



Oregon Health Authority  
EMS Program  
**Ambulance Service Facilities and Records**



Survey Date/Time:
Ambulance Service Name:
Service Address:
Additional Locations:
Service Representative(s):
OHA Representative(s):
EMS Medical Director:
Total of Each Level of Provider: Qualified Driver ___ EMR ___ EMT ___ EMT-I ___ AEMT ___ Paramedic ___ ABC ___
Total Licensed Ambulances:

<b>Pre-Survey Documentation</b>
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<b>Administration Office</b>				OAR 333-250-0255
	Yes	No	N/A	Notes
Building in good repair				
Free from fire and safety hazards				
Clean floors, walls ceilings				
<b>Ambulance Location(s)</b>				OAR 333-250-0255
	Yes	No	N/A	Notes
Building in good repair				
Free from fire or safety hazards				
Clean walls, floors ceilings				
<b>Business Licenses and Records</b>				OAR 333-250-0210,0220,0250,0270
	Yes	No	N/A	Notes
OHA-EMS ambulance service license displayed in the business office				
CLIA certificate or certificate of waiver				
Staffing schedule to show adequate staffing that supports the type of service, local call volume and the needs of the area				
Private service: Documentation from the Oregon Secretary of State's Corporation Division that the ambulance service is registered and in good standing				
Private service: Copy of insurance documents for vehicles and professional liability				
Public service: Documentation from the county or city authorizing operation of an ambulance service				
Documentation which defines the organizational structure including; responsibility, authority, and chain of command for all necessary functions within the organization				
Copies of registrations for all vehicles (Include aircraft, if applicable)				
A copy of the licensed ambulance service's Air Carrier Operating Certificate, if the service will be operating an air ambulance				
Signed mutual aid agreements with other licensed ambulance service organizations				
Signed contracts with teaching institutions if service provides paramedic internships				

Copy of any variance granted by OHA-EMS				
EMS related continuing education offered by the licensed ambulance service or designee must be documented and provided to the employee or volunteer				
OHA License Management System (LMS) is updated: Contact person, address(es), personnel (including staff roles) and vehicle rosters				
Documentation showing a licensed ambulance service requires each person staffing an ambulance or providing prehospital emergency or non-emergency care to display his or her level of licensure on the outermost garment				
Documentation showing all records relating to an ambulance service's operations are retained for not less than seven years				
Provide and require that each employee, volunteer, and ambulance based clinician complete an initial orientation program that includes but is not limited to: Ambulance service standing orders; Ambulance service policies and procedures; Driving and operating requirements for ambulance vehicles; and operations of equipment				
Documentation of training on the proper use of any new equipment, procedure, or medication prior to being placed into operation on an ambulance				
<b>Policies and Procedures</b>				OAR 333-250-0265
	Yes	No	N/A	Notes
Policy and procedure for work practice controls for bloodborne pathogens				
Policy and procedure for storage and security of medications, both controlled and non-controlled substances including; identification and destruction of deteriorated, expired, or unfit for use medications and fluids				
Policy and procedure for storage of out of service equipment				
Policy and procedure for an employee who is unable to continue working due to illness, injury or fatigue				
Policy and procedure for reporting of suspected child and elder abuse				
Policy and procedure for providing secure transport, including employee training, if applicable				
Policy and procedure for operation of an ambulance for both emergency and non-emergency situations				
Policy and procedure for removal of an ambulance from service including managing a mechanical condition or breakdown which makes an ambulance insufficiently reliable, e.g. a flat tire, and a potential danger to crew or patient				
Policy and procedure for actions necessary when an ambulance is involved in an accident, including reporting to OHA within 10 days				
Policy for vehicle cleanliness standards including frequency of cleaning and cleaning required after each patient transfer				
Policy and procedure regarding requirements necessary for an agency to sponsor a Transitional Paramedic, if applicable				
Process for employee access to ambulance service policies/ procedures, state, federal and local rules and informed of changes				
Quality assurance and improvement program is in place				OAR 333-250-0320

Policy and procedure regarding patient rights, including distribution to employees				OAR 333-250-0330
<b>Medical Director Requirements</b> OAR 333-250-0300				
	Yes	No	N/A	Notes
Written and signed set of treatment protocols for each level of service provided. Attach a separate list of all medications				
Signed and dated contract between the ambulance service and EMS medical director				
DEA License listing the location of any controlled substances when not stored on an ambulance				
A signed and dated policy describing the type and amount of controlled substances stored on each ambulance and how controlled substances will be stored, accessed, recorded, administered, destroyed and secured				
<b>Housing Personnel and Equipment</b> OAR 333-250-0255				
	Yes	No	N/A	Notes
Sleeping area if on duty for a 24-hour shift				
Adequate toilet, hand-washing and shower facilities with hot and cold running water, antiseptic soap and clean towels for hand and body drying				
If the licensed ambulance service does not have shower facilities, the licensed ambulance service must have a signed agreement or contract with a medical facility or other entity to make available shower facilities to ambulance personnel for the purpose of showering after coming in contact with medical or other biohazardous waste				
Separate storage areas for clean and soiled linen				
Designated storage area for expired or otherwise unfit for use medications				
Designated storage area for out of service equipment				
Secure storage for all patient care equipment, supplies and medications				
A signed agreement with a medical facility that the medical facility will provide the patient care equipment, supplies, and medications				
<b>PCR Requirements</b> OAR 333-250-0310				
	Yes	No	N/A	Notes
An electronic PCR is submitted in each instance where patient contact is initiated and sent to OREMSIS within 24 hours				
Process for personnel to relay pertinent patient care information to the hospital or receiving facility staff prior to leaving the hospital or receiving facility				
Procedure for releasing a PCR to appropriate requesting parties				
PCRs are stored in a secure manner, with limited access to the PCRs by office and ambulance personnel (Paper forms)				
Procedure for the method and verification of the destruction of a PCR (Maintained for 10 years, minors records until the patient reaches the age of 21 or for at least 10 years) (Paper forms)				
<b>Communication and Dispatching</b> OAR 333-250-0290				

	Yes	No	N/A	Notes
FCC license				
Contract with a Primary Service Answering Point (PSAP)				
Providing a reliable means of alerting and communicating with an ambulance crew before, during and after an ambulance call				
Ambulance service phone refers the public to dial 911 for an emergency if not answered by a live person				
DPSST EMD course certificate or equivalent				Required for only ambulance services that employ dispatchers
Four hours of annual refresher training				
<b>Advertising</b>				OAR 333-250-0250
	Yes	No	N/A	Notes
Advertise or promote "9-1-1" for emergency ambulance service				
Advertising must include; the legal name of the ambulance service, hours and days of operation and the level of service				
Maintain copies of all print, audio, video, and all other types of advertisements for one year after use				

Notes: