



## PERMANENT ADMINISTRATIVE ORDER

**FILED**

12/09/2021 2:38 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE  
& LEGISLATIVE COUNSEL

### PH 87-2021

CHAPTER 333  
OREGON HEALTH AUTHORITY  
PUBLIC HEALTH DIVISION

FILING CAPTION: Ambulance Service and Ambulance Vehicle Licensure Requirements

EFFECTIVE DATE: 01/01/2022

AGENCY APPROVED DATE: 12/06/2021

CONTACT: Mellony Bernal  
971-673-3152  
publichealth.rules@dhsosha.state.or.us

800 NE Oregon St.  
Portland, OR 97232

Filed By:  
Public Health Division  
Rules Coordinator

#### RULES:

333-250-0270, 333-250-0290, 333-255-0000, 333-255-0060, 333-255-0072, 333-255-0073, 333-255-0081, 333-255-0082

AMEND: 333-250-0270

NOTICE FILED DATE: 10/28/2021

RULE SUMMARY: Amend OAR 333-250-0270 – Updates term from ground ambulance to ground ambulance vehicle. Removes requirement that a licensed ambulance service report new hires to the Oregon Health Authority within 14 days. Adds provision that the licensed ambulance service must report any change to staffing within 30 calendar days using the electronic management system roster.

#### CHANGES TO RULE:

##### 333-250-0270

##### Personnel ¶¶

(1) The licensed ambulance service must ensure that the service, employees, volunteers, ambulance-based clinicians, agents and EMS medical directors comply with all of the requirements of these rules, ORS chapter 682, ORS 820.300 through 820.380, OAR division 333, chapter 255, and other applicable federal, state and local laws and regulations governing the operation of a licensed ambulance service. ¶¶

(2) Prior to an employee, volunteer, or ambulance-based clinician being allowed to staff an ambulance, the licensed ambulance service shall: ¶¶

(a) Provide and require that each employee, volunteer, and ambulance-based clinician complete an initial orientation program that includes but is not limited to: ¶¶

(A) Ambulance service standing orders; ¶¶

(B) Ambulance service policies and procedures; ¶¶

(C) Driving and operating requirements for ambulance vehicles; and ¶¶

(D) Operations of equipment. ¶¶

(b) Ensure that each employee, volunteer, and ambulance-based clinician has successfully completed the following training: ¶¶

(A) Bloodborne pathogen and infectious disease training that meets or exceeds standards found in OAR chapter 437, division 2, subdivision Z; ¶¶

- (B) Hazardous materials awareness training that meets or exceeds standards found in OAR chapter 437, division 2, subdivision H;¶
- (C) Emergency vehicle operator's course of instruction prior to independently operating an ambulance. The course must meet or be equivalent to 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;¶
- (D) Air medical crew training in accordance with chapter 333, division 255 when operating an air ambulance; and¶
- (E) Proper operation of all ambulances and equipment that ~~the or she is~~ are authorized to use, and ~~is~~ are physically capable, and ~~has~~ have the ability to lift and move patients, and assist in extrication of patients when necessary, if authorized to do so.¶
- (3) In addition to the initial orientation program described in subsection (2)(a) of this rule, a licensed ambulance service shall ensure and document in the personnel file that all EMS providers and ambulance-based clinicians receive training on:¶
- (a) The proper use of any new equipment, procedure or medication prior to being placed into operation on an ambulance; and¶
- (b) Secure transportation of patients in custody in accordance with OAR 309-033-0437, if the licensed ambulance service has been authorized to perform this service.¶
- (4) 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 sections (2) and (3) of this rule and have documentation that the clinician has completed the following:¶
- (a) A current AHA, Advanced Cardiac Life Support course or equivalent and a current AHA, Pediatric Advanced Life Support course or equivalent; and either¶
- (b) A current Prehospital Trauma Life Support course;¶
- (c) A current Basic Trauma Life Support course;¶
- (d) A current Trauma Emergency Assessment Management (TEAM) course; or¶
- (e) A Trauma Nurse Core Course (TNCC).¶
- (5) The TEAM and TNCC courses referenced in section (4) of this rule must include a supplemental prehospital rapid extrication training session.¶
- (6) In order to operate a ground ambulance vehicle, the licensed ambulance service must:¶
- (a) Ensure the licensed ambulance service and its employees, volunteers or ambulance-based clinicians:¶
- (A) Comply with all applicable Oregon Motor Vehicle Code statutes relating to motor vehicle and emergency vehicle operations, ORS 820.300 through 820.380 and ORS chapter 445;¶
- (B) Complete an emergency ground ambulance vehicle operator's training in accordance with subsection (2)(b) of this rule; and¶
- (C) Comply with all applicable policies and procedures.¶
- (b) Ensure the driver of a ground ambulance vehicle is a licensed EMS provider in accordance with OAR chapter 333, division 265 and has a valid driver's license or if the driver is not a licensed EMS provider, ensure that the driver:¶
- (A) Has a valid driver's license;¶
- (B) Has a current Basic Life Support (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;¶
- (C) Has completed the following training:¶
- (i) Emergency ground ambulance vehicle operator's training in accordance with subsection (2)(b) of this rule;¶
- (ii) Bloodborne pathogen and infectious disease training that meets or exceeds standards found in OAR chapter 437, division 2, subdivision Z; and¶
- (iii) Hazardous materials awareness training that meets or exceeds the Oregon Occupational Safety and Health Division standards found in OAR chapter 437, division 2, subdivision H;¶
- (D) Signs a statement that ~~the or she is~~ driver:¶
- (i) ~~Is~~ is not addicted to alcohol or controlled substances and is free from any physical or mental condition that might impair ~~his or her~~ their ability to operate or staff an ambulance; and¶
- (ii) ~~Is~~ is physically capable of assisting in the extrication, lifting and moving of a patient at the direction of an EMS provider; and¶
- (E) Had a criminal background check conducted by the licensed ambulance service that determined the driver was suitable to operate a ground ambulance vehicle; or¶
- (F) Has been certified by the Department of Public and Safety Standards and Training within the last 365 days.¶
- (c) Have a certified copy of the qualified driver'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's license, the licensed ambulance service must obtain an equivalent certified copy driving record from that

state, if available and if not available, conduct an annual driving record check. The latest copy must be kept in the driver's personnel file.¶

(7) A licensed ambulance service may not permit an employee, volunteer or ambulance-based clinician to operate an ambulance, equipment, or have contact with a patient if the employee, volunteer or ambulance-based clinician:¶

(a) Is taking any medication that could impair safe operation and handling of the ambulance, equipment, or patient; or¶

(b) Has consumed any alcoholic beverages within the last eight hours.¶

(8) In order to provide air ambulance service, the licensed ambulance service must ensure that the licensed ambulance service, employee, volunteer or ambulance-based clinician:¶

(a) Comply with the Federal Aviation Regulation (FAR), 14 CFR Part 135; and¶

(b) Successfully complete the 2004 Association of Air Medical Services (AAMS) Guidelines or equivalent. There must also be an annual review of the Air Medical Crew course material, the length of which must be established by the EMS medical director.¶

(9) Prior to independently staffing an ambulance, an employee, volunteer or ambulance-based clinician must begin the Hepatitis-B immunization series or have a signed statement of declination.¶

(10) The licensed ambulance service must submit a completed service reportable action form to the Authority, ~~within the times specified,~~ 14 business days for any of the following actions:¶

~~(a) Hiring a new employee or volunteer, within 14 business days;¶~~

~~(b) Terminating or suspending an employee or volunteer for cause, within 14 business days; and¶~~

~~(c) Disciplinary action taken by the licensed ambulance service or the EMS medical director for unprofessional conduct as defined in OAR 333-265-0000, within 14 business days.¶~~

(11) A licensed ambulance service must reflect any change to staffing, including addition or separation of, in the electronic licensing management system roster, within 30 calendar days.¶

~~(142)~~ A licensed ambulance service must not schedule or allow an employee, volunteer or ambulance-based clinician to serve on an ambulance who is impaired by excessive fatigue, illness, injury or other factors that may reasonably be anticipated to constitute a threat to the health and safety of patients or the public.

Statutory/Other Authority: ORS 682.017, 682.068

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0290

NOTICE FILED DATE: 10/28/2021

RULE SUMMARY: Amend OAR 333-250-0290 – Removes outdated language and clarifies that a licensed ambulance service that employs a dispatcher must ensure that the dispatcher is certified and maintains certification through the Department of Public Safety Standards and Training.

CHANGES TO RULE:

333-250-0290

Communications and Dispatch ¶¶

(1) The licensed ambulance service is responsible for:¶¶

(a) Having a valid license from the Federal Communications Commission (FCC) to operate an EMS radio on assigned frequencies, or proper authorization from another agency holding a valid FCC license to operate on designated radio frequencies;¶¶

(b) Having 24-hour-a-day telephone answering, or 24-hour-a-day telephone and text-to-9-1-1 answering, and dispatching capabilities or having a signed agreement or contract with a recognized primary or secondary Public Safety Answering Point (PSAP), that will provide telephone answering, or telephone and text-to-9-1-1 answering, and emergency dispatching services;¶¶

(c) Providing a reliable means of alerting and communicating with an ambulance crew before, during and after an ambulance call;¶¶

(d) Immediately routing all emergency calls received from the public on any of the licensed ambulance service's 10-digit telephone number or if received by text to the primary PSAP. When a licensed ambulance service receives a request for an emergency ambulance and the licensed ambulance service is a recognized secondary PSAP, the licensed ambulance service shall dispatch the ambulance and notify the primary PSAP for coordination of other emergency responder agencies;¶¶

(e) Ensuring that any request for an ambulance received on the licensed ambulance service's 10-digit telephone number or if received by text is answered or responded to by a live person or that there is an answering machine referring the caller to the appropriate emergency telephone number; and¶¶

(f) Maintaining ambulance dispatch records as prescribed in ORS 820.330 and 820.340. The records must be kept by the licensed ambulance service or the licensed ambulance service must have a signed agreement with the PSAP, service or agency that provides telephone answering, or telephone and text-to-9-1-1 answering, and dispatching services that they will maintain and make available copies of the official dispatch records for a minimum of seven years.¶¶

(2) When the licensed ambulance service employs dispatchers for the purpose of answering the telephone or responding to text-to-9-1-1, taking information regarding the need for an ambulance and dispatching the ambulance, the dispatcher must ~~have written documentation of completing:~~¶¶

~~(a) Be certified and maintain active certification by the Department of Public Safety Standards and Training's Emergency Medical Dispatcher's Course or equivalent; and¶¶~~

~~(b) Four hours of annual refresher training for dispatchers that meets the standards set forth by the Department of Public Safety Standards and Training in accordance with OAR chapter 259, division 008.¶¶~~

(3) An air ambulance must meet Federal Aviation Regulation (FAR), 14 CFR Part 135 ~~of the~~, Operating ~~Requirements~~; Commuter and on ~~d~~Demand ~~e~~Operations and ~~r~~Rules ~~g~~Governing ~~p~~Persons on ~~b~~Board ~~s~~Such ~~a~~Aircraft.

