



## PERMANENT ADMINISTRATIVE ORDER

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FILING CAPTION: Licensing Requirements for Ambulance Vehicles

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#### RULES:

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

AMEND: 333-255-0000

RULE TITLE: Definitions

NOTICE FILED DATE: 03/21/2018

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

#### RULE TEXT:

- (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) "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.
- (18) "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.
- (19) "Paramedic" means a person who is licensed by the Authority as a Paramedic.
- (20) "Patient" means a person who is ill or injured or who has a disability and who is transported in an ambulance.
- (21) "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.
- (22) "Person" has the meaning given that term in ORS 174.100.
- (23) "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).
- (24) "Physician Assistant (PA)" means a person licensed under ORS chapter 677, actively registered and in good standing with the Oregon Medical Board.
- (25) "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.
- (26) "Qualified driver" means someone who is not licensed by the Authority and who meets Authority requirements to

operate a ground ambulance.

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

(28) "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.

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

(30) "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.

(31) "Specialty care transport (SCT)" means interfacility transportation of a critically injured or ill patient by a ground ambulance, 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.

(32) "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: 333-255-0010

RULE TITLE: Application for an Ambulance Vehicle License

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

(1) An ambulance vehicle operated by a licensed ambulance service must be licensed by the Authority and comply with ORS chapter 682; OAR chapter 333, division 250; and these rules before being placed into operation.

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

(a) Have a current ambulance service license; and

(b) Comply with all applicable federal, state and local laws and regulations governing the operation of a licensed ambulance vehicle.

(3) An application to license a ground ambulance shall be submitted electronically in a manner prescribed by the Authority and shall include, but is not limited to, the following information:

(a) The name and address of the person or public entity owning the ground ambulance;

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

(c) The description of the ground ambulance including:

(A) Whether the ground ambulance was purchased from an ambulance service in Oregon;

(B) Make of vehicle;

(C) Model type of vehicle;

(D) Year of manufacture;

(E) Whether the vehicle is a remounted chassis;

(F) Conversion manufacturer;

(G) Vehicle Identification Number;

(H) Vehicle license plate number;

(I) Mileage at the time of licensing;

(J) Ground ambulance colors:

(i) Body;

(ii) Stripe; and

(iii) Lettering; and

(K) Insignia name, monogram or other distinguishing characteristics. A photo of the ground ambulance shall be submitted to show these characteristics;

(d) A copy of the final stage ambulance manufacturer (FSAM) authenticated certification and label identifying that the ambulance and equipment comply with construction criteria specified in OAR 333-255-0060(1):

(A) A previously owned ambulance must:

(i) Be commercially constructed and certified as complying with the U.S. General Services Administration (GSA), August 1, 2007, Federal Specification for the Star-of-Life ambulance certification standards (KKK-A-1822F); or

(ii) Be inspected by an Emergency Vehicle Technician (EVT) certified by the EVT Certification Commission as an ambulance technician who provides documentation that the ambulance meets minimum safety requirements as determined by the Authority.

(B) A newly constructed ambulance must have at a minimum either:

(i) A CAAS Ground Vehicle Standard certification sticker and verification document(s); or

(ii) An NFPA certification sticker and verification document(s).

(4) Application to operate an air ambulance shall be submitted electronically in a manner prescribed by the Authority

and shall include, but not be limited to, the following:

- (a) The name and address of the person or public entity owning the aircraft;
- (b) If other than the applicant's true name, the name under which the applicant is doing business;
- (c) The description of the ambulance:
  - (A) Indication if the aircraft was purchased from an ambulance service in Oregon;
  - (B) Type of aircraft:
    - (i) Fixed-wing; or
    - (ii) Rotary-wing.
  - (C) Number of engines;
  - (D) Make of aircraft;
  - (E) Model of aircraft;
  - (F) Year of manufacture;
  - (G) Federal Aviation Authority (FAA) registration number;
  - (H) Whether a major repair or alteration has been made to the aircraft, and if so, a FAA Form 337 must be on file in the licensee's office for each repair or alteration made;
  - (I) Aircraft colors:
    - (i) Fuselage;
    - (ii) Stripe; and
    - (iii) Lettering.
  - (J) Insigne name, monogram or other distinguishing characteristics. A photo of the air ambulance shall be submitted to show these characteristics.
- (5) A complete application to operate a ground ambulance or air ambulance shall be accompanied by a nonrefundable licensing fee in accordance with ORS 682.047.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0015

