



Oregon EMS and Trauma Systems Ambulance Service and Ambulance Vehicle FREQUENTLY ASKED QUESTIONS

1. Q: How does an entity apply for a ground or air ambulance service license in Oregon?

A: The first step is to contact the county or counties in Oregon in which the entity would like to conduct ground or air ambulance transport services. Per [OAR 333-260](#), each county maintains an Ambulance Service Area (ASA) Plan in which the entity would need to be included. After the entity receives an approval letter from the county or counties, they may apply for an ambulance service license using the application provided [HERE](#).

A: A survey of the service facilities and ambulances will take place before licenses are issued.

2. Q: What is the OHA-EMS ambulance service survey process?

A: **New ambulance services:** once the entity has submitted a complete *Initial Ambulance Service License Application* and county letter(s), OHA-EMS will notify the applicant of the survey date.

Oregon Licensed Ambulance Services: will be notified of an OHA-EMS routine survey.

Surveys consist of a pre-documentation process and an on-site or virtual survey. The checklists for the survey can be found [HERE](#).

3. Q: What is an ASA Plan?

A: An Ambulance Service Area (ASA) Plan is a written document, which

outlines the process for establishing a county emergency medical services system. The ASA Plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the requirements outlined in OAR 333-260.

4. Q: How does an ambulance service apply for an ambulance vehicle license?

A: A licensed ambulance service may apply for an ambulance vehicle license through their service's License Management System (eLicense) account under *Service Applications*. Each licensed ambulance service should have an employee that is listed as an Operations Officer and has access to the *Service Applications*.

5. Q: What is an Operations Officer?

A: An Operations Officer is a designated role in the License Management System (eLicense) that allows specific personnel affiliated with the EMS service access to the service's eLicense account and the ability to make changes including EMS provider affiliation, group renewal payment, and access to *Service Applications*.

6. Q: Does an ambulance need an inspection before a license is issued?

A: New ambulance services require a full inspection of the ambulance vehicle(s) before licensure.

Existing licensed ambulance services that apply for an initial ambulance vehicle license will not require an inspection before licensure. However, ambulance services are placed in a routine survey schedule and vehicle inspections are completed at that time.

7. Q: What are the minimum staffing requirements for a ground ambulance?

A: If providing basic life support: one qualified driver that meets the requirements specified in OAR 333-250-0270 (6), and one EMT (or above)

or an ambulance-based clinician; or two EMS providers, one of which must be an EMT or above, or two ambulance-based clinicians.

If providing advanced life support, one EMT or above and one AEMT, Oregon EMT-Intermediate, paramedic or ambulance-based clinician.

EMS providers accompanying patients in the patient compartment of an ambulance vehicle must be licensed at a level appropriate for any treatment or interventions initiated on scene or likely to be required during transport.

If both crew members must be 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).

8. Q: What is an ambulance-based clinician?

A: Per OAR 333-255-0000, an “ambulance-based clinician” means a registered nurse, physician, or physician assistant who: has an active license in Oregon and is in good standing with the Oregon Board of Nursing or the Oregon Medical Board; and staffs an ambulance for a licensed ambulance service.

9. Q: What are the training requirements of an ambulance-based clinician?

A: If a licensed ambulance service contracts with or employs an ambulance-based clinician for the purpose of providing advanced level care, the licensed ambulance service shall ensure that the ambulance-based clinician meets all of the applicable training requirements in OAR 333-250-0270 (2) and (3) and have documentation that the clinician has completed the following: a current American Heart Association Advanced Cardiac Life Support course or equivalent and a current American Heart Association Pediatric Advanced Life Support course or equivalent; and either a current Prehospital Trauma Life Support course; a current Basic Trauma Life Support course; a current Trauma Emergency Assessment Management (TEAM) course; or a Trauma Nurse Core Course (TNCC). The TEAM and TNCC courses must include a supplemental prehospital rapid extrication training session.