Statutory/Other Authority: ORS 682.017, 682.068

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0000

NOTICE FILED DATE: 10/28/2021

RULE SUMMARY: Amend OAR 333-255-0000 – Adds a definition for "neonate to adult" and "remount."

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 a 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 registered nurse, physician, or physician assistant 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 service" means a person, governmental unit, or other entity that operates ambulance(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 ambulance service provider, and may include all or portion of a county, or all or portions of two or more contiguous counties.¶¶
- (7) "Authority" means the Emergency Medical Services and Trauma Systems Program, within the Oregon Health Authority.¶¶
- (8) "Business day" means Monday through Friday when the Authority is open for business, excluding holidays.¶¶
- (9) "Emergency care" means the performance of acts or procedures under emergency conditions in the observation, care and counsel of persons who are ill, or injured or who have disabilities; in the administration of care or medications 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. "Emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.¶¶
- (10) "EMS" means Emergency Medical Services.¶¶
- (11) "EMS Medical Director" has the same meaning as "supervising physician" in OAR 847-035-0001.¶¶
- (12) "Emergency Medical Responder (EMR)" means a person who is licensed by the Authority as an Emergency Medical Responder.¶¶
- (13) "Emergency Medical Services provider (EMS provider)" has the meaning given that term in ORS 682.025.¶¶
- (14) "Emergency Medical Technician (EMT)" means a person who is licensed by the Authority as an Emergency Medical Technician.¶¶
- (15) "EMT-Intermediate" means a person who is licensed by the Authority as an EMT-Intermediate.¶¶
- (16) "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.¶¶
- (17) "Neonate to adult" means appropriately sized equipment to fit neonate, infant, pediatric, and adult patients.¶¶
- ~~(178)~~ "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 in this rule.¶¶
- ~~(189)~~ "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.¶¶
- ~~(1920)~~ "Paramedic" means a person who is licensed by the Authority as a Paramedic.¶¶
- ~~(201)~~ "Patient" means a person who is ill or injured or who has a disability and who receives emergency or

nonemergency care from an EMS provider.-¶

(212) "Patient care report (PCR)" mean an authority-approved paper form or an electronic field data format (ePCR) that is completed by an EMS provider or ambulance-based clinician for all patients receiving prehospital assessment, care or transportation to a medical facility.-¶

(223) "Person" has the meaning given that term in ORS 174.100.-¶

(234) "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).-¶

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

(256) "Prehospital care" means care rendered by EMS providers as an incident of the operation of an ambulance and 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 in this rule.-¶

(267) "Qualified driver" means someone who is not licensed by the Authority and who meets Authority requirements to operate a ground ambulance: vehicle.-¶

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

(289) "Remount" means 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)..-¶

(30) "Rural ambulance service" 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.-¶

(2931) "Sanitary" means being free from all body fluids, dirt, dust, grease or other extraneous matter.-¶

(302) "Scope of practice" means the maximum level of emergency or non-emergency care that an EMS provider may provide in accordance with OAR chapter 847, division 35.-¶

(313) "Specialty care transport (SCT)" means interfacility transportation of a critically injured or ill patient by a ground ambulance vehicle, including medically necessary supplies and service. SCT is necessary when a 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 National Education Standards for Paramedics would be defined as additional training and is defined by the EMS medical director.-¶

(324) "Standing orders" means the written detailed procedures for medical or trauma emergencies 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: 333-255-0060

NOTICE FILED DATE: 10/28/2021

RULE SUMMARY: Amend OAR 333-255-0060 –The intent of the rule remains the same. The text has been changed to address misinterpretation. Amends language to clarify the construction requirements needed to license a new ambulance vehicle, a previously owned ambulance vehicle, and an ambulance vehicle that has been remounted. Adds definition for "new ground ambulance vehicle" and amends definition for "previously operated ground ambulance vehicle." Clarifies that between June 15, 2019 through June 30, 2022, the Authority will approve an initial application for a new ground ambulance vehicle if the vehicle is constructed to comply with the Commission on Accreditation of Ambulance Service (CAAS), Ground Vehicle Standard (GVS) for Ambulances, V.1.0 Edition, July 1, 2016 or the National Fire Protection Association (NFPA), Standard for Automotive Ambulances, NFPA 1917, 2016 Edition. Effective July 1, 2022, a new ground ambulance vehicle must be constructed to comply with CAAS, GVS, v.2.0, Edition, July 1, 2019 or the NFPA 1917, 2019 Edition to be eligible for licensure. Clarifies that a remounted ground ambulance vehicle must be inspected by an Emergency Vehicle Technician if it meets certain construction criteria. Clarifies that prior to operating a remounted ground ambulance vehicle, the licensed ambulance service must apply for a ground ambulance vehicle license. Text that was inadvertently removed in the March 11, 2021 rule filing and added back by temporary rule on June 28, 2021 is made permanent and reinstates previous standards until new standards are implemented on July 1, 2022.

