writing that he or she does not object to the reduced staffing; and¶¶~~
 - ~~(c) Provides, to the Authority in writing by certified mail, the following:¶¶~~
 - ~~(A) A description of efforts made to comply with the staffing requirements in section (1) of this rule; and¶¶~~
 - ~~(B) A copy of the county's notice that it does not object.¶¶~~
- ~~(3) If a rural ambulance service is operating with reduced staffing pursuant to section (2) of this rule and the ambulance service responds to a call with reduced staffing, a copy of the PCHR must be sent to the Authority within 14 days of responding to the call.¶¶~~
- ~~(4) A rural ambulance service operating with reduced staffing pursuant to section (2) of this rule must make a continuous effort to attempt to comply with the staffing requirements in section (1) of this rule and comply with the requirements of section (2) of this rule annually.¶¶~~
- ~~(5) A ground ambulance must meet all requirements specified in OAR 333-255-0070.¶¶~~
- ~~(6) A ground ambulance in operation and providing intermediate level care must have the following items in satisfactory working condition, kept in a sanitary manner, stored in a secure manner and be readily accessible to the medical personnel:¶¶~~
- ~~(a) All items specified in OAR 333-255-0070;¶¶~~
 - ~~(b) Cardiac Monitoring Equipment:¶¶~~
 - ~~(A) A portable battery powered manual monitor defibrillator capable of recording ECG reading;¶¶~~
 - ~~(B) ECG electrodes, adult and pediatric;¶¶~~
 - ~~(C) Hands-free defibrillation patches, adult and pediatric or defibrillation paddles, adult and pediatric;¶¶~~
 - ~~(D) Contact gel if using paddles;¶¶~~
 - ~~(E) Patient cables—2; and¶¶~~
 - ~~(F) ECG paper.¶¶~~
 - ~~(c) Any physiologic isotonic crystalloid solution or combinations thereof—6000 cc in any size containers;¶¶~~
 - ~~(d) Medications and fluids authorized for use by an AEMT or EMT-Intermediate as required by the EMS medical director. Storage of controlled substances in an ambulance must adhere to the signed and dated procedures as specified in OAR 333-250-0300(4);¶¶~~
 - ~~(e) Vascular access devices:¶¶~~
 - ~~(A) Over the needle catheters in assorted sizes 24-gauge through 14-gauge; and¶¶~~
 - ~~(B) Specifically designed needles or device with needles for intraosseous infusions.¶¶~~
 - ~~(f) A copy of standing orders for AEMTs and/or EMT-Intermediates dated within one year and signed by the EMS medical director.~~

~~Statutory/Other Authority: ORS 682.017~~

~~Statutes/Other Implemented: ORS 682.017—682.117, 682.991~~

AMEND: 333-255-0072

RULE SUMMARY: Amend OAR 333-255-0072: Ambulance vehicle equipment requirements have been updated and moved under this one rule versus three separate rules previously.

CHANGES TO RULE:

333-255-0072

Ground Ambulance Operating Equipment Requirements When Providing Advanced Level Care ¶

~~(1) A ground licensed ambulance in operation and providing advanced life support care must have at a minimum the following service must ensure that appropriate equipment and all ancillary supplies necessary for the proper use of equipment is available in the ambulance vehicle, is ing staffing: ¶~~

~~(a) A qualified driver, an EMT or above, and a Paramedic, RN, PA or physician who is trained in prehospital emergency working condition, and is stored in a sanitary and secure manner that protects the viability and safe operation of medications and equipment. ¶~~

~~(2) Required equipment for a ground ambulance providing basic life support includes but is not limited to: ¶~~

~~(a) Installed medical oxygen, medical care, or ¶~~

~~(b) A driver who is licensed at least at an EMT level and a Paramedic. ¶~~

~~(2) Notwithstanding section (1) of this rule a rural ambulance service as that term is defined in OAR 333-255-0000(30) is permitted to operate a ground ambulance providing advanced level care with a qualified driver and one Paramedic, RN, PA, or physician if the rural ambulance service: linder with a capacity of at least 3,000 liters and having not less than 500 psi: ¶~~

~~(A) The installed medical oxygen cylinder must be located in a vented compartment; and ¶~~

~~(B) The compartment shall not be utilized for storage of any non-secured equipment. No combustible items shall be stored in the oxygen compartment; ¶~~

~~(b) Oxygen pressure regulator: ¶~~

~~(A) The oxygen must be delivered by a single-stage regulator which is set to at least 50 psi; ¶~~

~~(B) The pressure regulator controls must be accessible from inside the patient compartment; and ¶~~

~~(C) The pressure regulator or other display must be visible from inside the patient compartment; ¶~~

~~(c) Oxygen flow meter, mounted - 2: ¶~~

~~(A) The flow meter must be readable from the EMS provider seat and squad bench; and ¶~~

~~(B) The flow meter must be adjustable over a minimum range of 0 to 15 liters per minute; ¶~~

~~(d) Portable medical oxygen cylinder with a capacity of at least 300 liters and having not less than 500 psi: ¶~~

~~(a) Notifies the county responsible in writing for the applicable ASA of The oxygen must be delivered by a yoke regulator with a pressure gauge and non-gravity-dependent flow meter that is visible and accessible to the reduced staffing and the county notifies the ambulance service in writing that it does not object to the reduced staffing; ¶~~

~~(B) The flow meter must be adjustable over a minimum range of 0 to 15 liters per minute; ¶~~

~~(e) Spare portable oxygen cylinder that is full, tagged, sealed and securely mounted; ¶~~

~~(b) Notifies the licensee's supervising physician in Oxygen non-rebreathing masks with tubing: ¶~~

~~(A) Pediatric - 2; and ¶~~

~~(B) Adult - 3; ¶~~

~~(g) Oxygen nasal cannula writing of the reduced staffing and the supervising physician notifies the ambulance service in writing that it does not object to the reduced staffing; ¶~~

~~(A) Pediatric - 2; and ¶~~

~~(B) Adult - 3; ¶~~

~~(h) Bag-valve-mask ventilation device reserve in writing that he or she does not object to the reduced staffing and masks in neonate, infant, pediatric and adult sizes. The device(s) must: ¶~~

~~(A) Have a standard universal adapter; ¶~~

~~(B) Be operable with or without an oxygen supply; and ¶~~

- (C) Be manually operated and self-refilling; and
- (ei) Provides, to the Authority in writing by certified mail, the following:
- Nebulizer, if reflected by standing orders;
 - ¶
 - (j) Continuous Oxygen Saturation Monitor in pediatric and adult sizes; ¶
 - (k) Endtidal CO2 detection device; ¶
- (A) A description of efforts made to comply with the staffing requirements in section (1) of this rule; and
- (B) A copy of the county's notice that it does not object.
- Oropharyngeal airways in infant, pediatric and adult sizes;
 - ¶
 - (m) Supraglottic airway devices in pediatric and adult sizes;¶
 - (n) Nasopharyngeal airways in assorted sizes; ¶
 - (o) Two suction apparatus that shall: ¶
- (A) Be electrically powered or battery powered with pressure regulator; ¶
 - (B) If battery powered, have enough back-up batteries to maintain suction during routine transport; ¶
- (3C) If a rural ambulance service is operating with reduced staffing pursuant to Have adequate supply of wide-bore tubing, commercial rigid pharyngeal curved suction tips and flexible suction (2) of this rule and the ambulance service responds to a call with reduced staffing, a copy of the PCHR must be sent to the Authority within 14 days of responding to the call.¶
- (4) A rural ambulance service operating with reduced staffing pursuant to section (2) of this rule must make a c catheters in assorted sizes; ¶
- (D) Have collection canisters, either disposable or sealable liners, with adequate capacity; ¶
- (p) Cardiac monitoring equipment including, at a minimum, a portable battery operated automatic external defibrillator (AED) with pediatric capabilities; ¶
- (q) A wheeled stretcher: ¶
- (A) Capable of securely fastening to the ambulance body; ¶
 - (B) Having restraining devices for the legs, pelvis, torso and two over the shoulder straps; ¶
- (C) Continuous effort to attempt to comply with the staffing requirements in section (1) of this rule and comply with the requirements of section (2) of this rule annually.¶
- (5) A person who is at the Paramedic license level, or an RN, PA or physician who is trained in prehospital emergency medical care must be in the patient compartment when a patient is receiving advanced life support care.ing a standard size foam mattress with a fluid resistant cover; and ¶
- (D) Capable of having the head of the stretcher tilted upwards to a 60-degree semi-sitting position; ¶
- (r) Appropriately-sized child restraint system(s) that, at a minimum, covers a weight range of between 10 and 99 pounds. Only the manufacturer's recommendations for the weight or size of the patient should be considered when selecting the appropriate device for the specific child being transported; ¶
- (s) Fracture immobilization equipment, including but not limited to: ¶
- (A) Traction splints capable of pediatric and adult application; ¶
 - (B) Extremity splints in pediatric and adult sizes; ¶
 - (C) Extrication collars in assorted pediatric and adult sizes; ¶
 - (D) Pelvic sling in small, standard and extra-large sizes by [insert one year from effective date of rules];¶
- (6E) When a RN, PA or physician is staffing an ambulance in lieu of a Paramedic and providing advanced level life support care he or she must have:¶
- (a) A current American Heart Association "Health Care Provider," American Red Cross "Basic Life Support for the Professional Rescuer" or other Authority-approved equivalent cardiopulmonary resuscitation (CPR) course completion document
 - Scoop stretcher, folding or non-folding type with necessary restraining devices with sufficient supplies for spinal motion restriction; ¶
 - (F) Short backboard or equivalent with necessary restraining devices with sufficient supplies for spinal motion restriction; ¶
 - (G) Long backboard with necessary restraining devices with sufficient supplies for spinal motion restriction; ¶
 - (H) Pediatric backboard with necessary restraining straps with sufficient supplies for spinal motion restriction; ¶

- (t) Miscellaneous equipment, including but not limited to: ¶
- (A) Bandages and dressings in assorted sizes: ¶
- (B) Bandage shears: ¶
- (C) Occlusive dressing or equivalent: ¶
- (D) Adhesive (consider hypo-allergenic) tape in assorted sizes: ¶
- (E) Commercially manufactured arterial tourniquet: ¶
- (F) Emesis containers: ¶
- (G) Stethoscope: pediatric and adult: ¶
- (~~h~~H) A ~~current~~ ~~Advanced~~ ~~neroid~~ sphygmomanometer in pediatric, adult and ~~C~~ cardiac Life Support course or other Authority-approved equivalent completion document; tric sizes: ¶
- (I) Hypothermia thermometer: ¶
- (J) Disposable obstetrical kit: ¶
- (K) Chemical heat and cold packs assorted: ¶
- (L) Urinals: female and male, one each: ¶
- (M) Bedpan: ¶
- (~~e~~N) A ~~pediatric advanced life support course or other Authority-approved equivalent completion document;~~ Set of extremity restraining devices: ¶
- (O) Blood glucose level testing kit or blood glucose level test strips: ¶
- (P) A quick reference guide or other reference material that provides appropriate guidance for pediatric drug dosing and equipment sizing: ¶
- (~~d~~Q) A ~~Prehospital Trauma Life Support, Basic Trauma Life Support, Trauma Emergency Assessment Management or Trauma Nurse Core Course completion document. The Trauma Emergency Assessment Management and Trauma Nurse Core Course must include a supplemental prehospital rapid extrication training session; Medications and fluids as authorized by the EMS medical director, appropriate to the level of care being provided;~~ ¶
- (R) Linen supplies and replacements sufficient to cover wheeled stretchers: ¶
- (S) Commercially packaged or sterile burn sheets; and ¶
- (T) Irrigation solution: ¶
- (u) Personal protection equipment sufficient for crew and patient(s), including but not limited to: ¶
- (A) Non-latex disposable gloves: ¶
- (B) Disposable face masks: ¶
- (C) HEPA mask for each crew member: ¶
- (D) Protective eyewear: ¶
- (E) Disposable isolation gowns: ¶
- (F) Commercial antimicrobial hand cleanser: ¶
- (G) Surface cleaning disinfectant: ¶
- (~~e~~H) The ability to properly assist in extricating, lifting and moving a patient; ¶
- (~~f~~) Not consumed any alcoholic beverages in the eight hours prior to working on an ambulance; and Sharps container for the patient care compartment and a separate container for each kit that contains needles; and ¶
- (I) Infectious waste disposal bags: ¶
- (v) Security and rescue equipment, including but not limited to: ¶
- (~~g~~A) Not be taking any medications that could impair the giving of proper patient care. Fire extinguisher, 5lb. (2A-10BC type) - mounted and readily accessible in either the driver's or patient compartment; ¶
- (~~7~~B) A ground ambulance must meet all requirements specified in OAR 333-255-0070. Road flares, red colored chemical lights, the number and burning time to equal at least 180 minutes, or a minimum of six reflective triangles; ¶
- (C) Flashlight: ¶
- (~~8~~D) Advanced life support patient care equipment. A ground ambulance in operation and providing advanced level care must have the following advanced life supp Leather gloves sufficient for crew; ¶

- (E) Reflective vests for each crew member; and ¶
- (F) Adequate extrication equipment for agencies that provide initial response without the response of other rescue apparatus or equipment in satisfactory working condition, kept in a sanitary manner; ¶
- (w) The U.S. Department of Transportation, 2016 "Emergency Response Guidebook, (A Guidebook for First Responders During the Initial Phase of a Dangerous and which is readily accessible to medical personnel:ous Goods/Hazardous Materials Transportation Incident)"; ¶
- (x) Triage tags - 25 each; ¶
- (y) Oregon Trauma System Identification Bracelets - 5 each; ¶
- (az) All items specific Supplies necessary to complete a patient care report as required in by OAR 333-2550-00731 0; ¶
- (b) Nasogastric tubes in assorted sizes; ¶
- (c) Cardiac monitoring equipment as specified in OAR 333-255-0071(2)(b); ¶
- (d) Advanced airway care equipment; ¶
- (A) Laryngoscope handle and assorted blade sizes, adult and pediatric; ¶
- (B) Spare dated batteries for the laryngoscope handle; aa) A copy of standing orders dated within one year and signed by the EMS medical director; ¶
- (bb) A universal "No Smoking" sign conspicuously displayed in the driver's and patient compartment; and ¶
- (cc) A universal "Fasten Seatbelt" sign conspicuously displayed in the driver's compartment. ¶
- (3) Required equipment for a ground ambulance providing advanced life support must meet the equipment requirements specified in section (2) of this rule and include, but not limited to: ¶
- (a) Cardiac monitoring equipment: ¶
- (CA) Spare bulbs for the laryngoscope blades; ¶
- (D) Endotracheal tubes A portable battery powered manual monitor defibrillator capable of recording assorted size n ECG reading; ¶
- (B) ECG electrodes, adult and pediatric; ¶
- (EC) Magill Forceps – adult and child; Hands-free defibrillation patches, adult and pediatric; ¶
- (FD) Intubation stylettes – adult and child; Patient cables - 2; and ¶
- (GE) Endtidal CO2 detection device; ¶
- (H) Oxygen saturation monitor; and ¶
- (I) Chest decompression equipment. CG paper. ¶
- (b) 6 liters physiologic isotonic crystalloid solution or combinations thereof; ¶
- (ec) Sterile intravenous agents and medications authorized by the EMS medical director administration sets: microdrip and macrodrip; ¶
- (fd) Vascular access devices: ¶
- (A) Over-the-needle catheters in assorted sizes 24-gauge through 14-gauge; and ¶
- (B) Specifically-designed needles or device designed with needles for intraosseous infusions; ¶
- (gC) Sterile Latex free venous tourniquets; ¶
- (D) Syringes of controlled substances in an ambulance must adhere to the signed and dated procedures as specified in OAR 333-250-0300(4); and various sizes; ¶
- (E) Needles of various sizes including sizes suitable for intramuscular injections; and ¶
- (e) A commercially manufactured quick reference guide that provides appropriate guidance for pediatric drug dosing and equipment sizing. ¶
- (4) If an ambulance is providing advanced life support and the ambulance is staffed with a Paramedic or ambulance based clinician, the ground ambulance shall have all the equipment identified in section (3) of this rule and include, but not limited to: ¶
- (a) Nasogastric tubes in assorted sizes; ¶
- (hb) A copy of standing orders for Paramedics or ambulance based clinicians dated within one year and signed by the EMS medical director Cardiac monitoring equipment which must be capable of transcutaneous cardiac pacing, 12 lead ECG, and may be a stand-alone unit or integrated in the monitor and defibrillator unit; and ¶

(c) Advanced airway care equipment: ¶

(A) Primary and secondary laryngoscopic device, adult and pediatric: ¶

(B) Endotracheal tubes in assorted sizes, adult and pediatric: ¶

(C) Magill Forceps - adult and child: ¶

(D) Intubation stylettes - adult and child; and ¶

(E) Chest decompression equipment.¶

(5) A ground ambulance shall have two-way radio communication equipment to provide reliable contact between the ambulance and central dispatch, the receiving hospital, and online medical direction.¶

(6) A licensed ambulance service has until [insert one year from effective date of rule] for its ambulance vehicles to comply with subsection (4)(b) of this rule.

Statutory/Other Authority: ORS 682.017, 682.068

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0073

RULE SUMMARY: Amend OAR 333-255-0073: Language was amended for clarity and corrects references based on other rule changes. Additionally, language was removed that was determined not necessary given existence in OAR chapter 333, division 250.