Employees of an air ambulance in operation and providing interfacility transfers must have documentation that at least one member of the medical crew has successfully completed employer orientation. The orientation must include emergency care procedures, emergency egress procedures, aircraft safety, altitude physiology and survival procedures. There must be written documentation of an annual review of the 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; a current Basic Life Support 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; if providing care to infant or pediatric patients, documentation of completing one of the following courses or equivalent: Advanced Pediatric Life Support (APLS); American Heart Association Pediatric Advanced Life Support (PALS); or Neonatal Resuscitation Program (NRP); if providing care to adult patients, documentation of completing one of the following courses or equivalent: American Heart Association Advanced Cardiac Life Support (ACLS); or Prehospital Trauma Life Support (PHTLS); the ability to properly assist in lifting and moving a patient; and the knowledge to properly operate all patient care equipment that may be used.

10. Q: May an ambulance-based clinician staff a ground ambulance?

A: Per OAR 333-255-0070, a licensed ground ambulance minimum staffing for **basic life support** includes: one qualified driver that meets the requirements specified in OAR 333-255-0070 (6), and one EMT or above or an ambulance-based clinician or two EMS providers, one of which must be an EMT or above, or two ambulance-based clinicians.

A licensed ground ambulance minimum staffing for **advanced life support** includes: One EMT or above and one AEMT, EMT-Intermediate, paramedic or ambulance-based clinician.

11. Q: May an ambulance-based clinician staff a specialty care ground ambulance?

A: Per OAR 333-255-0073 a ground ambulance in operation and providing only specialty care transport during inter-facility transfers must be staffed by a minimum of two qualified persons or additional staff, the number and type, specified by the transferring physician: a qualified driver who meets the requirements specified in OAR 333-250-0270 (6); and a person who is a paramedic with additional specialty care training, an ambulance-based clinician or other qualified person who has additional specialty care training and who must be in the patient compartment when a patient is receiving specialty level care.

The paramedic, ambulance-based clinician or other qualified person described above must have 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; training to do titration of intravenous medications necessary to care for the patient during transfer; and ability to properly assist in lifting and moving a patient.

12. Q: May an ambulance-based clinician staff an air ambulance providing 911 scene response?

A: Per OAR 333-255-0082, an air ambulance in operation and providing scene response care must have a minimum medical staff of two persons and a pilot: a pilot adhering to all regulations set forth in FAA Part 135; and any combination of two medical personnel consisting of at least one paramedic or ambulance-based clinician meeting the requirements specified in OAR 333-255-0070 (4) and (5).

13. Q: May an ambulance-based clinician staff an air ambulance providing interfacility transport?

A: Per OAR 333-255-0081, an air ambulance in operation and providing interfacility transfers must have a minimum medical staff of two persons and a pilot: a pilot adhering to all regulations set forth in FAA Part 135 for air medical transport; and any combination of two medical personnel consisting of a paramedic, registered nurse, physician assistant, physician or respiratory therapist.

14. Q: Is the driver of an ambulance required to be an employee of the ambulance service?

A: The driver of an ambulance is required to meet OAR 333-250-0270 (6). Please refer to the licensed ambulance services policies, administrative staff, insurance company and/or mutual aid agreements to determine the service's policy.

15. Q: What is a qualified driver?

A: A qualified driver is not licensed by OHA-EMS but meets requirements to operate a ground ambulance. The requirements for a qualified driver can be found at OAR 333-255-0070 (6).

16. Q: Is the ambulance service licensed at the BLS or ALS level?

A: Ambulance services are not licensed at a specific level. The level of care an ambulance service provides is determined by the level of licensed EMS providers, level of patient care equipment, authorization by the EMS medical director, and may be subject to local or county requirements.

17. Q: Does an ambulance service have to notify OHA-EMS if they sell, trade, donate, or decommission an ambulance?

A: Yes. Per OAR 333-255-0040, ambulance services must notify OHA-EMS within 10 days of selling, trading or donating an ambulance vehicle

18. Q: Does an ambulance service have to report ambulance vehicle accidents to OHA-EMS?

A: Yes, ambulance services must notify OHA-EMS within 10 business days of an ambulance accident and include a copy of the DMV report. Operations Officers can report accidents by completing a *Service Reportable Action Form* located in the *Service Applications* section of the service's eLicense account.

19. Q: Is there a late fee for a service or ambulance vehicle license renewal?

A: There is no late fee, but the service and ambulance vehicle renewal applications must be submitted by May 30th to assure the service receives the new licenses before July 1st.

20. Q: What is a previously owned ambulance?

A: A previously owned ambulance is defined as a used or previously licensed ambulance that has been placed back into service; or gifted to, purchased by, or reassigned to a licensed ambulance service, and is subject to initial licensure in accordance with OAR 333-255-0010.

21. Q: What does an ambulance service need to know about ordering a new ambulance?

A: A newly constructed ambulance vehicle must comply with CAAS or NFPA standards and documentation to support this is required for initial licensure. If an ambulance service receives exceptions to these standards, that documentation will also be required and will be reviewed by OHA-EMS to assure patient and EMS provider safety.

On or after July 1, 2022, the ambulance service shall ensure that the new vehicle is constructed to comply with either the CAAS, GVS, v.2.0 Edition, July 1, 2019 or the NFPA, Standard for Automotive Ambulances, NFPA 1917, 2019 Edition.

22. Q: How does an ambulance service know if an older ambulance can be licensed?

A: If an ambulance service purchases a previously owned ambulance vehicle, it must meet one of the following standards to meet licensure requirements:

(a) The U.S. General Services Administration (GSA), November 1, 1994, Federal Specification for the Star-of-Life Ambulance Certification standards (KKK-A-1822D) and must be inspected by an Emergency Vehicle Technician (EVT) certified by the EVT Certification Commission as an ambulance technician who provides documentation that the ambulance is in good operating condition and meets minimum safety requirements.

(b) The U.S. General Services Administration (GSA), June 1, 2002, Federal Specification for the Star-of-Life Ambulance Certification standards (KKK-A-1822E) and must be inspected by an Emergency Vehicle Technician (EVT) certified by the EVT Certification Commission as an ambulance technician who provides documentation that the ambulance is in good operating condition and meets minimum safety requirements.

(c) The U.S. General Services Administration (GSA), August 1, 2007, Federal Specification for the Star-of-Life Ambulance Certification standards (KKK-A-1822F).

(d) The Commission on Accreditation of Ambulance Services (CAAS), Ground Vehicle Standard (GVS) for Ambulances, v.1.0 Edition, July 1, 2016, or v.2.0 Edition, July 1, 2019.

(e) The National Fire Protection Association (NFPA), Standard for Automotive Ambulances, NFPA 1917, 2016 Edition or 2019 Edition.

23. Q: What is an ambulance remount?

A: An ambulance remount is an existing patient compartment module that has been installed on a replacement chassis, other than the original production chassis as provided as new by the original Final Stage Ambulance Manufacturer (FSAM).

24. Q: What are the hazardous material training requirements for ambulance service employees?

A: Prior to an employee, volunteer, or ambulance-based clinician being allowed to staff an ambulance, the licensed ambulance service shall: provide and require that each employee, volunteer, and ambulance-based clinician complete an initial orientation program, that includes but is not limited to, hazardous materials awareness training that meets or exceeds standards found in OAR chapter 437, division 2, subdivision H. This includes initial and refresher trainings.

25. Q: What are the bloodborne pathogen training requirements for ambulance service employees?

A: Prior to an employee, volunteer, or ambulance-based clinician being allowed to staff an ambulance, the licensed ambulance service shall: provide and require that each employee, volunteer, and ambulance-based clinician complete an initial orientation program, that includes but is not limited to, bloodborne pathogen and infectious disease training that meets or exceeds standards found in OAR chapter 437, division 2, subdivision Z. This includes initial and refresher trainings.

26. Q: What are the ambulance service driver training requirements?

A: Prior to an employee, volunteer, or ambulance-based clinician being allowed to staff an ambulance, the licensed ambulance service shall: provide and require that each employee, volunteer, and ambulance-based clinician complete an initial orientation program, that includes but is not limited to, an emergency vehicle operator's course of instruction prior to independently operating an ambulance. The course must meet or exceed the National Safety Council for Emergency Vehicle Operators Course (EVOC 3) or National Fire Protection Agency (NFPA) Fire and Emergency Service Vehicle Operations Training standards.

27. Q: Does an ambulance service have to conduct background checks on their employees?

A: Ambulance services are required to have a certified copy of each employee's driving record completed through the Oregon Department of Motor Vehicles Automated Reporting System (ARS) Program or equivalent. If the driver has an out-of-state driver license, the licensed ambulance service must obtain if available an equivalent (certified copy) driving record from that state, and if not available must conduct an annual driving record check. The latest copy must be kept in the employee's personnel file.

Qualified drivers are required to have a criminal background check conducted by the licensed ambulance service that determines if the driver is suitable to operate a ground ambulance; or have been certified by the Department of Public and Safety Standards and Training within the last 365 days.

28. Q: If an ambulance service has an ambulance vehicle that is no longer licensed, can it be used for first response?

A: Yes, if an EMS service utilizes a vehicle that significantly resembles an ambulance, but is no longer licensed, they must ensure the public can clearly see the vehicle is out of service through magnetic decal or other way to identify the vehicle is not in service.

29. Q: How does a person become an Operations Officer for an ambulance service's eLicense account?

A: If a service already has an Operations Officer, that person will need to make sure that the new Operations Officer has been added to the personnel roster first. Then the Operations Officer must submit a *Service Staff Roles Application* to change another person's role to Operations Officer.

If a service does not have an Operations Officer listed, please contact OHA-EMS.

30. Q: Does an ambulance service need to add/delete personnel from the roster in the licensing account?

A: Yes, the ambulance service is required under OAR 333-250-0270 to keep the roster current in the Personnel Roster section of the service's eLicense account. Changes to the roster must be made in the service's eLicense account within 30 calendar days.

31. Q: What is a non-transport EMS service?

A: A non-transport emergency medical services (EMS) service means any individual, partnership, corporation, association, governmental agency or unit, or other entity that uses licensed EMS providers to provide emergency care or non-emergency care in the out-of-hospital environment to persons who are ill or injured but does not transport patients.

32. Q: How does an entity register to become a non-transport EMS service in the OHA-EMS License Management System?

A: Contact OHA-EMS for a *Non-Transporting EMS Service Registration* form.

33. Q: Do non-transport EMS services have to submit Patient Care Reports?

A: Per ORS 682.056, “A non-transporting prehospital care provider may report patient encounter data to the electronic emergency medical services data system. A non-transporting prehospital care provider that reports patient encounter data shall comply with the reporting requirements that apply to ambulance services.”

34. Q: Is a non-transport EMS service required to have an EMS Medical Director?

A: Yes, all EMS providers must work under an EMS Medical Director’s supervision.

35. Q: How do we notify OHA-EMS about a new EMS Medical Director?

A: The *Medical Director Application* is online in the License Management System (eLicense). New EMS Medical Directors must:

1. Go to the following link:
<https://oregon.imagetrendlicense.com/lms/public/portal#/login>
2. If the EMS Medical Director is new and does not already have an eLicense account:
 - a. Follow the instructions to “Create an Account”
3. If the EMS Medical Director already has an eLicense account:
 - a. Log into eLicense account
4. Click on the “Applications” tab
5. Fill out the *Medical Director/Agent of Medical Director Application* and submit.

OHA-EMS will process and if the application is complete will approve and notify the EMS service and the EMS Medical Director. Then the EMS service will add the EMS Medical Director to the service’s eLicense Service Roster.

36. Q: I am a new EMS Medical Director, and I was given a paper EMS Medical Director Application to fill out and submit. Where do I mail the

application?

A: The EMS Medical Director Application is now online and must be submitted through the License Management System (eLicense). OHA-EMS no longer accepts paper EMS Medical Director Applications. Please see the previous question for directions.

37. Q: Once an EMS Medical Director is approved by OHA-EMS, how are they added to the service's eLicense Service Roster?

A: When an EMS Medical Director application is approved by OHA-EMS, an email is sent to the EMS service's Operations Officer(s) listed in the application. The email includes a notification of approval of the EMS Medical Director and instructions for how to add them to the eLicense Service Roster. It is the responsibility of each EMS service to maintain their Service Roster.