RULE TITLE: Review of Ambulance Vehicle License Application

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

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

- (1) Shall verify compliance with ORS chapter 682; ORS 820.300 through 820.380; OAR chapter 333, division 250; OAR 847-035-0020 through 0025 and these rules; and
- (2) May conduct an on-site licensing survey in accordance with OAR 333-255-0110.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0020

RULE TITLE: Approval of Ambulance Vehicle License

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

(1) The Authority shall issue an ambulance vehicle license to a licensed ambulance service that:

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

(b) Submits the nonrefundable ambulance vehicle license fee as specified in ORS 682.047;

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

(d) Is found by the Authority to be in compliance with ORS chapter 682; ORS 820.300 through 820.380; OAR chapter 333, division 250; and these rules.

(2) The Authority shall issue an ambulance vehicle license for the specified ambulance within 10 business days and shall notify the applicant in writing and make the license available.

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

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

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

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

(b) The owner submits to the Authority:

(A) A completed Oregon ambulance vehicle license application;

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

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

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

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

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0021

RULE TITLE: Denial of Ambulance Vehicle License Application

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

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

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991



ADOPT: 333-255-0022

RULE TITLE: Expiration and Renewal of Ambulance Vehicle License

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

(1) Each license to operate an ambulance vehicle:

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

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

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

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0023

RULE TITLE: Return of Ambulance Vehicle License

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

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

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0040

RULE TITLE: Surrender of License for Ambulance Vehicle

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

(1) An ambulance vehicle license is non-transferable.

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

(a) Notify the Authority of the transaction by providing the date that the sale was completed and the full name and address of the purchaser of the ambulance vehicle; and

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

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

(4) When an ambulance vehicle is decommissioned and not sold to another licensed ambulance service, the owner of the ambulance vehicle shall:

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

(b) Submit to the Authority within 30 calendar days from the date the vehicle was decommissioned a statement signed by the ambulance service administrator acknowledging that all decals, emblems and markings identified in subsection (4)(a) of this rule have been removed and destroyed.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0060

RULE TITLE: Ground Ambulance Construction Criteria

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

- (1) Effective June 15, 2019 the construction criteria for a new ground ambulance shall comply with either the Commission on Accreditation of Ambulance Services (CAAS), Ground Vehicle Standard for Ambulances, v.1.0 Edition, July 1, 2016 or the National Fire Protection Association (NFPA), Standard for Automotive Ambulances, NFPA 1917, 2016 Edition, incorporated by reference.
- (2) Effective June 15, 2019 the construction criteria for a previously owned ambulance must be:
  - (a) Commercially constructed and certified as complying with the U.S. General Services Administration (GSA), August 1, 2007 Federal Specification for the Star-of-Life Ambulance Certification standards (KKK-A-1822F) as of the date of vehicle construction; or
  - (b) Inspected by an Emergency Vehicle Technician (EVT) certified by the EVT Certification Commission as an ambulance technician who provides documentation that the ambulance meets minimum safety requirements as determined by the Authority.
- (3) The construction criteria for remounting a Type I or Type III ambulance is:
  - (a) The patient compartment must have been built after November 1, 1994; and
  - (b) The remounting must be done by a:
    - (A) Recognized ambulance manufacturer;
    - (B) Recognized vehicle modifier;
    - (C) Remount center; or
    - (D) Licensed ambulance service with an established in-house remount program and is inspected by a certified EVT in accordance with subsection (2)(b) of this rule.
  - (c) The agency doing the remounting must utilize current nationally recognized vehicle modification techniques and industry standard parts and components.
  - (4) An agency 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.
  - (5) A licensed ambulance service may establish an in-house remount program by obtaining the necessary training, appropriate equipment and facilities to remount a vehicle to the described standard.
  - (6) The owner of an ambulance must select an exterior color, emblems, and markings for the ambulance that will ensure the prompt recognition of that vehicle as an ambulance. All ambulance vehicles shall be clearly identified by appropriate emblems and markings on the front, side, roof, and rear of the vehicle.
  - (7) Each licensed ambulance vehicle shall display the following emblems and terms in the location(s) specified:
    - (a) "Star-of-Life" emblem: Shall comply with the specifications adopted by the US Department of Transportation, National Highway Traffic Safety Administration (NHTSA).
    - (A) Sides — a 12 to 16-inch emblem must be located on the left and right side-panels; and
    - (B) Roof — a 32-inch emblem must be located on the roof.