CHANGES TO RULE:

333-255-0073

Specialty Care Ground Ambulance Operating Requirements When Providing Only Specialty Level Care ¶

(1) A ground ambulance in operation and providing only specialty level ~~care~~ care transport during inter-facility transfers must ~~have~~ be staffed by a minimum ~~staff~~ of two qualified persons as defined by the Center for Medicare Services or additional staff, the number and type, ~~requests~~ specified by the transferring physician: ¶

(a) A qualified driver who ~~complies with~~ meets the requirements specified in OAR ~~chapter 333, division 250~~ 333-250-0270(6); and ¶

(b) A person who is ~~at the Paramedic license level, RN, PA, phys~~ with additional specialty care training, an ambulance based clinician or other qualified persons who ~~has~~ has additional specialty care training and who must be in the patient compartment when a patient is receiving specialty level care. ¶

(2) A ~~ground Paramedic, ambulance~~ ground Paramedic, ambulance must meet all requirements specified in OAR ~~333-255-0072~~. ¶

~~(3) The Paramedics, RNs, PAs, phys~~ (3) The Paramedics, RNs, PAs, phys ~~based clinicians or other qualified persons described in subsection (1)(b) of this rule must have the:~~ ¶

(a) Training to properly operate all patient care equipment carried on an ambulance vehicle, including specialty care equipment necessary to care for the patient during the transfer; ¶

(b) Training to do titration of intravenous medications necessary to care for the patient during transfer; and ¶

(c) Ability to properly assist in lifting and moving a patient. ¶

~~(4) The personnel staffing an ambulance must not:~~ ¶

(a) ~~Have consumed any alcoholic beverages in the eight hours prior to working on an ambulance; and~~ ¶

(b) ~~Be taking any medications that could impair the giving of proper patient care.~~ ¶

(5) A ground ambulance in operation and providing only specialty level care must have the following patient care equipment in a satisfactory working condition, stored in a sanitary and secure manner, and be readily accessible to the medical personnel: ¶

~~(a) All patient care~~ ¶

(3) A ground ambulance in operation and providing only specialty level care must meet all of the equipment requirements specified in OAR 333-255-0072; and ¶

~~(b) A section (4) and any other patient care equipment, medications or supplies anticipated or required for patient care.~~

Statutory/Other Authority: ORS 682.017, 682.068

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

REPEAL: 333-255-0079

RULE SUMMARY: Repeal OAR 333-255-0079: The staffing exception requirement for timely arrival of a two-person crew at an emergency scene has been moved to OAR 333-255-0070.

CHANGES TO RULE:

~~333-255-0079~~

~~Exception to the Two Person Staffing Requirement~~

~~(1) The Authority may, on application from any full volunteer or part volunteer ambulance service, authorize an exception to the two-person requirement as prescribed by ORS 682.068 and OAR 333-255-0070(1), 333-255-0071(1) or 333-255-0072(1) if provisions acceptable to the Authority have been made to assure timely arrival of the two-person crew as required by ORS 682.068 and OAR 333-255-0070(1), 333-255-0071(1) or 333-255-0072(1).¶¶~~

~~(2) A full volunteer or part volunteer ambulance service making application for an exception under this rule must submit an application to the Authority in a format prescribed by the Authority.¶¶~~

~~(a) The application must be approved by the EMS medical director of the ambulance service, the governing body of each municipality for which the exception is being requested and by the county ambulance service planning authority. The application must contain written approval of all such bodies prior to submission to the Authority.¶¶~~

~~(b) An application for an exception to this provision must provide for and include a description of:¶¶~~

~~(A) An alerting system which shall make known to the intended responders the location of the emergency and either two-way radio communication between responders such that response can be coordinated by responding personnel, or a fixed schedule of assigned personnel, with designation of the parties who are to respond directly to the scene of an emergency and parties who are to operate the ambulance;¶¶~~

~~(B) Personnel who respond directly to the scene of an emergency must be individually equipped with equipment necessary to provide initial patient care, including uniform or personal protective clothing, disposable gloves and a pocket ventilation mask or other appropriate ventilatory adjuncts;¶¶~~

~~(C) Copies of approved standard operating procedures or general orders which address the number of personnel to respond to the scene, organizational policies regarding the operation of motor vehicles by personnel responding to the scene and prohibiting entry into dangerous scenes; and¶¶~~

~~(D) A method of assuring that neither of the following shall be permitted to occur:¶¶~~

~~(i) An ambulance driven by a person not licensed as an EMT arrives at an emergency scene but an EMT or higher fails to arrive or arrives substantially later than the responding ambulance; or¶¶~~

~~(ii) An ambulance driven by an EMT or higher arrives at the scene but no other qualified driver, as specified by these rules, arrives at the scene to operate the ambulance.¶¶~~

~~(c) Whenever possible, an agency operating under an exception to the general rule granted pursuant to this rule must endeavor to assure that a qualified driver who is not licensed at least to the EMT level is trained to the EMR level and meets the requirements for a qualified driver as specified in OAR 333-250-0270(6)(b).~~

~~Statutory/Other Authority: ORS 682.017~~

~~Statutes/Other Implemented: ORS 682.017-682.117, 682.991~~

AMEND: 333-255-0080

RULE SUMMARY: Amend OAR 333-255-0080: Language was amended based on current practice and limitations of aircraft.

CHANGES TO RULE:

333-255-0080

Air Ambulance Configuration and Survival Equipment Requirements ¶

(1) An air ambulance in operation must be in compliance with all Federal Aviation Administration (FAA) regulations contained in Part 135, and ORS ~~Chapter 682, and.~~ ¶

(2) An air ambulance must be maintained and maintenance records must be kept and made available for inspection by the Authority. ¶

(a) The aircraft must have: ¶

(A) A climate control system to prevent temperature extreme that would adversely affect patient care; ¶

(B) Interior lighting, so that patient care can be given and patient status monitored ~~without interfering with the pilot's vision. The cockpit must be sufficiently isolated, by protective barrier, to minimize in-flight dist.~~ The interior lighting must not interfere with the pilot's operation or interference; of the aircraft. ¶

(C) At least one outlet per patient and current for 110 volts (50/60 cycle) alternating current or other current which is capable of operating all electrically-powered medical equipment; ¶

(D) A back-up source of electric current or batteries capable of operating all electrically-powered life support equipment for a minimum of one-hour; ¶

(E) An adequate door to allow loading and unloading of a patient without rotating the patient and stretcher more than 30 degrees about the longitudinal (roll) axis or 45 degrees about the lateral (pitch) axis; ¶

(F) A configuration that allows the medical personnel access to the patient in order to begin and maintain treatment modalities. There must always be complete access to the patient's head and upper body for effective airway management; ¶

(G) The stretcher and medical equipment placed in a manner that shall not impede rapid egress by personnel or patient from the aircraft; ¶

(H) Communications equipment to ensure both internal crew and air-to-ground exchange of information between individuals and agencies appropriate to the mission. Scene response aircraft must be able to communicate with EMS and law enforcement personnel at the scene; and ¶

(I) An installed self-activating emergency locator transmitter. ¶

(b) The aircraft must have survival equipment for crew members and patient consisting of: ¶

(A) Clothes for the season and area to be served; ¶

(B) Thermal (space) blanket; ¶

(C) Plastic tarp, at least 5' x 7'; ¶

(D) Signal mirror; ¶

(E) Compass; ¶

(F) Canned smoke signal, or flare pistol and flares or pencil-flares; ¶

~~(G) Large flashlight; or headlamp;~~ ¶

(H) Orange signal banner; ¶

(I) Noise maker (whistle); ¶

(J) Drinkable water (minimum of three liters) or intravenous fluid; ¶

(K) Tea; ¶

~~(L) Salt and sugar;~~ ¶

~~(M) Beef jerky or granola bars;~~ Emergency food rations supplying at least 3,000 calories per person; ¶

~~(N) Waterproof matches or fire-starting equipment;~~ and ¶

~~(O) Fire extinguisher (ABC rating).~~ ¶

(23) The aircraft owner who does not own their medical equipment or employ their medical personnel, must have

on file with the Authority a copy of the signed and dated agreement or contract with the agency that does provide either the medical personnel or medical equipment to be used on the air ambulance. The signed and dated agreement or contract must be filed annually or whenever substantive changes are made, whichever is more frequent.

Statutory/Other Authority: ORS 682.017, 682.068

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0081

RULE SUMMARY: Amend OAR 333-255-0081: Language was amended based on current practice. Definition was added for respiratory therapist (RT) and RT was added for purposes of staffing requirements. Outdated curriculum was removed. Required CPR course was updated to reflect 2015 guidelines or equivalent. Additionally, when providing interfacility transfer, at least one medical staff person must complete specified courses or equivalent based on the type of care being provided. Additional changes made for clarity and equipment requirements updated.

CHANGES TO RULE:

333-255-0081

~~Air Ambulance Operating Requirements for Prearranged-Inter-Facility Transfers~~

~~(1) Fixed-wing aircraft in operation and providing pre-arranged inter-facility transfers requiring basic-level care~~ As used in this rule, "respiratory therapist (RT)" means a person licensed under ORS chapter 688, actively registered and in good standing with the Oregon Respiratory Therapists and Polysomnographic Technologist Licensing Board.