38. Q: How does an EMS service notify OHA-EMA of their EMS Medical Director withdrawing?

A: The EMS service or EMS Medical Director must email the OHA-EMS office at: ems.trauma@dhsoha.state.or.us. The email should include the name of the EMS Medical Director the EMS service they are withdrawing from. The service's Operations Officer will also need to remove the Medical Director from the eLicense Service Roster.

39. Q: May an out-of-state ambulance service operate in Oregon?

A: Except when specifically exempted by [ORS 682.035](#), an out-of-state ambulance service that operates or advertises in Oregon must be licensed by OHA-EMS. An out-of-state ambulance service is not required to obtain an ambulance service license and ambulance vehicle license(s) for the following situations:

(a) Transporting a patient through the state;

(b) Delivering a patient to a medical facility or other location within the state, if the beginning of the transport originated outside of the state;

(c) Picking up a patient at a medical facility or airport within the state for the purpose of transporting the patient to a medical facility or other location outside of the state, unless prohibited by the county's Ambulance Service Area Plan; or

(d) In the event of a man-made or natural disaster declared by federal, state, or local officials and resulting in the need to utilize all available resources to provide patient care and transportation in the affected area.

40. Q: May an ambulance service have a licensed reserve ambulance that is not fully equipped with patient care supplies?

A: Yes, a licensed ambulance vehicle may be placed in reserve status by an EMS service. A licensed ambulance vehicle placed in reserve status shall meet the requirements of OAR chapter 333, division 255, except for the section for Ground Ambulance Equipment (OAR 333-255-0072). Prior to placing a reserve ambulance into service, the reserve ambulance must be inspected by appropriate EMS service personnel and authorized by the owner or manager of the ambulance service, to ensure compliance with the Oregon Administrative Rules and to verify that the equipment requirements specified in OAR 333-255-0072 have been met. Documentation of this process may be required during an OHA-EMS ambulance service survey.

41. Q: May a licensed ambulance service borrow an ambulance from another licensed ambulance service?

A: A licensed ambulance service may temporarily use a licensed ambulance vehicle of another licensed ambulance service through a loan. Ambulance vehicle loans may occur if mechanical problems or other hardships prevent a licensed ambulance service from deploying an existing licensed ambulance vehicle. The receiving and loaning ambulance service agencies shall enter into a written agreement on the terms of the loan. The written agreement shall include, but is not limited to the following:

- Name of contact person for each licensed ambulance service along with address, phone number, electronic mail address, and ambulance service license number;

- Ambulance vehicle identification including make, model, year, VIN, and license plate number;
- The level of ambulance transport service that will be provided by the receiving ambulance service;
- Responsibility of each licensed ambulance service for providing, replacing, or repairing equipment, as applicable; and
- Requirements for and proof of insurance coverage.

The licensed ambulance service receiving the loaned licensed ambulance vehicle shall:

- Notify OHA-EMS within three business days of receipt of the loaned licensed ambulance vehicle; and
- Be responsible for ensuring the ambulance vehicle complies with OAR chapter 333, division 255.

42. Q: What is a Scope of Practice?

A scope of practice is the maximum level of emergency or non-emergency care that an EMS provider may provide in accordance with OAR 847-035, which are set by the Oregon Medical Board. EMS providers are required to work under an EMS Medical Director's license. EMS Medical Directors may limit the scope of practice. See question below, "What are Standing Orders?"

43. Q: What are Standing Orders?

Standing orders, sometimes referred to as protocols, are the written, detailed procedures issued by an EMS Medical Director for medical or trauma emergencies and nonemergency care to be performed by an EMS provider. Standing Orders must comply with Oregon Medical Board Scope of Practice for EMS providers OAR 847-035.

44. Q: Does the EMS and Trauma Systems Program regulate ambulance billing rates or fees for ambulance transport services?

A: The EMS and Trauma Systems Program does not regulate or have complaint jurisdiction over ambulance billing or rates set by Medicare

Medicaid or fees for transport set by ambulance service agencies. For questions or complaints relating to an ambulance agency's fees for service, try contacting the ambulance service, your health insurance company, the County ASA Administrator, or the Oregon Department of Justice, Consumer Protection <https://www.doj.state.or.us/consumer-protection/contact-us/>