(b) The 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," "EMS UNIT" or other phrases as the Authority, in its sole discretion, may permit.

(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;

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

(9) A licensed ambulance vehicle in operation and a licensed reserve ambulance shall:

(a) Be reasonably equipped and maintained. Maintenance records must be kept and made available for inspection by the Authority.

(b) Be equipped with audio or visual devices, in satisfactory working condition, that are in compliance with the CAAS or NFPA vehicle standards and the Final Stage Ambulance Manufacturer Certificate of compliance.

(c) Comply with Federal Motor Vehicle Safety Standards (FMVSS) and Department of Transportation (DOT) vehicle equipment standards for the ambulance vehicle at the time of manufacture.

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

(10) A licensed ambulance service has until June 15, 2019 for its ambulance vehicles to comply with section (1), section (2), and paragraph (3)(b)(D) of this rule.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0070

RULE TITLE: Ground Ambulance Staffing and Response Requirements

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

(1) A licensed ambulance service shall provide one of the following transport services using a licensed ground vehicle:

(a) Basic life support – the maximum functions that may be assigned to an EMR or EMT in accordance with OAR 847-035-0030;

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

(c) Specialty care as defined in these rules.

(2) It is the licensed ambulance service responsibility to ensure that all EMS providers are practicing within their scope as identified in OAR 847-035-0030.

(3) A licensed ground ambulance shall have at a minimum:

(a) If providing basic life support:

(A) 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

(B) Two EMS providers, one of which must be an EMT or above, or two ambulance based clinicians.

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

(c) EMS providers accompanying patients in the patient compartment of an ambulance vehicle must be licensed at a level appropriate for any treatment interventions initiated on scene or likely to be required during transport. This requirement does not apply to an interfacility transfer or in the case of a disaster or a multiple patient incident consisting of more than five patients or as determined by an incident commander.

(d) If both crew members must be 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).

(4) Notwithstanding subsection (3)(b) of this rule, a rural ambulance service is permitted to operate a ground ambulance providing advanced life support with a qualified driver and one AEMT, EMT-Intermediate, Paramedic or ambulance based clinician if the rural ambulance service:

(a) Notifies in writing the county responsible for the applicable ASA of the reduced staffing and the county notifies the ambulance service in writing that it does not object to the reduced staffing;

(b) Notifies in writing the licensed ambulance service's EMS medical director of the reduced staffing and the EMS medical director notifies the licensed ambulance service in writing that he or she does not object to the reduced staffing; and

(c) Notifies the Authority in writing by certified mail, the following:

(A) A description of efforts made to comply with the staffing requirements in subsection (3)(b) of this rule; and

(B) A copy of the county's notice that it does not object.

(5) If a rural ambulance service is operating with reduced staffing pursuant to section (4) of this rule it must:

(a) Document and track the date and time of calls, and make available, upon request, any associated PCRs to the Authority;

(b) Make a continuous effort to attempt to comply with the staffing requirements in subsection (3)(b) of this rule; and

(c) Comply annually with the requirements of section (4) of this rule.

(6) A full volunteer or part volunteer licensed ambulance service may respond to an emergency scene without a full

crew as required by section (3) of this rule if provisions acceptable to the Authority have been made to assure timely arrival of a two-person crew at the scene.

(a) The full volunteer or part volunteer licensed ambulance service must submit an application requesting an exception in a format prescribed by the Authority and include the following information prior to submission to the Authority:

(A) Documentation showing that the application has been approved by:

(i) The EMS medical director of the licensed ambulance service agency;

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

(iii) The county and ambulance service planning authority;

(B) A description of and provision for the following requirements:

(i) An alerting system which shall make known to the intended responders the location of the emergency;

(ii) Either two-way radio communication between responders such that response can be coordinated by responding personnel, or a fixed schedule of assigned personnel, with designation of the parties who are to respond directly to the scene of an emergency and parties who are to operate the ambulance;

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

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

(b) The full volunteer or part volunteer licensed ambulance service shall ensure that neither of the following occur:

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

(B) A licensed ambulance vehicle driven by an EMT or higher arrives at the scene but no other qualified driver, as specified by these rules, arrives at the scene to operate the ambulance; and

(c) Whenever possible, the full volunteer or part volunteer licensed ambulance service operating under an exception granted pursuant to this rule must endeavor to assure that a qualified driver who is not licensed as an EMT or higher is trained to the EMR level and meets the requirements for a qualified driver as specified in OAR 333-250-0270(6).

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

REPEAL: 333-255-0071

RULE TITLE: Ground Ambulance Operating Requirements When Providing Intermediate Level Care

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

(1) A ground ambulance in operation and providing intermediate life support care must have at a minimum the following staffing:

- (a) A qualified driver, an EMT or above, and an advanced emergency medical technician or EMT-Intermediate; or
- (b) A driver who is licensed at least at an EMT level and an advanced emergency medical technician.

(2) Notwithstanding section (1) of this rule a rural ambulance service as that term is defined in OAR 333-255-0000(30) is permitted to operate a ground ambulance providing intermediate level care with a qualified driver and one AEMT or an EMT-Intermediate if the rural ambulance service:

(a) Notifies the county responsible in writing for the applicable ASA of the reduced staffing and the county notifies the ambulance service in writing that it does not object to the reduced staffing;

(b) Notifies the licensee's supervising physician in writing of the reduced staffing and the supervising physician notifies the ambulance service in writing that he or she does not object to the reduced staffing; and

(c) Provides, to the Authority in writing by certified mail, the following:

(A) A description of efforts made to comply with the staffing requirements in section (1) of this rule; and

(B) A copy of the county's notice that it does not object.

(3) If a rural ambulance service is operating with reduced staffing pursuant to section (2) of this rule and the ambulance service responds to a call with reduced staffing, a copy of the PCHR must be sent to the Authority within 14 days of responding to the call.

(4) A rural ambulance service operating with reduced staffing pursuant to section (2) of this rule must make a continuous effort to attempt to comply with the staffing requirements in section (1) of this rule and comply with the requirements of section (2) of this rule annually.

(5) A ground ambulance must meet all requirements specified in OAR 333-255-0070.

(6) A ground ambulance in operation and providing intermediate level care must have the following items in satisfactory working condition, kept in a sanitary manner, stored in a secure manner and be readily accessible to the medical personnel:

(a) All items specified in OAR 333-255-0070;

(b) Cardiac Monitoring Equipment:

(A) A portable battery powered manual monitor defibrillator capable of recording ECG reading;

(B) ECG electrodes, adult and pediatric;

(C) Hands-free defibrillation patches, adult and pediatric or defibrillation paddles, adult and pediatric;

(D) Contact gel if using paddles;

(E) Patient cables — 2; and

(F) ECG paper.

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

(d) Medications and fluids authorized for use by an AEMT or EMT-Intermediate as required by the EMS medical director. Storage of controlled substances in an ambulance must adhere to the signed and dated procedures as specified in OAR 333-250-0300(4);

(e) Vascular access devices:

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

(B) Specifically-designed needles or device with needles for intraosseous infusions.

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



STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0072

RULE TITLE: Ground Ambulance Equipment Requirements

NOTICE FILED DATE: 03/21/2018

RULE SUMMARY: Amend OAR 333-255-0072: Ambulance vehicle equipment requirements have been updated and moved under this one rule versus three separate rules previously. Requires an agency to maintain equipment in accordance with manufacturer requirements.

RULE TEXT:

- (1) A licensed ambulance service must ensure that appropriate equipment and all ancillary supplies necessary for the proper use of equipment is available in the 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.
- (2) Required equipment for a ground ambulance providing 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;
  - (g) Oxygen nasal cannula with tubing that is transparent and disposable:
    - (A) Pediatric — 2; and
    - (B) Adult — 3;
  - (h) Bag-valve-mask ventilation device reservoir and masks in neonate, infant, pediatric and adult sizes. The device(s) must:
    - (A) Have a standard universal adapter;
    - (B) Be operable with or without an oxygen supply; and
    - (C) Be manually operated and self-refilling;
  - (i) Nebulizer, if reflected by standing orders;
  - (j) Continuous Oxygen Saturation Monitor in pediatric and adult sizes;
  - (k) Endtidal CO<sub>2</sub> detection device;
  - (l) Oropharyngeal airways in infant, pediatric and adult sizes;
  - (m) Supraglottic airway devices in pediatric and adult sizes;
  - (n) Nasopharyngeal airways in assorted sizes;
  - (o) Two suction apparatus that shall:

