

Ambulance Service/Vehicle Licensing Rule Advisory Committee**January 13, 2025****9:00 – 11:00 a.m.****RAC MEMBER ATTENDEES**

Bonnie Overcash	Basin Volunteer Ambulance
Brian Butler	Keizer Fire District
Drew Norris	Bend Fire & Rescue
Jared Jeffcott	Sunriver Fire Department
Jerry Cole	Columbia River Fire and Rescue
Jim Cole	Peace Health Riverbend
JoAnna Kamppi	Eugene Springfield Fire; State EMS Committee
Rob McDonald	AMR
Sheila Clough	Mercy Flights
Tim Novotny	Pioneer Ambulance

OHA Staff

Adam Wagner	OHA-Public Health Division, EMS Program
Dana Selover	OHA-Public Health Division, Health Care Regulation & Quality Improvement
Justin Hardwick	OHA-Public Health Division, EMS Program
Mellony Bernal	OHA-Public Health Division, Health Care Regulation & Quality Improvement
Rebecca Long	OHA-Public Health Division, EMS Program
Robbie Edwards	OHA-Public Health Division, EMS Program
Veronica Seymour	OHA-Public Health Division, EMS Program

Welcome and Overview

Mellony Bernal welcomed the Rule Advisory Committee (RAC) members and reviewed the agenda and meeting procedures and expectations.

- Chat will be used for persons to identify that they have a question or wish to speak by typing "COMMENT" or persons may raise their hand.
- Persons may choose to provide information by typing into the Chat "For the Record" or "FTR" and typing out the information that they wish to share with staff.
- The meeting is a public record and subject to disclosure.

- Members of the public may attend but may not participate or offer public comment. Members of the public who would like to share information after the meeting may contact mellony.c.bernal@oha.oregon.gov.

It was noted that all rulemaking activity related to EMS including recently filed rules, temporary rules, proposed rules out for comment, rulemaking advisory committees in progress, and general interest in participating on a RAC can be found on the EMS Rulemaking Activity webpage at:

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Pages/Rulemaking-Activity.aspx>

A roll call of RAC members was conducted, and RAC members introduced themselves.

Proposed Rule Changes

OAR 333-255-0000 – Definitions

Changes to definitions have been made for clarification, aligns terms defined in statute or the Oregon Medical Board, or outdated references are removed.

- Physician assistant references have been updated to physician associate based on the passage of HB 4010 (2024.)
- New terms include 'ambulance service licensee,' 'electronic patient care report,' and 'these rules.'
 - Ambulance service licensee and electronic patient care report align with changes made to the 333-255 rules.
 - The term "these rules" clarifies that the OHA is referring to OAR 333-255-0000 through 0125.

RAC members had no comments.

OAR 333-255-0010 – Application **and Qualification** for an Ambulance Vehicle License

Staff noted that section (1) was revised to align with statutory language at the request of our legal advisors. Some housekeeping changes were made including updating terms to Oregon Health Authority, removing ambiguous language, removing some references to ambulance owner and replacing with ambulance service licensee, and adding additional language for clarification.

Two new additions include requiring an ambulance service licensee to provide documentation of the DMV registration when applying for an ambulance vehicle license and clarifying that both the ambulance service and ambulance vehicles must remain in compliance with the requirements and qualifications specified in the rules for the duration of the license and to qualify for renewal.

RAC members had no comments.

OAR 333-255-0015 – Review of Ambulance Vehicle License

The changes in this rule include minor updates and clarify that the OHA may deny an application for a vehicle license if the applicant fails to continually comply with relevant regulations.

RAC members had no comments.

OAR 333-255-0020 – Approval of Ambulance Vehicle License

OAR 333-255-0021 – Denial of Ambulance Vehicle License Application

Minor updates have been made in these rules changing references to Oregon Health Authority and aligning terms such as ambulance service licensee. Additionally, the language was revised to point to OAR 333-255-0065 which specifies requirements for reserve vehicles. Lastly, language was added under OAR 333-255-0021 to specify that the OHA shall deny an application for licensing an ambulance vehicle that does not meet the standards specified in the rule with exceptions as noted under the vehicle construction criteria (OAR 333-255-0060). Discussion:

- RAC member inquired about reserve ambulance criteria and what is required. Staff noted that a reserve vehicle must continue to meet the requirements in these rules except for the equipment standards that would have to be met before placing the reserve ambulance back in service.

RAC members had no further comments.

OAR 333-255-0022 – Expiration and Renewal of Ambulance Vehicle License

Staff noted that this rule was changed to clarify that an ambulance service that fails to renew its vehicle licenses timely would no longer be eligible for license renewal and would be required to submit a new, initial application. This would mean that ambulance

vehicles would be subject to any revised construction criteria, and no longer eligible for a legacy exception. Discussion:

- RAC member indicated this could potentially be a lot of work for an accidental clerical error, change of staff, etc. It was noted that the OHA needs to consider the agencies that struggle with administration and the possible unintended effects and undue burden on EMS.
- Staff acknowledged concerns and noted that the OHA is considering safety factors with vehicles that are more than 20 years old. It was further noted that OHA staff work diligently on corresponding with agencies during license renewal to ensure that agencies renew on time. Out of approximately 850 licensed vehicles, there are about 40 that may risk not being able to be relicensed.
- RAC member suggested that parameters be added (e.g. within XX days of expiration) so that agencies are not adversely challenged due to administrative errors and transition of staff.
 - Staff further noted that based on discussion with legal counsel there is a requirement to renew before expiration. There is no allowed grace period recognized in statute. Once a license is expired, the individual or agency would be required to apply for an initial license which is how it works currently. Reinstate language is in statute for EMS providers and staff will need to look further to see if there is similar language for ambulance service or vehicle licenses. **Follow-up: There is currently no language in statute that allows for reinstatement of an expired ambulance service or vehicle license.**

OAR 333-255-0023 – Return of Ambulance Vehicle License OAR 333-255-0040 – Surrender of License for Ambulance Vehicle

Changes identified in these rules are housekeeping only; updating the term for Oregon Health Authority and replacing the term 'owner' with ambulance service licensee to align with the 333-250 rules.

RAC members had no comments.

OAR 333-255-0060 – Ground Ambulance Vehicle Construction Criteria for Licensure

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Staff noted that this rule is being changed to address the following:

- Frequent misinterpretation of the construction standard requirement;
- Clarify the definition of a ground ambulance;
- Add a legacy clause that will allow currently licensed vehicles that may not comply with revised construction standards to remain licensed, as long as the ambulance service timely renews the ambulance vehicle license;
- Add specific construction dates based on the periods that standards were in place before being revised;
- Remove eligibility for licensure for vehicles that were constructed under TripleK-A-1822D standards from November 1994 and align EVT language;
- Remove references to 'previously operated ground ambulance vehicle' given the change in definition for 'ground ambulance';
- Remove outdated language relating to remounts;
- Require that for remounts, the patient compartment must have been manufactured on or after June 1, 2002, and include documentation that supports when it was manufactured;
- Revise documentation requirement language for ambulance vehicles constructed under NFPA 1917; and
- Add language that allows the OHA to review exceptions to construction standards at each renewal cycle to determine whether patient or EMS provider safety is jeopardized.

Discussion:

- RAC member asked for purposes of section (6), what constitutes a 'recognized ambulance manufacturer,' 'recognized vehicle modifier,' or 'remount center.' It was acknowledged that language has been in the rule for many years but could use clarification.
- Staff noted that for purposes of compliance, the OHA is verifying documentation from CAAS or NFPA per subsection (8)(b). It was also noted that these are persons/organizations that would need to be able to issue the Final Stage Vehicle Manufacturing Certificate of Compliance (FSVMCC).
- RAC member remarked that it is their understanding that an EVT can complete the FSVMCC.
 - RAC member noted that many agencies are utilizing the remount option given cost savings and several agencies have EVTs on staff that would provide the certificate of compliance versus going through a manufacturer. It was requested that it be clear who can provide the FSVMCC. Staff noted that in-house remount programs are acceptable per the rule and that regardless of what the mechanic does, an ambulance that has been remounted must be inspected by an EVT.