CHANGES TO RULE:

333-255-0060

Ground Ambulance Vehicle Construction Criteria for Initial Licensure ¶

(1) As used in this rule, "~~previously operated ambulance~~:"¶

(a) "New ground ambulance vehicle" means a ground ambulance vehicle constructed by an ambulance vehicle manufacturer that has not been previously operated and is not a remount.¶

(b) "~~Previously operated ground ambulance vehicle~~" means a used or previously licensed ground ambulance that has been placed back into service; or gifted to, purchased by, or reassigned to a licensed vehicle, or a currently licensed ground ambulance vehicle that is being transferred to a licensed ambulance service, and is not a remount.¶

(2)(a) The Authority shall only approve an initial application received by the Authority for a new ground ambulance vehicle license from an ambulance service, and is subject to initial licensure in accordance with OAR 333-255-0010.¶

~~(2) Agency that has a signed, dated contract with an ambulance manufacturer for the construction of a new ground ambulance:~~¶

(A) Between June 15, 2019 and June 30, 2022, if the new ground ambulance vehicle is constructed to comply with:¶

(i) The CAAS, GVS, v.1.0 Edition, July 1, 2016 incorporated by reference; or ¶

(ii) The NFPA, Standard for Automotive Ambulances, NFPA 1917, 2016 Edition, incorporated by reference.¶

(B) ~~AQ~~ on or after July 1, 2022, if the new ground ambulance vehicle is constructed on or before June 30, 2022 shall comply with to comply with ¶

(i) The CAAS, GVS, v.2.0 Edition, July 1, 2019, incorporated by reference; or ¶

(ii) The NFPA, Standard for Automotive Ambulances, NFPA 1917, 2019 Edition, incorporated by reference.¶

(b) Prior to granting an application for licensure, a new ground ambulance vehicle must have:¶

(A) A CAAS GVS certification sticker and verification document(s); or¶

(B) An NFPA certification sticker and verification document(s).¶

(3)(a) The Authority may only approve an initial application for a previously operated ground ambulance vehicle if the vehicle meets any one of the following standards construction criteria:¶

(a) ~~A~~ The U.S. General Services Administration (GSA), November 1, 1994, Federal Specification for the Star-of-Life Ambulance Certification standards (KKK-A-1822D);¶

(b) ~~B~~ The U.S. General Services Administration (GSA), June 1, 2002, Federal Specification for the Star-of-Life Ambulance Certification standards (KKK-A-1822E);¶

(c) ~~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; or ¶

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

~~(3b)~~ An ambulance service agency that has a signed, dated contract with an ambulance manufacturer for the construction of a new ground ambulance, on or after July 1, 2022, 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 previously operated ground ambulance vehicle that meets the construction standards specified in paragraph (3)(a)(A) or (B) of this rule, must be inspected by an Emergency Vehicle Technician (EVT) certified by the EVT Certification Commission as an ambulance technician who provides documentation that the Ambulances, NFPA 1917, 2019 Edition, incorporated by reference. A newly constructed ambulance must have at a minimum either: ¶

~~(a)~~ A CAAS GVS certification sticker and verification document(s); or ¶

~~(b)~~ An NFPA certification sticker and verification document(s). ¶

~~(4)~~ Effective June 15, 2019: is in good operating condition and meets minimum safety requirements. ¶

~~(4)~~ A licensed ambulance service that remounts a licensed ground ambulance vehicle or previously operated ground ambulance vehicle must apply for a new, initial ambulance vehicle license prior to operating the remounted vehicle. ¶

~~(a5)~~ The construction criteria Authority shall only approve an initial application for a previously operated ambulance must meet the construction criteria specified in subsection (2)(c), (d) or (e) of this rule as of the date of vehicle construction. mounted Type I or Type III ground ambulance vehicle received by the Authority between June 28, 2021 and June 30, 2022, if: ¶

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

~~(b)~~ The remounting work is completed by a: ¶

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

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

~~(C)~~ Remount center; or ¶

~~(bD)~~ A previously operat Licensed ambulance that meets the construction standards specified in service with an established in-house remount program and is inspected by a certified EVT in accordance with subsection (2)(a) or 3)(b) of this rule, 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 remounting work is completed in accordance with any federal regulations, any nationally recognized vehicle modification techniques, and using any industry standard parts and components. ¶

~~(6)~~ A recognized ambulance manufacturer, a recognized vehicle modifier, a remount center, or ambulance service agency with an established in-house remount program completing a remount shall provide a notarized statement that the structural integrity of the specific patient compartment was not compromised during the remounting and must provide a Final Stage Vehicle Manufacturing Certificate of Compliance. ¶

~~(5Z)~~ A licensed ambulance service that remounts a licensed ambulance vehicle or previously operated ambulance shall apply for a new, initial ambulance vehicle license. ¶

~~(6)~~ Effective July 1, 2022, the construction criteria for remounting a Type I or Type III may establish an in-house remount program by obtaining the necessary training, appropriate equipment and facilities to remount a vehicle to the described standard. ¶

~~(8)~~ The Authority shall only approval an initial application for a remounted Type I or Type III ground ambulance vehicle received by the Authority on or after July 1, 2022 if the ground ambulance shall vehicle complies with either the CAAS, GVS, v.2.0 Edition, Section F, dated July 1, 2019, incorporated by reference or the NFPA 1917, 2019 Edition, Chapter 10 incorporated by reference. ¶

~~(a)~~ The remounted ground ambulance vehicle shall show evidence of the CAAS GVS remount standard compliance sticker, or the NFPA 1917 certification and payload label. ¶

~~(b)~~ The licensed ambulance service shall maintain appropriate documentation confirming compliance with the remount standard. ¶