~~(2) Air ambulance in operation and providing interfacility transfers~~ must have a minimum medical staff of two persons: and a pilot:

~~(a) A pilot adhering to all regulations set forth in FAA Part 135 for air medical transport; and~~

~~(b) One Paramedic, RN, PA or physician meeting the requirements specified in paragraph (1)(b)(A) through (1)(b)(D) of this rule.~~

~~(A) Documentation that at least one member of the medical crew has successfully completed the 2004 Association of Air Medical Services (AAMS) Curriculum Guidelines or equivalent. The curriculum-employer orientation. The orientation must include emergency care procedures, emergency egress procedures, aircraft safety and, altitude physiology and survival procedures. There must be written documentation of an annual review of the Air Medical Crew orientation course material. The length and content of the review must be established by the EMS medical director and be kept on file with the ambulance service;~~

~~(B) A current American Heart Association "Health Care Provider", American Red Cross "Basic Life Support for the Professional Rescuer" or other Authority-approved equivalent CPR course completion document;~~

~~(C) The ability to properly assist in lifting and moving a patient; and~~

~~(D) The knowledge to properly operate all patient care equipment that may be used.~~

~~(2) Fixed or rotary wing aircraft in operation and providing pre-arranged inter-facility transfers requiring advanced life support care~~ must have a minimum staff of two persons: BLS Provider card or proof of course completion that meets or exceeds the 2015 American Heart Association (AHA) Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) guidelines or equivalent;

~~(a) A pilot adhering to all regulations set forth in FAA Part 135 for air medical transport; and~~

~~(b) One Paramedic, RN, PA or physician meeting the requirements specified in paragraph (1)(b)(A) through (1)(b)(D) of this rule.~~

~~(3) Fixed or rotary wing aircraft in operation and providing pre-arranged inter-facility transfers requiring specialty level care~~ must have a minimum staff of two persons. If providing care to infant or pediatric patients, documentation of completing one of the following courses or equivalent:

~~(a) A pilot adhering to all regulations set forth in FAA Part 135; and~~

~~(b) One Paramedic, RN, PA, physician or other qualified person(s), who must:~~

~~(A) Meet the requirements specified in paragraph (1)(b)(A) through (1)(b)(D) of this rule;~~

~~(ii) Pediatric Advanced Life Support (PALS); or~~

~~(iii) Neonatal Resuscitation Program (NRP);~~

~~(D) of this rule;~~

~~(B) Have documentation of completing additional specialty care training as defined by the EMS medical director;~~

~~(C) Have training to properly operate specialty care equipment necessary to care for the patient during the transfer; and~~

~~(D) Have training to do titration of intravenous medications necessary to care for the patient during the transfer.~~

providing care to adult patients, documentation of completing one of the following courses or equivalent:

(i) Advanced Cardiac Life Support (ACLS); or

(ii) Prehospital Trauma Life Support (PHTLS);

~~(4E) An air ambulance in operation and providing specialty level care must have the following patient care equipment in a satisfactory working condition, stored in a sanitary and secure manner, and be readily accessible to the medical personnel:~~

~~(a) All patient care equipment specified in subsection (7)(a) through (7)(k) of this rule;~~

~~(b) All patient care equipment specified in OAR 333-255-0082(2)(d) through (2)(i); and~~

~~(c) Any other patient care equipment required during the transfer of a patient; and~~

(F) The knowledge to properly operate all patient care equipment that may be used.

~~(53) When an inter-facility transfer is requested, a representative from both the ambulance service must contact the attending physician at the sending facility and the hospital must communicate clearly, prior to the transfer, to determine which type of aircraft; fixed-wing, rotary-wing, pressurized or non-pressurized, is needed based on the requested, as well as the type of aircraft that will respond, if different than requested. The patient's medical condition and which, additional equipment and personnel are required, and the weather conditions and aircraft available must be taken into consideration.~~

~~(64) Patient Care Equipment. The following patient care equipment, in satisfactory working condition and kept in a sanitary manner, is required on all air ambulance flights. The equipment may be kept separate from the aircraft in modular pre-packaged form, so as to be available for rapid loading, easy securing and easy access aboard the aircraft:~~

~~(a) Medical oxygen cylinders and regulators:~~

~~(A) Medical oxygen cylinder with a capability of at least 600 liters and having not less than 500psi;~~

~~(i) The oxygen cylinder(s) must be securely fastened to the aircraft while in flight;~~

~~(ii) The oxygen must be delivered by a yoke regulator with a pressure gauge and a non-gravity-dependent flow meter that is visible and accessible to the medical personnel; and~~

~~(iii) The flow meter must be adjustable over a minimum range of 0 to 15 liters per minute;~~

~~(B) A spare portable oxygen cylinder that is full, tagged, sealed, and securely mounted;~~

~~(b) Medical oxygen administration equipment:~~

~~(A) Oxygen non-rebreathing masks with tubing;~~

~~(i) Pediatric - 2; and~~

~~(ii) Adult - 2;~~

~~(B) Oxygen nasal cannula with tubing that is transparent and disposable;~~

~~(i) Pediatric - 2;~~

~~(ii) Adult - 2;~~

~~(C) Bag-valve-mask ventilation device with reservoir and masks in neonate, infant, pediatric and adult sizes. The device(s) must:~~

~~(i) Have a standard universal adapter (15 mm tracheal tube/22 mm mask);~~

~~(ii) Be operable with or without an oxygen supply; and~~

~~(iii) Be manually operated and self-refilling;~~

~~(iv) Have valves that operate effectively at temperatures down to 0°F;~~

~~(v) Have bag-valve-mask ventilation devices with reservoir that are transparent and semi-rigid in assorted sizes to include adult, child, and newborn/infant.~~

~~(c) Airway maintenance devices:~~

~~(A) Nebulizer, if reflected by current standing orders;~~

~~(B) Pharyngeal esophageal airway devices in assorted sizes;~~

~~(C) Endtidal CO2 detection device in assorted sizes;~~

~~(D) Oropharyngeal airways in assorted sizes to include adult, child, and newborn/infant;~~

~~(E) Nasal airways in assorted sizes;~~

~~(F) Nasal airways in assorted sizes;~~

(d) Suction equipment: ¶

(A) Portable suction aspirator: ¶

(i) The unit must be either a self-contained battery or oxygen-powered unit that can operate continuously for 20 minutes and is rechargeable or be a manually-powered unit; ¶

(ii) The unit must be capable of developing a minimum vacuum of 300 mm Hg within four seconds after the suction tube is closed; ¶

(iii) The unit must provide a free air flow of at least 20 liters per minute; ¶

(iv) The unit must be adjustable for use on ~~children~~ pediatric and intubated patients; ¶

(v) The unit must include at least a 300-ml collection bottle; and ¶

(vi) A secondary suction apparatus; ¶

(B) Suction connecting tubing and catheters: ¶

(i) Suction connecting tubing that is at least one-quarter of an inch in diameter, translucent and will not kink or collapse under high suction - 2; and ¶

(ii) Suction catheters in assorted sizes and types for adult, ~~child, and newborn/infant~~ pediatric, infant and neonate; ¶

(e) Stretcher. The stretcher must: ¶

(A) Be securely fastened to the aircraft in accordance with FAA ~~Part 135~~ regulations; and ¶

(B) Have a ~~minimum of three~~ restraining devices and an upper torso (for the legs, pelvis, torso and an over the shoulder) restraint; ¶

(f) Miscellaneous equipment: ¶

(A) Emesis containers; ¶

(B) Stethoscope, adult and pediatric; ¶

(C) Aneroid sphygmomanometer in assorted sizes; ¶

(D) Bandage shears; ¶

(E) Hypothermia thermometer; ¶

(F) Chemical heat and cold packs, assorted; ¶

(G) Blood glucose level testing kit or blood glucose level test strips; ¶

(H) Urinals, female and male, one each; ¶

(I) Bed pan (Exempt from rotary-wing aircraft); and ¶

(J) Set of extremity restraining devices; ¶

(g) Personal protection equipment sufficient for crew and patient(s) including: ¶

(A) Disposable gloves; ¶

(B) Disposable face masks; ¶

(C) Protective eyewear; ¶

(D) Disposable isolation gowns; ¶

(E) Hand cleaning solution or foam; ¶

(F) Surface cleaning disinfectant; ¶

(G) Sharps container for each kit that contains needles; and ¶

(H) Infectious waste disposal bags; ¶

(h) Linen supplies and replacements to cover stretcher; ¶

(i) ~~Prehospital Care Report Form or electronic field data form~~ Commercially packaged or sterile burn sheets; ¶

(j) Commercially manufactured arterial tourniquet; ¶

(k) Latex free tourniquets; ¶

(l) Sterile saline solution for irrigation; ¶

(jm) A copy of standing orders for EMS providers, RNs and PAs ~~Supplies necessary to complete a patient care report as required by OAR 333-250-0310; and~~ ¶

(n) A copy of standing orders dated within one year and signed by the EMS medical director; and ¶

(ko) A universal "No Smoking" sign must be conspicuously displayed in the ~~cockpit and patient compartment~~ aircraft.

Statutory/Other Authority: ORS 682.017, 682.068

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0082

RULE SUMMARY: Amend OAR 333-255-0082: Language was amended based on current practice. Staffing requirements amended including reference to training required. Outdated curriculum was removed. Equipment requirements updated.