- RAC member asked about timing for issuing licenses for remounts. Staff noted that the application must be looked at within ten days but there is no requirement to issue within a specified time frame.
- Staff noted they will consider the comments shared and look further into some of the terms and possible definitions.

OAR 333-255-0065 – Ambulance Reserve Vehicles and Vehicles on Loan

The proposed changes to this rule clarify that an ambulance placed in reserve must meet and continue to meet the standards in rule except the equipment requirements. Equipment requirements must be met prior to placing the ambulance back in service and the ambulance must be inspected by persons authorized by the ambulance service licensee or administrator to ensure compliance with the rules.

RAC members had no comments.

OAR 333-255-0070 – Ground Ambulance Staffing and Response Requirements

The proposed changes to this rule are primarily housekeeping in nature:

- The Department of Justice recommended to clarify the level of EMS licensure needed for staffing a vehicle rather than stating “or above.”
 - RAC member suggested that the OHA specify the actual levels of licensure needed to remove the ambiguity.
- Removes requirement that a rural ambulance operating with an AEMT or Paramedic and a qualified driver must notify the OHA via certified mail and replaces with notification via electronic mail or US Postal Service
- Terms were revised to align with statute and text amended for clarity. Staff noted that the program is trying to align use of terms exemption, exception, waiver and variance with statute.

Language was added specifying that a licensed ambulance service must have written approval from the OHA before operating under an exemption to respond to an emergency scene without a full crew and added specific requirements that must be met including documenting and tracking the date and time of calls; and making a continuous effort to try and comply with the staffing requirements.

RAC members had no comments.

OAR 333-255-0072 – Ground Ambulance Vehicle Equipment Requirements

The following changes to equipment requirements were made:

- Removes oxygen nasal cannula with tubing for neonates and replaces it with infants.
- Specifies that 4 commercially available soft restraints are required and 2 commercially packaged or sterile burn sheets.
- Replaces the 2016 Emergency Response Guidebook with the 2020 version.
- Removes previous effective date which is no longer applicable.

Discussion:

- RAC member commented that:
 - The requirement to have a “short backboard or equivalent with necessary restraining devices...” is an old requirement for equipment that is no longer in use. It was noted that many agencies use the Kendrick Extrication Device (KED) to cover this requirement, which has proven to not work well and may cause more damage than intended. RAC member asked that it be removed from the list of equipment requirements.
 - In discussions with nurses from the Emanuel Burn Center, it was noted that the burn sheets carried on an ambulance are frequently made of paper. Long storage results in fibers breaking down and when used on burn patient would have to be debrided. It was suggested that a clean white sheet be used instead.
- RAC members concurred both orally and via Chat agreeing with the suggestions noted above.
- RAC member asked via Chat whether any of the rules reference the use of helmet, leather gloves and a safety vest. RAC member noted that the rules require carrying a safety vest and leather gloves but not a helmet; having a helmet or some head protection is appropriate for employees who may be standing in roadway or performing extrication.
 - RAC member noted that helmets are not currently required in their agency due to high turnover.
 - RAC member indicated hard hats with visor are available but uncertain whether anyone has used them.
 - RAC member via Chat indicated that helmets are not currently required but open to learning more if it is a safety standard.
- Staff noted they will reach out to ODOT for guidance and indicated there could be a significant fiscal impact to some agencies depending on costs for helmets.
- RAC member suggested reaching out to OSHA as well.

OAR 333-255-0073 – Specialty Care Ground Ambulance Vehicle Requirement

The amendment to this rule removes outdated effective dates. It was further noted that the new equipment requirements under 0072 would apply to 0073 as well.

RAC members had no comments.

OAR 333-255-0080 – Air Ambulance Configuration and Survival Equipment Requirements

OAR 333-255-0081 – Air Ambulance Operating Requirements for Interfacility Transports

OAR 333-255-0082 – Air Ambulance Operating Requirements for Scene Response

Minor modifications for clarity were made to OAR 333-255-0080. A reference to Transitional Paramedic was added to OAR 333-255-0081, and the equipment requirements added under OAR 333-255-0072 were also added to OAR 333-255-0081. Reference to Transitional Paramedic was also added to OAR 333-255-0082 and the same equipment requirement additions would apply. References to outdated effective dates were removed.