~~(7)~~ A new 9) The Authority may license a new ground ambulance vehicle that is not fully compliant with the standards in section (3Z) or a licensed ground ambulance vehicle or previously operated ground ambulance vehicle that has been remounted and is not fully compliant with the standards in section (68) may not be licensed if the construction included if the Authority determines that the exceptions to the construction standards that do not affect patient or EMS provider safety as determined by the Authority. ¶

~~(8)~~ ¶

~~(10)~~ The owner of an ground ambulance vehicle must select an exterior color, emblems, and markings for the ground ambulance vehicle that will ensure the prompt recognition of that vehicle as an ambulance. All ground ambulance vehicles shall be clearly identified by appropriate emblems and markings on the front, side, roof, and



rear of the vehicle.-¶

(911) Each licensed ground 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 word "AMBULANCE":-¶

(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.-¶

(C) Acceptable alternatives for the word "AMBULANCE" include generic terms that do not connote any particular level of service, limited to "MEDIC UNIT," "FIRE MEDIC UNIT," "EMERGENCY MEDICAL SERVICES," or "EMS UNIT".-¶

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

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

Statutory/Other Authority: ORS 682.017, 682.068

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

RULE SUMMARY: Amend OAR 333-255-0072 – Adds definition for "surgical mask." Amends current equipment requirements and adds additional essential equipment for ambulance vehicles used for basic and advanced life support. Allows an ambulance service six months to comply with new equipment requirements.

CHANGES TO RULE:

333-255-0072

Ground Ambulance Vehicle Equipment Requirements-¶

(1) As used in this rule, "surgical mask" means a mask that covers the user's nose and mouth and provides a physical barrier to fluids and particulate materials. The mask meets certain fluid barrier protection standards and Class I or Class II flammability tests. Surgical masks are tested for biocompatibility and are considered personal protective equipment (PPE).¶

(2) A licensed ambulance service must ensure that appropriate equipment and all ancillary supplies necessary for the proper use of equipment is available in the ground ambulance vehicle, is in satisfactory working condition, is maintained in accordance with manufacturer requirements, and is stored in a sanitary and secure manner that protects the viability and safe operation of medications and equipment.¶

(23) Required equipment for a ground ambulance vehicle that is used by an ambulance service to provide basic life support includes but is not limited to:¶

(a) Installed medical oxygen cylinder 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) 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¶

(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;¶

(f) Oxygen non-rebreathing masks with tubing:¶

(A) Pediatric - 2; and¶

(B) Adult - 3; in sizes to fit infants to adults;¶

(g) Oxygen nasal cannula with tubing that is transparent and disposable:¶

(A) Pediatric - 2; and¶

(B) Adult - 3; in sizes to fit neonates to adults;¶

(h) Bag-valve-mask ventilation device reservoir and masks in ~~neonate, infant, pediatric and~~ sizes to fit neonates to 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;¶

(i) Nebulizer, if reflected by standing orders;¶

(j) Continuous Oxygen Saturation Monitor in pediatric and adult sizes;¶

(k) End-tidal CO2 detection device;¶

(L) Oropharyngeal airways in ~~infant, pediatric and~~ sizes to fit neonates to adult-sizes;¶

(m) Supraglottic airway ~~devices in pediatric and~~ in sizes to fit neonates to adult-sizes;¶

(n) Nasopharyngeal airways in ~~assorted sizes~~ sizes to fit neonates to adults;¶

(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;¶

(C) Have adequate supply of wide-bore tubing, commercial rigid pharyngeal curved suction tips and flexible oral

- and flexible pharyngeal and tracheal suction catheters in assorted sizes; sizes to fit neonates to adults;
- (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, and with hands-free pediatric and adult or combination pads;
- (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) Containing 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~~ pediatric 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~~ pediatric patient 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~~ pediatric, adult, and extra-large sizes ~~by June 15, 2019;~~
- (E) Scoop stretcher, folding or non-folding type with necessary restraining devices ~~with~~ and 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) Wound packing material, including hemostatic dressings;
- (C) Bandage shears;
- (D) Occlusive dressing or equivalent;
- (E) Adhesive (consider hypo-allergenic) tape in assorted sizes;
- (F) Commercially manufactured arterial tourniquets - 2;
- (G) Emesis containers;
- (H) Stethoscope: pediatric and adult;
- (I) Aneroid sphygmomanometer in pediatric, adult and bariatric sizes;
- (J) Hypothermia thermometer;
- (K) Disposable obstetrical kits - 2;
- (L) Chemical heat and cold packs ~~assorted;~~ - 4 each;
- (M) Urinals: female and male, ~~one~~ - 1 each;
- (N) Bedpan;
- (O) ~~Set of extremity restraining device~~ Commercially available soft restraints;
- (P) ~~Blood glucose level testing kit or~~ Digital or mechanical means to test blood glucose level ~~test strips;~~
- (Q) A quick reference guide or other evidence-based reference material, such as a length-based tape, that provides appropriate guidance for pediatric drug dosing and equipment sizing;
- (R) Medications and fluids as authorized by the EMS medical director, appropriate to the level of care being provided;
- (S) Linen supplies and replacements sufficient to cover wheeled stretchers;
- (T) Commercially packaged or sterile burn sheets; and
- (U) 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~~ Surgical masks;
- (C) HEPA ~~mask~~ N95 mask in provider-appropriate sizes for each crew member;
- (D) Protective eyewear;
- (E) Disposable isolation gowns;
- (F) Commercial antimicrobial hand cleanser;
- (G) Surface cleaning disinfectant;
- (H) 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:

- (A) Fire extinguisher, 5lb. (2A-10BC type) - mounted and readily accessible in either the driver's or patient compartment;¶
- (B) Road flares, red colored chemical lights, the number and burning time to equal at least 180 Nonflammable roadside warning devices that are reflective or illuminates, or a minimum of six reflective triangles;¶
- ~~(C) Flashlight; d - 6;¶~~
- (C) Portable reusable light source, such as a flashlight or headlamp - 2;¶
- (D) Leather gloves sufficient for crew;¶
- ~~(E) R for each crew member;¶~~
- (E) American National Standards Institute (ANSI) Class 2 or 3 reflective vests or outerwear for each crew member; and¶
- (F) Adequate extrication equipment for agencies that provide initial response without the response of other rescue apparatus or equipment;¶
- (w) The U.S. Department of Transportation, 2016 "Emergency Response Guidebook, (A Guidebook for First Responders During the Initial Phase of a Dangerous Goods/Hazardous Materials Transportation Incident)";¶
- (x) Triage tags - 25 each;¶
- (y) Oregon Trauma System Identification Bracelets - 5 each;¶
- (z) Supplies necessary to complete a patient care report as required by OAR 333-250-0310;¶
- (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.¶
- ~~(34)~~ Required equipment for a ground ambulance vehicle that is used by an ambulance service to provide advanced life support must meet the equipment requirements specified in section ~~(23)~~ of this rule and include, but not limited to:¶
- (a) Cardiac monitoring equipment:¶
- (A) A portable battery powered manual monitor defibrillator capable of recording an ECG reading;¶
- (B) ECG electrodes, ~~adult and pediatric;~~¶
- ~~(C) Hands-free defibrillation patches, adult and pediatric; pediatric and adult;¶~~
- ~~(DC)~~ Patient cables - 2; and¶
- ~~(ED)~~ ECG paper.¶
- ~~(b) 6 liters of~~ Physiologic isotonic crystalloid solution or combinations thereof; - 6 liters;¶
- (c) Intravenous administration sets: microdrip and macrodrip;¶
- (d) Vascular access devices:¶
- (A) Over-the-needle catheters in assorted sizes 24-gauge through 14-gauge;¶
- (B) Specifically-designed needles or device with needles for intraosseous infusions;¶
- (C) Latex-free venous tourniquets;¶
- (D) Syringes of 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.¶
- ~~(45)~~ If an ambulance service is providing advanced life support and the ground ambulance vehicle is staffed with a Paramedic or ambulance-based clinician, the ground ambulance vehicle shall have all the equipment identified in section ~~(34)~~ of this rule and include, but not limited to:¶
- (a) Nasogastric tubes in ~~assorted sizes~~ sizes to fit neonates to adults;¶
- (b) 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 laryngoscope device, ~~adult and pediatric;~~¶
- ~~(B) Endotracheal tubes in assorted sizes, adult and pediatric; s in sizes to fit neonates to adults including:¶~~
- (i) Straight 0, 1, 2, and 3; and¶
- (ii) Curved 2 and 3;¶
- (B) Endotracheal tubes in sizes to fit neonates to adults including:¶
- (i) Uncuffed 2.5 mm and 3.0 mm;¶
- (ii) Cuffed or Uncuffed 3.5 mm, 4.0 mm, 4.5 mm, 5.0 mm, 5.5mm; and¶
- (iii) Cuffed 6.0 mm, 6.5mm, 7.0 mm, 7.5mm and 8.0 mm;¶
- (C) Magill Forceps - ~~adult and child; pediatric and adult;~~¶
- (D) Intubation stylettes - ~~adult and child;~~ pediatric and adult; and¶
- (E) Chest decompression equipment.¶
- ~~(5 including:¶~~
- (i) 23g diameter maximum length 2cm needles;¶

(ii) 14g diameter maximum length 3.8cm needles; and¶

(iii) 14g or larger diameter minimum length 8.25cm needles or commercial chest decompression device.¶

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

(67) A licensed ambulance service has until June 15, 2019 for must ensure that its ambulance vehicles to comply with the following equipment requirements in this rule by no later than July 1, 2022:¶

(a) Subsections (4)(b) of this rule 3(f), (g), (h), (L), (m), and (n);¶

(b) Paragraph (3)(o)(C); ¶

(c) Paragraphs (3)(t)(B), (F), (K), (L), and (O);¶

(d) Paragraph (3)(u)(B);¶

(e) Paragraphs (3)(v)(B), (C) and (E);¶

(f) Subsection (5)(a); and¶

(g) Paragraphs (5)(c)(A), (B), and (E).

Statutory/Other Authority: ORS 682.017, 682.068

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0073

NOTICE FILED DATE: 10/28/2021

RULE SUMMARY: Amend OAR 333-255-0073 – Amends current equipment requirements and adds additional essential equipment for specialty care ground ambulance vehicles. Allows an ambulance service six months to comply with new equipment requirements.