CHANGES TO RULE:

333-255-0082

Air Ambulance Operating Requirements for Scene Response ¶

(1) ~~Rotary-wing aircraft~~ Air ambulance in operation and providing scene response care must have a minimum medical staff of two persons; and a pilot; ¶

(a) A pilot adhering to all regulations set forth in FAA Part 135; and ¶

(b) ~~One Paramedic, RN, PA, or physician having;~~ ¶

~~(A) Documentation that at least one member~~ Any combination of the two medical crew ~~successfully completed the 2004 Association of Air Medical Services (AAMS) Curriculum Guidelines or equivalent. The curriculum must~~ personnel consist include emergency care procedures, aircraft safety and altitude physiology. There must be written documentation of an annual review of the Air Medical Crew course material. The length and content of the review must be established by the EMS medical director and be kept on file with the ambulance service; ¶

~~(B) The ability to properly assist in extricating, lifting and moving a patient; and~~ ¶

~~(C) The knowledge to properly operate all patient care equipment that may be used.~~ g of at least one Paramedic or ambulance based clinician meeting the requirements specified in OAR 333-250-0270 sections (4) and (5). ¶

(2) The following prehospital scene patient care equipment is required on all prehospital scene responses: ¶

(a) All patient care equipment specified in OAR 333-255-0081(7)(a) through (7)(k) ~~section (4);~~ ¶

(b) Fracture immobilization equipment: ¶

~~(A) Traction splints in assorted adult or adult-child combin~~ capable of pediatric application; ¶

(B) Extremity splints in assorted sizes; and ¶

~~(C) Extrication collars in assorted pediatric through~~ and adult sizes; ¶

~~(D) Short backboard or equivalent with necessary restraining devices with sufficient supplies for head immobilization~~ Bandages and dressings in assorted sizes, sterile and non-sterile; ¶

~~(d) Occlusive dressing or equivalent;~~ ¶

~~(E) Long backboard with necessary restraining devices with sufficient supplies for head immobilization;~~ Adhesive or hypo-allergenic tape in assorted sizes; ¶

~~(F) Scoop stretcher with necessary restraining devices with sufficient supplies for head immobilization; and~~ ¶

~~(G) Pediatric backboard with necessary restraining devices with sufficient supplies for head immobilization.~~ ¶

~~(e) Bandages and dressings in assorted sizes, sterile and non-sterile~~ Cardiac monitoring equipment: ¶

~~(A) A portable battery-operated manual monitor defibrillator capable of recording ECG reading;~~ ¶

~~(B) ECG electrodes: pediatric and adult;~~ ¶

~~(C) Hands-free defibrillation patches: pediatric and adult;~~ ¶

~~(d) Adhesive or hypo-allergenic tape~~ Capable of transcutaneous cardiac pacing assorted sizes; ¶

~~(e) Cardiac mon~~ itor may be a stand-alone unit or ing equipment; ¶

~~(A) Manual~~ tegrated in the monitor/ and defibrillator; ¶

~~(B) Monitoring electrodes, infant and adult; unit;~~ ¶

~~(E) Patient cables - 2; and~~ ¶

~~(D) ECG paper;~~ ¶

~~(f) Advanced airway care equipment;~~ ¶

~~(A) Laryngoscope handle and assorted blade sizes, adult and pediatric;~~ ¶

~~(B) Spare dated batteries for the laryngoscope handle;~~ ¶

~~(C) Spare bulbs for the laryngoscope blades;~~ ¶

~~(D) Primary and secondary laryngoscopic device, adult and pediatric;~~ ¶

- (B) Endotracheal tubes in assorted sizes, adult and pediatric; ¶
- (EC) Magill Forceps, ~~child~~ pediatric and adult; ¶
- (FD) Intubation stylettes, ~~child~~ pediatric and adult; ¶
- (GE) Endtidal CO2 detection device; ¶
- (HF) Oxygen saturation monitor; and ¶
- (IG) Chest decompression ~~kit~~ equipment; ¶
- (gh) Sterile intravenous agents and medications authorized by the EMS medical director; ¶
- (hi) Vascular access devices; ¶
- (A) Over-the-needle catheters in assorted sizes 24-gauge through 14-gauge; and ¶
- (B) Specifically-designed needles for intraosseous infusions; ¶
- (ij) Nasogastric tubes in assorted sizes; ¶
- ~~(j) Storage of controlled substances in an ambulance must adhere to the signed and dated procedures as specified in OAR 333-250-0300(4); ¶~~
- (k) Oregon Trauma System's Identification Bracelets - 5; and ¶
- (l) Miscellaneous equipment; ¶
- ~~(iA) The 2008 U.S. Department of Transportation, 2016 "Emergency Response Guidebook, (Initial Response to A Guidebook for First Responders during the Initial Phase of Dangerous Goods/Hazardous Materials Incidents); and ¶~~
- ~~(ii) Transportation Incident"; ¶~~
- (B) A copy of standing orders for Paramedics, RNs and PAs dated within one year and signed by the EMS medical director; dated within one year and signed by the EMS medical director; and ¶
- (C) A quick reference guide or other reference material that provides appropriate guidelines for pediatric drug dosing and equipment sizing; and ¶
- (D) Appropriately-sized child restraint system(s) that, at a minimum, covers a weight range of between 10 and 99 pounds. Only the manufacturer's recommendations for the weight or size of the patient should be considered when selecting the appropriate device for the specific child being transported. ¶
- (3) In a prehospital resuscitation, when no other practical means of transportation, including any other properly equipped license-holder, is reasonably available, a license-holder may deviate from the rules to the extent necessary to meet the rescue situation.

Statutory/Other Authority: ORS 682.017, 682.068

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

REPEAL: 333-255-0090

RULE SUMMARY: Repeal OARs 333-255-0090 through 0093: Removes outdated marine ambulance provisions. There are no marine ambulances licensed or operating in Oregon.

CHANGES TO RULE:

~~333-255-0090~~

~~Marine Ambulance Configuration and Survival/Rescue Equipment Requirements~~

- ~~(1) A marine ambulance in operation must be in compliance with all the requirements which relate to marine ambulances, any applicable federal navigation regulations, ORS Chapter 682, and these rules. Maintenance records must be kept and made available for inspection by the Authority;¶¶~~
- ~~(2) Marine craft size and configuration. The marine craft must be of sufficient size to accommodate, at a minimum, the operator, two EMS providers, one patient, and the required supplies and equipment and be configured to allow full access to the patient. The marine craft must have:¶¶~~
- ~~(a) Adequate lighting, so that patient care can be given and patient status be monitored;¶¶~~
 - ~~(b) At least one outlet per patient and current for 110 volts (50/60 cycle) alternating current or other current which is capable of operating all electrically powered medical equipment;¶¶~~
 - ~~(c) An adequate door or opening to allow loading and unloading of the patient without rotating the patient and stretcher more than 30 degrees about the longitudinal (roll) axis or 45 degrees about the lateral (pitch) axis;¶¶~~
 - ~~(d) A configuration that allows the medical personnel access to the patient in order to begin and maintain treatment modalities. There must always be complete access to the patient's head and upper body for effective airway management; and¶¶~~
 - ~~(e) The stretcher or litter and medical equipment placed in a manner that must not impede rapid egress by personnel or patient from the marine craft.¶¶~~
- ~~(3) Marine craft equipment. A marine craft ambulance must have the following items in good working condition:¶¶~~
- ~~(a) Anchor with line that is three times the maximum depth of water in areas of usual operation;¶¶~~
 - ~~(b) Docking fenders – 2;¶¶~~
 - ~~(c) Mooring lines – 2;¶¶~~
 - ~~(d) Self or mechanical bailer;¶¶~~
 - ~~(e) Search light with a minimum of 200,000 candle power of illumination;¶¶~~
 - ~~(f) Swim harness and 75-foot tethering line;¶¶~~
 - ~~(g) Waterproof flashlight, six volt minimum;¶¶~~
 - ~~(h) Navigational charts for service area and navigational aids, including a compass;¶¶~~
 - ~~(i) A cold water protection device for each crew member;¶¶~~
 - ~~(j) Life jackets – 2 adult and 2 child; and¶¶~~
 - ~~(k) Boat hook with minimum of 10 foot capability.~~

~~Statutory/Other Authority: ORS 682.017~~

~~Statutes/Other Implemented: ORS 682.017 – 682.117, 682.991~~

REPEAL: 333-255-0091

RULE SUMMARY: Repeal OARs 333-255-0090 through 0093: Removes outdated marine ambulance provisions. There are no marine ambulances licensed or operating in Oregon.

CHANGES TO RULE:

~~333-255-0091~~

~~Marine Ambulance Operating Requirements When Providing Basic Level Care~~

~~(1) A marine ambulance in operation and providing basic level care must have a staff of at least two persons:~~

~~(a) An operator, who:~~

~~(A) Has a valid US Coast Guard pilot's license;~~

~~(B) Operates the marine ambulance in compliance with any applicable marine craft statutes;~~

~~(C) Has not consumed any alcoholic beverages in the eight hours prior to operating an ambulance; and~~

~~(D) Is not taking any medications that could impair the safe operation of the ambulance.~~

~~(b) A person who is at or above the EMT license level who must be with the patient at all times. The person at or above the EMT level attending the patient must:~~

~~(A) Not have consumed any alcoholic beverages in the eight hours prior to working on an ambulance; and~~

~~(B) Not be taking any medications that could impair the giving of proper patient care.~~

~~(c) If the operator is not a licensed EMS provider, the operator must meet the requirements specified in paragraphs (1)(a)(A) through (1)(a)(D) of this rule and meet the requirements of a qualified driver specified in OAR 333-250-0270(6)(b).~~

~~(2) Basic life support care equipment. A marine ambulance in operation and providing basic level care must have the following patient care equipment in a satisfactory working condition, kept in a sanitary manner, stored in a secure manner and be readily accessible to the medical personnel:~~

~~(a) Medical oxygen cylinders and regulators:~~

~~(A) Medical oxygen cylinder with a minimum capacity of 600 liters;~~

~~(i) The oxygen must be delivered by a yoke regulator with a pressure gauge and a non-gravity-dependent flow meter that is visible and accessible to the medical personnel; and~~

~~(ii) The flow meter must be adjustable over a minimum range of 0 to 15 liters per minute.~~

~~(B) A spare portable oxygen cylinder that is full, tagged, sealed and securely mounted.~~

~~(b) Medical oxygen administration equipment:~~

~~(A) Oxygen non-rebreathing masks with tubing:~~

~~(i) Pediatric – 2; and~~

~~(ii) Adult – 2.~~

~~(B) Oxygen nasal cannulas with tubing that are transparent and disposable, adult – 2;~~