RAC members had no comments.

OAR 333-255-0095 – Ambulance Infection Control

This is a new rule that requires an ambulance vehicle, patient compartment, gurney, and patient care equipment to be cleaned and disinfected after each patient transport at the receiving facility before being placed back into service. The rule describes cleaning and disinfecting requirements and proper handling or disposal of cleaning material. The rule further describes ensuring that patient care equipment that requires extensive cleaning or decontamination is taken out of service. It requires that the ambulance service provide personal protective equipment and cleaning or disinfecting material for use. The rule also requires that the patient compartment, gurney and patient care equipment is regularly inspected for breaks in integrity that may prevent cleaning or disinfecting. Much of the language in this rule was based on CDC and APIC guidance.

Discussion:

- RAC member expressed concern about this rule. Some transports involve patients with only minor injuries that should not result in having to clean the entire ambulance with a disinfectant. RAC member shared that equipment in the ambulance can be susceptible to damage and require replacement because of the types of disinfectant used (a common occurrence during COVID.) Careful consideration should be given to how quickly these units may be affected using an EPA-registered hospital disinfectant limiting the life of the equipment. (Examples

shared of radio buttons having to be replaced, gurney button replacement, case replacement for cardiac monitors, counter replacement, cushion replacement, etc.)

- Staff noted that the intent is to ensure that cleaning or disinfecting takes place when needed. Staff asked for suggestions on revising the rule and still meeting the intent. Concerns were shared about surveying equipment and seeing dried blood in places where staff may not think to look.
- RAC member suggested changing to “before each shift...” and “if contamination occurs during the shift, the patient compartment must be decontaminated at the end of the call while at the hospital before being placed back in service.” RAC member further suggested the use of the terms ‘suspected respiratory or bloodborne pathogens’ for purposes of disinfection. It was stated an ambulance should always be decontaminated but not always disinfected.
- RAC member discouraged the use of the term “shift” which may be construed differently by ambulance service agencies (24 hours versus 48). RAC member concurred and indicated disinfection should occur at least every 24 hours.
- RAC member noted via Chat that as a volunteer agency, staff or crew are not at the ambulance barn every day if there are no calls. It is unclear how a 24-hour cleaning requirement may impact volunteer agencies who may have two or three days between calls or have personnel at the barn.
- RAC member suggested that the ambulance service agencies be responsible for developing an infection control policy versus establishing this rule. Staff noted that under the OAR 333-250 rules, rule language already required an ambulance service agency to have a policy about cleaning and disinfecting ambulance vehicles. This infection control rule would guide agencies on what is needed in the policy and guide the Oregon Health Authority for complaint investigations.

OAR 333-255-0100 – Complaints

OAR 333-255-0105 – Investigations

OAR 333-255-0110 – Survey of Ambulance Vehicle

OAR 333-255-0115 – Violations

OAR 333-255-0120 – Informal Enforcement

All of the rules noted above had minor changes including updating the term Oregon Health Authority and aligning the term ‘ambulance service licensee’ or ‘ambulance service administrator.’

RAC members had no comments.

OAR 333-255-0125 – Formal Enforcement

A new section was added to this rule clarifying that the OHA may suspend, deny, revoke, or issue a civil penalty against an ambulance service licensee for failing to comply with the ambulance vehicle rules.

RAC members had no comments.

NEXT STEPS

Staff noted that since the RAC finished reviewing both sets of rules, the meetings scheduled for February and March may not be needed. There is one more document that the RAC is asked to consider and provide comments which is the Statement of Need, Fiscal Impact, and Equity Impact (SNFI). Staff suggested that the February and March meetings be canceled and remaining activities including a review of the SNFI and proposed changes to rules be conducted via e-mail.

An estimated timeline was shared including providing RAC members with the draft SNFI and changes to rules by mid-February, allowing 3-4 weeks to receive comments back, the OHA would consider final comments, and then plan to file a Notice of Proposed Rulemaking Hearing in July.

RAC members had no comments.

Adjourned at 10:21 a.m.