CHANGES TO RULE:

333-255-0073

Specialty Care Ground Ambulance Vehicle Requirements ¶¶

(1) A ground ambulance vehicle 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) A qualified driver who meets the requirements specified in OAR 333-250-0270(6); and ¶¶

(b) 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. ¶¶

(2) A Paramedic, ambulance-based clinician or other qualified person described in subsection (1)(b) of this rule must have the: ¶¶

(a) Training to properly operate all patient care equipment carried on an ground 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. ¶¶

(3) A ground ambulance vehicle in operation and providing only specialty level care ~~must meet all of the equipment requirements specified in OAR 333-255-0072 section (4) and any other patient care equipment, medications or supplies anticipated or required for patient car transport must have the necessary patient care equipment, medications or supplies anticipated or required for patient care including at a minimum:~~ ¶¶

(a) The equipment requirements specified in OAR 333-255-0072 section (5); ¶¶

(b) Device to provide continuous waveform capnography; ¶¶

(c) Device to provide pressure infusion of IV fluids; and ¶¶

(d) Equipment suitable for administering a fluid bolus to pediatric patients that limits risk for inadvertent over-administration of fluid. ¶¶

(4) A licensed ambulance service must ensure that its ambulance vehicles comply with the following equipment requirements by no later than July 1, 2022: ¶¶

(a) OAR 333-255-0072(6)(a) through (g); and ¶¶

(b) Subsections (3)(b) through (d) of this rule.

Statutory/Other Authority: ORS 682.017, 682.068

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0081

NOTICE FILED DATE: 10/28/2021

RULE SUMMARY: Amends OAR 333-255-0081 – Amends current equipment requirements and adds additional essential equipment for air ambulance interfacility transfers. Allows an ambulance service six months to comply with new equipment requirements.

CHANGES TO RULE:

333-255-0081

### Air Ambulance Operating Requirements for Interfacility Transfers ¶¶

(1) 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) Any combination of two medical personnel consisting of a Paramedic, RN, PA, physician or RT having:-¶¶

(A) 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;-¶¶

(B) A current 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;-¶¶

(C) If providing care to neonate, infant or pediatric patients, documentation of completing one of the following courses or equivalent:¶¶

(i) Advanced Pediatric Life Support (APLS);¶¶

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

(iii) Neonatal Resuscitation Program (NRP);-¶¶

(D) If 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);¶¶

(E) The ability to properly assist in lifting and moving a patient; and-¶¶

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

(3) When an interfacility transfer is requested, a representative from both the ambulance service and the hospital must communicate clearly, prior to transfer, the type of aircraft being requested, as well as the type of aircraft that will respond, if different than requested. The patient's medical condition, additional equipment and personnel required, and the weather conditions and aircraft available must be taken into consideration.-¶¶

(4) 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-rebreathinger masks with tubing:-¶¶

~~(i) Pediatric – 2; and ¶¶~~

~~(ii) Adult – 2; in sizes to fit infants to adults;¶¶~~

(B) Oxygen nasal cannula with tubing that is transparent and disposable:-¶¶

~~(i) Pediatric – 2; ¶¶~~

~~(ii) Adult – 2; in sizes to fit neonates to adults;¶¶~~

- (C) Bag-valve-mask ventilation device reservoir and masks in ~~neonate, infant, pediatric and~~ sizes to fit neonates to adult sizes. The device(s) must:-¶
- (i) Have a standard universal adapter;-¶
  - (ii) Be operable with or without an oxygen supply; and¶
  - (iii) Be manually operated and self-refilling;-¶
- (c) Airway maintenance devices:-¶
- (A) Nebulizer, if reflected by current standing orders;¶
  - (B) Pharyngeal esophageal airway devices in ~~assorted sizes;~~ sizes to fit neonates to adults;¶
  - (C) End-tidal CO2 detection device in ~~assorted sizes;~~ ¶
  - (D) Oropharyngeal airways in ~~assorted infant, pediatric and~~ sizes to fit neonates to adult sizes; and-¶
  - (E) ~~Nasopharyngeal~~ nasopharyngeal airways in ~~assorted sizes~~ sizes to fit neonates to adults;¶
- (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 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) ~~S~~ Commercial rigid oral and flexible pharyngeal and tracheal suction catheters in assorted sizes and types for adult, pediatric, infant and neonate; sizes to fit neonates to adults;¶
- (e) Stretcher. The stretcher must:-¶
- (A) Be securely fastened to the aircraft in accordance with FAA regulations; and-¶
  - (B) Have restraining devices for the legs, pelvis, torso and ~~ant~~ two over the shoulder ~~restraint;~~ ps;¶
- (f) Miscellaneous equipment:-¶
- (A) Emesis containers;-¶
  - (B) Stethoscope, ~~adult and pediatric;~~ in pediatric and adult sizes;¶
  - (C) Aneroid sphygmomanometer in ~~assorted~~ pediatric, adult, and bariatric sizes;¶
  - (D) Bandage shears;-¶
  - (E) Hypothermia thermometer;-¶
  - (F) Chemical heat and cold packs, ~~assorted;~~ ¶
  - ~~(G) Blood glucose level testing kit or - 4 each;~~¶
  - (G) Digital or mechanical means to test blood glucose level test strips;¶
  - (H) Urinals, female and male, ~~one~~ - 1 each;-¶
  - (I) Bed pan (Exempt from rotary-wing aircraft); and-¶
  - (J) ~~Set of extremity restraining devices~~ Commercially available soft restraints;¶
  - (K) Device to provide continuous waveform capnography;¶
  - (L) Device to provide pressure infusion of IV fluids; and¶
  - (M) Equipment suitable for administering a fluid bolus to pediatric patients that limits risk for inadvertent over-administration of fluid; ¶
- (g) Personal protection equipment sufficient for crew and patient(s) including:-¶
- (A) ~~Non-latex~~ disposable gloves;-¶
  - (B) ~~Disposable face~~ Surgical 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) Commercially packaged or sterile burn sheets;-¶
  - (j) Commercially manufactured arterial tourniquets - 2;¶
  - (k) Latex-free venous tourniquets;¶
  - (L) Sterile saline solution for irrigation;¶