~~(C) Bag-valve-mask ventilation device with reservoir. The device must:~~

~~(i) Have a standard universal adapter (15 mm tracheal tube/22 mm mask);~~

~~(ii) Be operable with or without an oxygen supply;~~

~~(iii) Be manually operated and self-refilling;~~

~~(iv) Have valves that operate effectively at temperatures down to 0^oF; and~~

~~(v) Have bag-valve-mask ventilation devices with reservoir that are transparent and semi-rigid in assorted sizes to include adult, child, and newborn/infant.~~

~~(c) Airway maintenance devices:~~

~~(A) Pharyngeal esophageal airway devices in assorted sizes if the EMS medical director approved use;~~

~~(B) Endtidal CO₂ detection device in assorted sizes;~~

~~(C) Oropharyngeal airways in assorted sizes to include adult, child and newborn/infant; and~~

~~(D) Nasal airways in assorted sizes.~~

~~(d) Suction equipment:~~

~~(A) Portable suction aspirator;~~

~~(i) The unit must be either a self-contained battery or oxygen-powered unit that can operate continuously for 20~~

- minutes and is rechargeable or be a manually-powered unit;¶
- (ii) The unit must be capable of developing a minimum vacuum of 300 mm Hg within four seconds after the suction tube is closed;¶
- (iii) The unit must provide a free air flow of at least 20 liters per minute;¶
- (iv) The unit must be adjustable for use on children and intubated patients;¶
- (v) The unit, including at least a 300 ml collection bottle; and¶
- (vi) A secondary suction apparatus.¶
- (B) Suction connecting tubing and catheters:¶
 - (i) Suction connecting tubing that is at least one-quarter of an inch in diameter, translucent and will not kink or collapse under high suction – 2; and¶
 - (ii) Suction catheters that are in assorted sizes and types for adult, child and newborn/infant.¶
- (e) Cardiac monitoring equipment: Automatic or semi-automatic defibrillator. The unit must be capable of operating independently of an electrical outlet, and delivering total defibrillation energy sufficient to meet the number of shocks and power settings prescribed in the EMS medical director's standing orders and be inclusive of the 2005 American Heart Association guidelines for emergency cardiac care or equivalent standards as approved by the Authority.¶
- (f) Stretcher. The stretcher must:¶
 - (A) Be a plastic or metal basket stretcher with a four-point bridle;¶
 - (B) Have a locking mechanism which can be securely fastened to the craft below the gunwale level; and¶
 - (C) Have a minimum of four restraining devices, one of which shall be a torso (over the shoulder) restraint.¶
- (g) Fracture immobilization equipment:¶
 - (A) Traction splints in assorted adult sizes or adult/child combination;¶
 - (B) Extremity splints in assorted sizes;¶
 - (C) Extrication collars in assorted pediatric through adult sizes;¶
 - (D) Short backboard or equivalent with necessary restraining devices with sufficient supplies for head immobilization;¶
 - (E) Long backboard with necessary restraining devices with sufficient supplies for head immobilization; and¶
 - (F) Pediatric backboard with necessary restraining devices with sufficient supplies for head immobilization.¶
- (h) Bandages and dressings in assorted sizes, sterile and non-sterile;¶
- (i) Adhesive or hypo-allergenic tape in assorted sizes;¶
- (j) Miscellaneous equipment:¶
 - (A) Emesis containers;¶
 - (B) Stethoscope, pediatric and adult;¶
 - (C) Aneroid sphygmomanometer in assorted sizes;¶
 - (D) Bandage shears;¶
 - (E) Hypothermia thermometer;¶
 - (F) Disposable obstetrical kit;¶
 - (G) Chemical heat and cold packs assorted;¶
 - (H) Urinals, female and male, one each;¶
 - (I) Bed pan;¶
 - (J) Set of extremity restraining devices; and¶
 - (K) Blood glucose level testing kit or blood glucose level testing strips.¶
- (k) Personal protection equipment sufficient for crew and patient(s) including:¶
 - (A) Disposable gloves;¶
 - (B) Disposable face masks;¶
 - (C) Protective eyewear;¶
 - (D) Disposable isolation gowns;¶
 - (E) Hand cleaning solution or foam;¶
 - (F) Surface cleaning disinfectant;¶

- (G) Sharps container for the patient compartment and a separate container for each kit that contains needles;¶
- (H) Infectious waste disposal bags; and¶
- (I) The 2008 Department of Transportation – Emergency Response Guidebook (Initial Response to Hazardous Materials Incidents.);¶
- (l) Medications and fluids authorized for use by an EMT as required by the EMS medical director;¶
- (m) Linen supplies and replacements sufficient to cover stretchers;¶
- (n) Communication equipment. Communications equipment must consist of a VHF/FM marine radio with at least 25 watts of power. In addition, the radio must have the capability to have reliable contact between the marine ambulance and a ground or air ambulance and with a hospital having online medical direction;¶
- (o) Prehospital Care Report Form or electronic field data;¶
- (p) Oregon Trauma System Identification Bracelets – 5;¶
- (q) A copy of standing orders for EMTs dated within one year and signed by the EMS medical director; and¶
- (r) A universal "No Smoking" sign conspicuously displayed in the pilot's and patient area.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 – 682.117, 682.991

REPEAL: 333-255-0092

RULE SUMMARY: Repeal OARs 333-255-0090 through 0093: Removes outdated marine ambulance provisions. There are no marine ambulances licensed or operating in Oregon.

CHANGES TO RULE:

~~333-255-0092~~

~~Marine Ambulance Operating Requirements When Providing Intermediate Level Care~~

~~(1) A marine ambulance in operation and providing intermediate life support care must have a minimum staff of two persons:¶¶~~

~~(a) An operator who complies with the requirements specified in OAR 333-255-0091(1)(a)(A) through (1)(a)(D) or (1)(c)(A) through (1)(c)(D); and¶¶~~

~~(b) A person who is at or above the AEMT license level and who must be with the patient at all times. If the qualified driver is not a licensed EMT, then a second EMT must be available for patient care both in the marine ambulance or on scene.¶¶~~

~~(2) Intermediate life support care equipment. A marine ambulance in operation and providing intermediate level care must have the following patient care equipment in a satisfactory working condition, kept in a sanitary manner, stored in a secure manner and be readily accessible to the medical personnel:¶¶~~

~~(a) All of the items specified in OAR 333-255-0091(2)(a) through (2)(r);¶¶~~

~~(b) Any physiologic isotonic crystalloid solution or combinations thereof—6000 cc in any size containers;¶¶~~

~~(c) Medications and fluids authorized for use by an AEMT or EMT-Intermediate as required by the EMS medical director;¶¶~~

~~(d) Vascular access devices:¶¶~~

~~(A) Over-the-needle catheters in assorted sizes 24 gauge through 14 gauge; and¶¶~~

~~(B) Specifically designed needles for intraosseous infusions.¶¶~~

~~(e) A copy of standing orders for AEMTs and/or EMT-Intermediates dated within one year and signed by the EMS medical director.~~

~~Statutory/Other Authority: ORS 682.017~~

~~Statutes/Other Implemented: ORS 682.017—682.117, 682.991~~

REPEAL: 333-255-0093

RULE SUMMARY: Repeal OARs 333-255-0090 through 0093: Removes outdated marine ambulance provisions. There are no marine ambulances licensed or operating in Oregon.

CHANGES TO RULE:

~~333-255-0093~~

~~Marine Ambulance Operating Requirements When Providing Advanced Level Care~~

~~(1) A marine ambulance in operation and providing advanced level care must have a minimum staff of two persons:~~

~~(a) An operator who complies with the requirements specified in OAR 333-255-0091(1)(a)(A) through (1)(a)(D) or (1)(c)(A) through (1)(c)(D); and~~

~~(b) A person who is at the Paramedic license level or an RN, PA or physician who is trained in prehospital emergency medical care must be attending to the patient when a patient is receiving advanced life support care. If the operator is not a licensed EMT, then a second EMT must be available for patient care both on the marine ambulance and on scene. The Paramedic, RN, PA, physician, or other qualified personnel must:~~

~~(A) Not have consumed any alcoholic beverages in the eight hours prior to working on an ambulance; and~~

~~(B) Not be taking any medications that could impair the giving of proper patient care.~~

~~(c) When a RN, PA or physician is staffing an ambulance in lieu of a Paramedic and is providing advanced level care he or she must have:~~

~~(A) A current American Heart Association "Health Care Provider", American Red Cross "Basic Life Support for the Professional Rescuer" or other Authority-approved equivalent CPR course completion document;~~

~~(B) A current Advanced Cardiac Life Support course or other Authority-approved equivalent completion document;~~

~~(C) A pediatric advanced life support course or other Authority-approved equivalent completion document;~~

~~(D) A Prehospital Trauma Life Support, Basic Trauma Life Support, Trauma Emergency Assessment Management or Trauma Nurse Core Course completion document. The Trauma Emergency Assessment Management and Trauma Nurse Core Course must include a supplemental prehospital rapid extrication training session;~~

~~(E) The ability to properly assist in extricating, lifting and moving a patient; and~~

~~(F) The knowledge to properly operate all patient care equipment that may be used.~~

~~(2) A marine ambulance in operation and providing advanced level care must have the following advanced life support patient care equipment in a satisfactory working condition, kept in a sanitary manner and which is readily accessible to medical personnel:~~