- (A) Be electrically powered or battery powered with pressure regulator;
- (B) If battery powered, have enough back-up batteries to maintain suction during routine transport;
- (C) Have adequate supply of wide-bore tubing, commercial rigid pharyngeal curved suction tips and flexible suction catheters in assorted sizes;
- (D) Have collection canisters, either disposable or sealable liners, with adequate capacity;
- (p) Cardiac monitoring equipment including, at a minimum, a portable battery operated automatic external defibrillator (AED) with pediatric capabilities;
- (q) A wheeled stretcher:
  - (A) Capable of securely fastening to the ambulance body;
  - (B) Having restraining devices for the legs, pelvis, torso and two over the shoulder straps;
  - (C) 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 restraint system(s) that, at a minimum, covers a weight range of between 10 and 99 pounds. Only the manufacturer's recommendations for the weight or size of the patient should be considered when selecting the appropriate device for the specific child being transported;
- (s) Fracture immobilization equipment, including but not limited to:
  - (A) Traction splints capable of pediatric and adult application;
  - (B) Extremity splints in pediatric and adult sizes;
  - (C) Extrication collars in assorted pediatric and adult sizes;
  - (D) Pelvic sling in small, standard and extra-large sizes by June 15, 2019;
  - (E) Scoop stretcher, folding or non-folding type with necessary restraining devices with sufficient supplies for spinal motion restriction;
  - (F) Short backboard or equivalent with necessary restraining devices with sufficient supplies for spinal motion restriction;
  - (G) Long backboard with necessary restraining devices with sufficient supplies for spinal motion restriction;
  - (H) Pediatric backboard with necessary restraining straps with sufficient supplies for spinal motion restriction;
- (t) Miscellaneous equipment, including but not limited to:
  - (A) Bandages and dressings in assorted sizes;
  - (B) Bandage shears;
  - (C) Occlusive dressing or equivalent;
  - (D) Adhesive (consider hypo-allergenic) tape in assorted sizes;
  - (E) Commercially manufactured arterial tourniquet;
  - (F) Emesis containers;
  - (G) Stethoscope: pediatric and adult;
  - (H) Aneroid sphygmomanometer in pediatric, adult and bariatric sizes;
  - (I) Hypothermia thermometer;
  - (J) Disposable obstetrical kit;
  - (K) Chemical heat and cold packs assorted;
  - (L) Urinals: female and male, one each;
  - (M) Bedpan;
  - (N) Set of extremity restraining devices;
  - (O) Blood glucose level testing kit or blood glucose level test strips;
  - (P) A quick reference guide or other reference material that provides appropriate guidance for pediatric drug dosing and equipment sizing;
  - (Q) Medications and fluids as authorized by the EMS medical director, appropriate to the level of care being provided;
  - (R) Linen supplies and replacements sufficient to cover wheeled stretchers;
  - (S) Commercially packaged or sterile burn sheets; and

- (T) Irrigation solution;
- (u) Personal protection equipment sufficient for crew and patient(s), including but not limited to:
  - (A) Non-latex disposable gloves;
  - (B) Disposable face masks;
  - (C) HEPA mask for each crew member;
  - (D) Protective eyewear;
  - (E) Disposable isolation gowns;
  - (F) Commercial antimicrobial hand cleanser;
  - (G) Surface cleaning disinfectant;
  - (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 minutes, or a minimum of six reflective triangles;
  - (C) Flashlight;
  - (D) Leather gloves sufficient for crew;
  - (E) Reflective vests for each crew member; and
  - (F) Adequate extrication equipment for agencies that provide initial response without the response of other rescue apparatus or equipment;
- (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.
- (3) Required equipment for a ground ambulance providing advanced life support must meet the equipment requirements specified in section (2) of this rule and include, but not limited to:
  - (a) Cardiac monitoring equipment:
    - (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;
    - (D) Patient cables — 2; and
    - (E) ECG paper.
  - (b) 6 liters physiologic isotonic crystalloid solution or combinations thereof;
  - (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.

(4) If an ambulance is providing advanced life support and the ambulance is staffed with a Paramedic or ambulance based clinician, the ground ambulance shall have all the equipment identified in section (3) of this rule and include, but not limited to:

(a) Nasogastric tubes in assorted sizes;

(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 laryngoscopic device, adult and pediatric;

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

(C) Magill Forceps — adult and child;

(D) Intubation stylettes — adult and child; and

(E) Chest decompression equipment.

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

(6) A licensed ambulance service has until June 15, 2019 for its ambulance vehicles to comply with subsection (4)(b) of this rule.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0073

RULE TITLE: Specialty Care Ground Ambulance Requirements

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

(1) 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) 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 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 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 care.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

REPEAL: 333-255-0079

RULE TITLE: Exception to the Two Person Staffing Requirement

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

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

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

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

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

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

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

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

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

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

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

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

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0080

RULE TITLE: Air Ambulance Configuration and Survival Equipment Requirements

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

- (1) An air ambulance in operation must be in compliance with all Federal Aviation Administration (FAA) regulations contained in Part 135, and ORS chapter 682.
- (2) An air ambulance must be maintained and maintenance records kept and made available for inspection by the Authority:
  - (a) The aircraft must have:
    - (A) A climate control system to prevent temperature extreme that would adversely affect patient care;
    - (B) Interior lighting, so that patient care can be given and patient status monitored. The interior lighting must not interfere with the pilot's operation of the aircraft;
    - (C) At least one outlet per patient and current for 110 volts (50/60 cycle) alternating current or other current which is capable of operating all electrically-powered medical equipment;
    - (D) A back-up source of electric current or batteries capable of operating all electrically-powered life support equipment for a minimum of one-hour;
    - (E) An adequate door to allow loading and unloading of a patient without rotating the patient and stretcher more than 30 degrees about the longitudinal (roll) axis or 45 degrees about the lateral (pitch) axis;
    - (F) A configuration that allows the medical personnel access to the patient in order to begin and maintain treatment modalities. There must always be complete access to the patient's head and upper body for effective airway management;
    - (G) The stretcher and medical equipment placed in a manner that shall not impede rapid egress by personnel or patient from the aircraft;
    - (H) Communications equipment to ensure both internal crew and air-to-ground exchange of information between individuals and agencies appropriate to the mission. Scene response aircraft must be able to communicate with EMS and law enforcement personnel at the scene; and
    - (I) An installed self-activating emergency locator transmitter.
  - (b) The aircraft must have survival equipment for crew members and patient consisting of:
    - (A) Clothes for the season and area to be served;
    - (B) Thermal (space) blanket;
    - (C) Plastic tarp, at least 5' x 7';
    - (D) Signal mirror;
    - (E) Compass;
    - (F) Canned smoke signal, or flare pistol and flares or pencil-flares;
    - (G) Flashlight or headlamp;
    - (H) Orange signal banner;
    - (I) Noise maker (whistle);
    - (J) Drinkable water (minimum of three liters) or intravenous fluid;
    - (K) Emergency food rations supplying at least 3,000 calories per person;
    - (L) Waterproof matches or fire-starting equipment; and
    - (M) Fire extinguisher (ABC rating).
- (3) The aircraft owner who does not own their medical equipment or employ their medical personnel, must have on file with the Authority a copy of the signed and dated agreement or contract with the agency that does provide either the medical personnel or medical equipment to be used on the air ambulance. The signed and dated agreement or contract



must be filed annually or whenever substantive changes are made, whichever is more frequent.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0081