- (m) 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¶
- (o) A universal "No Smoking" sign must be conspicuously displayed in the aircraft.¶
- (5) A licensed ambulance service operating an air ambulance providing interfacility transfers must ensure that the air ambulance complies with the following equipment requirements in this rule by no later than July 1, 2022:¶
  - (a) Paragraphs (4)(b)(A) through (C);¶
  - (b) Paragraphs (4)(c)(B), (D) and (E);¶
  - (c) Subparagraph (4)(d)(B)(ii);¶
  - (d) Paragraph (4)(e)(B);¶
  - (e) Paragraphs (4)(f)(C), (F), and (J) through (M);¶
  - (f) Paragraphs (4)(g)(A) and (B); and¶
  - (g) Subsection (4)(j).

Statutory/Other Authority: ORS 682.017, 682.068

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0082

NOTICE FILED DATE: 10/28/2021

RULE SUMMARY: Amend OAR 333-255-0082 – Amends current equipment requirements and adds additional essential equipment for air ambulance scene response. Allows an ambulance service six months to comply with new equipment requirements.

CHANGES TO RULE:

333-255-0082

### Air Ambulance Operating Requirements for Scene Response ¶

- (1) 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) Any combination of two medical personnel consisting 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 section (4); ¶
  - (b) Fracture immobilization equipment: ¶
    - (A) Traction splint capable of pediatric and adult application; ¶
    - (B) Extremity splints in ~~assorted~~ pediatric and adult sizes; and ¶
    - (C) Extrication collars in ~~assorted~~ pediatric and adult sizes; ¶
    - (c) Bandages and dressings in assorted sizes, sterile and non-sterile; ¶
    - (d) Wound packing material, including hemostatic dressings; ¶
    - ~~(de)~~ Occlusive dressing or equivalent; ¶
    - (ef) Adhesive or hypo-allergenic tape in assorted sizes; ¶
    - (fg) 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~~ pediatric and adult or combination pads; ¶
      - (D) Capable of transcutaneous cardiac pacing and may be a stand-alone unit or integrated in the monitor and defibrillator unit; ¶
      - (E) Patient cables - 2; and ¶
      - (F) ECG paper; ¶
      - ~~(gh)~~ Advanced airway care equipment: ¶
        - (A) Primary and secondary laryngoscopes device, adult and pediatric; ¶
        - ~~(B) Endotracheal tubes in assorted sizes, adult and pediatric; s in sizes to fit neonates to adults including: ¶~~
          - (i) Straight 0, 1, 2, and 3; and ¶
          - (ii) Curved 2 and 3; ¶
          - ~~(B) Endotracheal tubes in sizes to fit neonates to adults including: ¶~~
            - (i) Uncuffed 2.5 mm and 3.0 mm; ¶
            - (ii) Cuffed or Uncuffed 3.5 mm, 4.0 mm, 4.5 mm, 5.0 mm, 5.5mm; and ¶
            - (iii) Cuffed 6.0 mm, 6.5mm, 7.0 mm, 7.5mm and 8.0 mm; ¶
          - (C) Magill Forceps, pediatric and adult; ¶
          - (D) Intubation stylettes, pediatric and adult; ¶
          - (E) End-tidal CO2 detection device; ¶
          - (F) Oxygen saturation monitor; and ¶
          - (G) Chest decompression equipment; ¶~~(h) including: ¶~~
            - (i) 23g diameter maximum length 2cm needles; ¶
            - (ii) 14g diameter maximum length 3.8cm needles; and ¶
            - (iii) 14g or larger diameter minimum length 8.25cm needles or commercial chest decompression device. ¶
          - (i) Sterile intravenous agents and medications authorized by the EMS medical director; ¶
          - (j) Vascular access devices: ¶
            - (A) Over-the-needle catheters in assorted sizes 24-gauge through 14-gauge; and ¶
            - (B) Specifically-designed needles for intraosseous infusions; ¶
          - ~~(jk)~~ Nasogastric tubes in ~~assorted sizes; sizes to fit neonates to adults; ¶~~
          - ~~(kl)~~ Oregon Trauma System's Identification Bracelets - 5; and ¶

(m) Miscellaneous equipment:¶

(A) The U.S. Department of Transportation, 2016 "Emergency Response Guidebook, (A Guidebook for First Responders during the Initial Phase of Dangerous Goods/Hazardous Materials Transportation Incident)";¶

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

(C) A quick reference guide or other evidence-based reference material, such as length-based tape, that provides appropriate guidelines for pediatric drug dosing and equipment sizing; and¶

(D) Appropriately-sized child/pediatric 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.¶

(4) A licensed ambulance service operating an air ambulance providing scene response must ensure that the air ambulance complies with the following equipment requirements by no later than July 1, 2022:¶

(a) OAR 333-255-0081(5)(a) through (f): ¶

(b) In this rule: ¶

(A) Paragraph (2)(b)(A) and (B):¶

(B) Subsection (2)(d):¶

(C) Paragraph (2)(h)(A), (B) and (G); and ¶

(D) Subsection (2)(k).

Statutory/Other Authority: ORS 682.017, 682.068

Statutes/Other Implemented: ORS 682.017 - 682.117, 682.991