~~(a) All items specified in OAR 333-255-0091(2)(a) through (2)(r);~~

~~(b) Cardiac monitoring equipment:~~

~~(A) Manual monitor/defibrillator;~~

~~(B) Monitoring electrodes, infant and adult;~~

~~(C) Patient cables—2; and~~

~~(D) ECG paper.~~

~~(c) Advanced airway care equipment:~~

~~(A) Laryngoscope handle and assorted blade sizes, adult and pediatric;~~

~~(B) Spare dated batteries for the laryngoscope handle;~~

~~(C) Spare bulbs for the laryngoscope blades;~~

~~(D) Endotracheal tubes in assorted sizes, adult and pediatric;~~

~~(E) Magill Forceps, adult and child;~~

~~(F) Intubation stylettes, adult and pediatric;~~

~~(G) Endtidal CO2 detection device; and~~

~~(H) Chest decompression equipment.~~

~~(d) Sterile intravenous agents and medications authorized by the EMS medical director;~~

~~(e) Vascular access devices.~~

- ~~(A) Over the needle catheters in assorted sizes 14-gauge through 24-gauges; and¶¶~~
- ~~(B) Specifically designed needles for intraosseous infusions.¶¶~~
- ~~(f) Nasogastric tubes in assorted sizes;¶¶~~
- ~~(g) The storage of controlled substances in a marine ambulance must adhere to the procedure specified in OAR 333-250-0300(4); and¶¶~~
- ~~(h) A copy of standing order for Paramedics, RNs and PAs dated within one-year and signed by the EMS medical director.¶¶~~
- ~~(3) The special equipment required for a marine ambulance may be kept separate from the craft in modular watertight and buoyant containers for rapid loading and easy access aboard the marine craft.~~

~~Statutory/Other Authority: ORS 682.017~~

~~Statutes/Other Implemented: ORS 682.017-682.117, 682.991~~

ADOPT: 333-255-0100

RULE SUMMARY: Adopt OAR 333-255-0100: Complaints section was added for clarity and to align with other facility licensing rules.

CHANGES TO RULE:

333-255-0100

Complaints

(1) Any person may make a complaint verbally or in writing to the Authority regarding an allegation that a licensed ambulance vehicle is in violation of any licensing law.¶

(2) The identity of a person making a complaint will be kept confidential as permitted by law.¶

(3) An investigation will be carried out as soon as practicable after the receipt of the complaint in accordance with OAR 333-255-0105.¶

(4) If the complaint involves an allegation of criminal conduct or an allegation that is within the jurisdiction of another local, state or federal agency, the Authority will refer the matter to that agency.¶

(5) The Authority does not have jurisdiction over and shall not take action on complaints that relate solely to rates charged to a patient transported by a licensed ambulance service in an ambulance.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0105

RULE SUMMARY: Adopt OAR 333-255-0105: Investigations section was added for clarity and to align with other facility licensing rules.

CHANGES TO RULE:

333-255-0105

Investigations

(1) As soon as practicable after receiving a complaint, taking into consideration the nature of the complaint, Authority staff will begin an investigation.¶

(2) An ambulance service shall permit Authority staff access to the service agency and ambulance vehicles during an investigation. For purposes of an investigation, giving advanced notice to the licensed ambulance service is not required.¶

(3) An investigation may include but is not limited to:¶

(a) Interviews of the complainant, patients of the ambulance service, patient family members, witnesses, ambulance service management and staff;¶

(b) On-site observations of staff performance and the physical environment of the ambulance service or ambulance vehicle; and¶

(c) Review of documents and records.¶

(4) The Authority may make photographic, video-graphic or audio recording documentation as part of an investigation of non-compliance with ORS chapter 682; OAR chapter 333, division 250; and these rules.¶

(5) Information obtained by the Authority during an investigation of a complaint or reported violation under this section is confidential and not subject to public disclosure under ORS 676.175. Upon the conclusion of the investigation, the Authority may publicly release a report of its findings but may not include information in the report that could be used to identify the complainant or any patient of the ambulance service. The Authority may use any information obtained during an investigation in an administrative or judicial proceeding concerning the licensing of an ambulance service, and may report information obtained during an investigation to a health professional regulatory board as defined in ORS 676.160 as that information pertains to a licensee of the board.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0110

RULE SUMMARY: Amend OAR 333-255-0110: Language in this rule has been amended and moved around for better clarity and aligns with other facility licensing rules. Clarifies that the Authority may not require a survey of an ambulance vehicle if the licensed ambulance service agency was surveyed previously and the license remains active and in good standing. This rule was renumbered from OAR 333-255-0050.

CHANGES TO RULE:

333-255-0110

Right of Entry and Inspection of an Ambulance~~Survey of Ambulance Vehicle~~ ¶

~~(1) In addition to any investigation conducted under OAR 333-255-0105, the Authority may conduct an inspection survey of an ambulance vehicle for the purpose of evaluating the eligibility of an ambulance service to receive or retain an ambulance vehicle license and to ensure the health, safety, and welfare of the persons who utilize ambulances. The vehicles. ¶~~

~~(2) An ambulance service vehicle may be exempted from the inspection process if;~~ survey process if: ¶

~~(a) An initial survey of the ambulance service was conducted by the Authority previously and the ambulance service license remains active and in good standing; ¶~~

~~(ab) The ambulance service is accredited by a nationally recognized EMS service program accreditation entity program that meets or exceeds Oregon requirements. A copy of the inspectionsurvey report from the nationally recognized EMS service program accreditation entity program must be filed with the Authority for approval; or, ¶~~

~~(bc) The ambulance service and ambulance vehicle has undergone inspections from a governmental agency or state designee a survey from a designee approved by the Authority or a local city or county governmental agency. A copy of the inspectionsurvey report from the local city or county governmental agency or state designee must be filed with the Authority for approval. ¶~~

~~(23) Initial and routine inspectionsurveys of an ambulance vehicle must be scheduled with the management of the ambulance service at least 72 hours in advance of the inspectionsurvey unless otherwise mutually agreed upon by the Authority and ambulance service representative. administrator or designee. The Authority: ¶~~

~~(3a) Inspections for the purpose of investigating a complaint do not require giving advanced notice to the licensee. Unless the Authority gives written approval, no person may give advanced notice of an unannounced inspection. ¶~~

~~(4) Upon request of the Authority, an~~ May survey an ambulance vehicle whenever the vehicle is present at the ambulance service office or any satellite-office location. ¶

~~(b) Shall conduct a survey without impeding patient care or unreasonably delaying patient transport, unless in the judgment of the Authority, the lack of properly operating patient care equipment, the safety condition of the ambulance service owner, manager, employee, volunteer or agent must, at a reasonable time and without delay, permit entry by the Authority on vehicle, or the patient care being rendered is detrimental or is reasonably likely to be detrimental to the patient's health, safety, or welfare. ¶~~

~~(c) Shall be permitted access and entry, without delay, to all premises housing an ambulance vehicle for the purpose of an ambulance inspection vehicle survey. No one, including but not limited to, the owner, the manager, employees, volunteers, and agents, may impede the Authority in conducting a lawful inspectionsurvey of an ambulance vehicle to evaluate compliance with ORS chapter 682; OAR chapter 333, division 250; and these rules. ¶~~

~~(5d) In conducting an inspection~~ May accompany an ambulance crew on a call for the purpose of evaluating compliance with the requirements of ORS chapter 682; OAR chapter 333, division 250; and these rules. ¶

~~(4) In conducting a survey, the Authority must: ¶~~

~~(a) Identify him or herself by presenting Authority identification to the owner, manager, ranking employee, or volunteer present at the site of an inspection; survey or interview; ¶~~

~~(b) Inform the ambulance service representative administrator or designee of the purpose for the inspectionsurvey; and, ¶~~

~~(c) Inform the ambulance service representative when the inspection administrator or designee when the survey~~

or interview has been completed and the preliminary results of the inspection survey. ¶

~~(65) The Authority may inspect an ambulance at any reasonable time including, but not limited to, whenever the ambulance is present at the ambulance service office or any satellite office location.~~ ¶

~~(7) The Authority shall conduct an inspection without impeding patient care or unreasonably delaying patient transport unless, in the judgment of the Authority, the lack of properly operating patient care equipment, the safety condition of the ambulance, or the patient care being rendered is detrimental or is reasonably likely to be detrimental to the patient's health, safety, or welfare.~~ ¶

~~(8) When an ambulance is found to be in violation with ORS Chapter 682 or these rules, and requires a second or subsequent on-site inspection, the Authority may impose a civil penalty as authorized in ORS 682.224.~~ ¶

~~(a) A subsequent on-site inspection must be conducted and passed on the same day as the initial inspection if the ambulance is to remain available for operation.~~ ¶

~~(b) If the subsequent on-site inspection reveals that all violations have not been corrected and a survey may include but is not limited to:~~ ¶

~~(a) Interviews of patients, patient family members, ambulance management or staff.~~ ¶

~~(b) On-site observation of staff performance and the physical environment of the ambulance service or ambulance vehicle; and~~ ¶

~~(c) Review of documents and records.~~ ¶

~~(6) An ambulance service shall make all requested documents and records available to the surveyor for review and copying.~~ ¶

~~(7) The Authority shall have the authority to make photographic, video-graphic or audio recording documentation as part of a survey for or investigation of non-compliance with ORS chapter 682; OAR chapter 333, division 250 and these rules.~~ ¶

~~(8) Following the survey, Authority staff shall prepare and provide the ambulance service administrator or designee specific and timely written notice of the findings.~~ ¶

~~(9) If those violations constitute an immediate danger or threat to the public, the Authority may immediately suspend the ambulance license. The suspension shall remain findings result in a referral to another regulatory agency. Authority staff shall submit applicable in-force until all violations have been corrected.~~ ¶

~~(c) The Authority shall immediately notify the county health department and the administrator of the county ASA plan of any ambulance information to that referral agency for its review and determination of appropriate action.~~ ¶

~~(10) If no deficiency suspension; and~~ ¶

~~(d) A copy of the completed inspection form shall be given to a representative of the ambulance service and one copy each shall be sent to the county health department and administrator of the county ASA plan. If deficiencies are found during a survey, the Authority shall issue written findings to the ambulance service administrator or designee indicating that fact.~~ ¶

~~(911) An Authority representative may accompany an ambulance crew on a call for the purpose of evaluating compliance with the requirements of ORS Chapter 682 and these rules.~~ ¶

~~(10) The Authority shall have the authority to make photographic or video-graphic documentation as part of an inspection for or investigation of non-compliance with ORS Chapter 682 and these rules. At the completion of the survey process, a final report identifying findings shall be sent to the county commissioner or county judge, the ambulance service EMS medical director and administrator of the county ASA plan.~~ ¶

~~(112) Failure of the licensee to produce records for inspection or to permit examination of an ambulance or patient care equipment by the Authority shall be grounds for the denial, suspension or revocation of an ambulance license. If deficiencies are found, the Authority shall take informal or formal enforcement action in accordance with OAR 333-255-0120 or 333-255-0125.~~

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0115

RULE SUMMARY: Adopt OAR 333-255-0115: Violations section was added for clarity and to align with other facility licensing rules.

CHANGES TO RULE:

333-255-0115

Violations

In addition to non-compliance with any rules or laws that govern an ambulance service or ambulance service vehicle, it is a violation:

- (1) To make a material omission or misrepresentation of facts on an application for a license or waiver, or in response to an inquiry or investigation. This includes the intentional misrepresentation or misstatement of a material fact, concealment of or failure to make known any material fact or any other means by which misinformation or false impression is knowingly given or deceit in obtaining or attempting to obtain a license or waiver or in any other transaction with the Authority;
- (2) To fail to have the appropriate personnel, medical equipment and supplies required for operation at the highest level of service provided when the ambulance vehicle is in operation as prescribed by these rules;
- (3) Upon inspection by the Authority, for an ambulance to manifest evidence of a mechanical or equipment deficiency that poses a significant threat to the health or safety of patients or crew;
- (4) To fail to produce records for inspection or to permit examination of an ambulance or patient care equipment;
- (5) To deface, alter, remove or obliterate any portion of any official entry upon a license, licensing decal, or waiver issued by the Authority; and
- (6) For other reasons determined by the Authority to pose a significant threat to the health, safety and well-being of ambulance patients.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0120

RULE SUMMARY: Adopt OAR 333-255-0120: Informal enforcement section was added for clarity and to align with other facility licensing rules.

CHANGES TO RULE:

333-255-0120

Informal Enforcement

(1) If during an investigation or survey Authority staff document violations of ambulance vehicle licensing rules or laws, the Authority may issue a statement of deficiencies that cites the law or rule alleged to have been violated and the facts supporting the allegation. The Authority shall share the statement of deficiencies with the ambulance service administrator or designee, the applicable EMS medical director, the county, and the county ASA administrator. ¶

(2) Upon receipt of a statement of deficiencies, an ambulance service shall be provided an opportunity to dispute the Authority's findings but must still comply with sections (3) and (4) of this rule. ¶

(a) If an ambulance service desires an informal conference to dispute the Authority's findings, the ambulance service shall advise the Authority in writing within three business days after receipt of the statement of deficiencies. The written request must include a detailed explanation of why the agency believes the statement of deficiencies is incorrect. ¶

(b) An ambulance service may not seek a delay of any enforcement action against it on the grounds the informal dispute resolution has not been completed. ¶

(c) If an ambulance service is successful in demonstrating the deficiencies should not have been cited, the Authority shall reissue the statement of deficiencies, removing such deficiencies and rescinding or modifying any remedies issued for such deficiencies. The reissued statement of deficiencies shall state that it supersedes the previous statement of deficiencies and shall clearly identify the date of the superseded statement of deficiencies. ¶

(3) Depending on the nature and severity of the deficiency, a signed corrective action plan must be mailed to the Authority within a minimum of 24 hours or maximum of 30 business days, as specified by the Authority, from the date the statement of deficiencies was received by the ambulance service. A signed corrective action plan will not be used by the Authority as an admission of the violations alleged in the statement of deficiencies. ¶

(4) An ambulance service shall correct all deficiencies by the date identified by the Authority, unless an extension of time is requested from the licensed ambulance service. A request for such an extension shall be submitted in writing and must accompany the corrective action plan. ¶

(5) The Authority shall determine if a written corrective action plan is acceptable. If the corrective action plan is not acceptable to the Authority, the Authority shall notify the ambulance service owner in writing: ¶

(a) Identifying which provisions in the plan the Authority finds unacceptable; ¶

(b) Citing the reasons the Authority finds the provisions unacceptable; and ¶

(c) Requesting that the corrective action plan be modified and resubmitted no later than 14 business days from the date notification of non-compliance was received by the ambulance service owner. ¶

(6) Failure to respond to the Authority or if the ambulance service does not come into compliance by the date specified by the Authority, the Authority may propose to deny, suspend, or revoke an ambulance vehicle license or impose civil penalties. ¶

(7) The Authority shall confirm by survey or other appropriate means that all deficiencies have been corrected. ¶

(a) A subsequent on-site survey must be conducted and passed on the same day as the initial survey if the ambulance vehicle is to remain available for operation. ¶

(b) If the subsequent on-site survey reveals that all violations have not been corrected and the violations constitute an immediate danger or threat to the public, the Authority may immediately suspend the ambulance license in accordance with OAR 333-255-0125. The suspension shall remain in force until all violations have been corrected. ¶

(c) A second or subsequent on-site survey may result in the levy of a civil penalty.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0125

RULE SUMMARY: Amend OAR 333-255-0125: Language was updated to align with other facility licensing rules. Rule text was moved around for better clarity and flow and included moving language to new OAR 333-255-0115. This rule was renumbered from OAR 333-255-0030.

CHANGES TO RULE:

333-255-0125

~~Denial, Suspension or Revocation of an Ambulance License~~ Formal Enforcement ¶¶

~~(1) The Authority may, in compliance with proper administrative procedures as prescribed in ORS Chapter 183, deny, suspend, or revoke an ambulance license issued under these rules, or an~~ If during an investigation or survey, Authority staff document a substantial failure to comply with ambulance serv~~vehicle license issued under OAR 333-250-0220, if the Authority determines:¶¶~~

~~(a) A violation of ORS Chapter 682 or of these rules has occurred that poses a significant threat to the health and safety of the public or an applicant does not meet the requirements of ORS Chapter 682 or these rules;¶¶~~

~~(b) The ambulance owner makes a material omission or misrepresentation of facts on an application for a license or waiver, or in resing rules or laws, or if an agency fails to pay a civil penalty imposed under ORS 682.224 and these rules, the Authority may issue a Notice of Propose to an inquiry or investigation. This includes the intentional misrepresentation or misstatement of a material fact, concealment of or failure to make known any material fact or any other means by which misinformation or false impression is knowingly given or deceit in obtaining or attempting to obtain a license or waiver or in any other transaction with the Authority;~~ Suspension or Notice of Proposed Revocation in accordance with ORS 183.411 through 183.470. ¶¶

~~(c) Defac~~ If during, altering, removing or obliterating any portion of any official entry upon a license, licensing decal, or waiver issued by the Authority;¶¶

~~(d) Failure to have the appropriate personnel, medical equipment and supplies required for operation at the highest level of service provided when the ambulance is in operation as prescribed by these rules;¶¶~~

~~(e) When an ambulance, upon inspection by the Authority,~~ n investigation or survey, Authority staff document that an ambulance vehicle manifests evidence of a mechanical or equipment deficiency that~~which~~ poses a significant threat to the health or safety of patients or crew, the Authority shall immediately suspend that ambula~~nevehicle~~ from operation. ¶¶

~~(3) No ambulance vehicle that has been suspended from operation may be operated as an ambulance until the licensed ambulance service has certified and the Authority has confirmed that the deficiency~~ all the violations has ve ~~been corrected; and, ¶¶~~

~~(f) Other reasons determined by t~~ The Authority to pose a significant threat to the Authority and safety and the well being of patients. ¶¶

~~(2) The licensee must return all indicat~~ must provide appropriate public notification of the suspensions of licensing, including certificates and the remains of r ~~evocation of an ambulance license decals to the Authority by registered mail, posted within 48 hours of either receipt of notification of suspens~~ vehicle license. ¶¶

~~(5) The Authority shall immediately notify the county commissioner or revocation or the effective date of revocation, whichever is later. ¶¶~~

~~(3) The Authority must provide appropriate public notification of the suspension or revocati~~ county judge, the ambulance service EMS medical director and the administrator of the county ASA plan of any ambulance license vehicle license suspension.

Statutory/Other Authority: ORS 682.017

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991