RULE TITLE: Air Ambulance Operating Requirements for Interfacility Transfers

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

(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 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-rebreathing masks with tubing:
    - (i) Pediatric — 2; and
    - (ii) Adult — 2;
  - (B) Oxygen nasal cannula with tubing that is transparent and disposable:
    - (i) Pediatric — 2;
    - (ii) Adult — 2;
  - (C) Bag-valve-mask ventilation device reservoir and masks in neonate, infant, pediatric and 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;
    - (C) Endtidal CO<sub>2</sub> detection device in assorted sizes;
    - (D) Oropharyngeal airways in assorted infant, pediatric and adult sizes; and
    - (E) Nasal airways in assorted sizes;
  - (d) Suction equipment:
    - (A) Portable suction aspirator:
      - (i) The unit must be either a self-contained battery or oxygen-powered unit that can operate continuously for 20 minutes and is rechargeable or be a manually-powered unit;
      - (ii) The unit must be capable of developing a minimum vacuum of 300 mm Hg within four seconds after the suction tube is closed;
      - (iii) The unit must provide a free air flow of at least 20 liters per minute;
      - (iv) The unit must be adjustable for use on pediatric and intubated patients;
      - (v) The unit must include at least a 300-ml collection bottle; and
      - (vi) A secondary suction apparatus;
    - (B) Suction connecting tubing and catheters:
      - (i) Suction connecting tubing that is at least one-quarter of an inch in diameter, translucent and will not kink or collapse under high suction — 2; and
      - (ii) Suction catheters in assorted sizes and types for adult, pediatric, infant and neonate;
  - (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 an over the shoulder restraint;
- (f) Miscellaneous equipment:
  - (A) Emesis containers;
  - (B) Stethoscope, adult and pediatric;
  - (C) Aneroid sphygmomanometer in assorted sizes;
  - (D) Bandage shears;
  - (E) Hypothermia thermometer;
  - (F) Chemical heat and cold packs, assorted;
  - (G) Blood glucose level testing kit or blood glucose level test strips;
  - (H) Urinals, female and male, one each;
  - (I) Bed pan (Exempt from rotary-wing aircraft); and
  - (J) Set of extremity restraining devices;

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

(A) Disposable gloves;

(B) Disposable face masks;

(C) Protective eyewear;

(D) Disposable isolation gowns;

(E) Hand cleaning solution or foam;

(F) Surface cleaning disinfectant;

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

(H) Infectious waste disposal bags;

(h) Linen supplies and replacements to cover stretcher;

(i) Commercially packaged or sterile burn sheets;

(j) Commercially manufactured arterial tourniquet;

(k) Latex free 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.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0082

RULE TITLE: Air Ambulance Operating Requirements for Scene Response

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

(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 application;

(B) Extremity splints in assorted sizes; and

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

(c) Bandages and dressings in assorted sizes, sterile and non-sterile;

(d) Occlusive dressing or equivalent;

(e) Adhesive or hypo-allergenic tape in assorted sizes;

(f) Cardiac monitoring equipment:

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

(B) ECG electrodes: pediatric and adult;

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

(D) 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;

(g) Advanced airway care equipment:

(A) Primary and secondary laryngoscopic device, adult and pediatric;

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

(C) Magill Forceps, pediatric and adult;

(D) Intubation stylettes, pediatric and adult;

(E) Endtidal CO2 detection device;

(F) Oxygen saturation monitor; and

(G) Chest decompression equipment;

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

(i) Vascular access devices:

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

(B) Specifically-designed needles for intraosseous infusions;

(j) Nasogastric tubes in assorted sizes;

(k) Oregon Trauma System's Identification Bracelets — 5; and

(l) 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 reference material that provides appropriate guidelines for pediatric drug dosing and equipment sizing; and
  - (D) Appropriately-sized child restraint system(s) that, at a minimum, covers a weight range of between 10 and 99 pounds. Only the manufacturer's recommendations for the weight or size of the patient should be considered when selecting the appropriate device for the specific child being transported.
- (3) In a prehospital resuscitation, when no other practical means of transportation, including any other properly equipped license-holder, is reasonably available, a license-holder may deviate from the rules to the extent necessary to meet the rescue situation.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

REPEAL: 333-255-0090

RULE TITLE: Marine Ambulance Configuration and Survival/Rescue Equipment Requirements

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

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

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

REPEAL: 333-255-0091

RULE TITLE: Marine Ambulance Operating Requirements When Providing Basic Level Care

NOTICE FILED DATE: 03/21/2018

RULE SUMMARY: Repeal OAR 333-255-0091: Removes outdated marine ambulance provisions. There are no marine ambulances licensed or operating in Oregon.

RULE TEXT:

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

(a) An operator, who:

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

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

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

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

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

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

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

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

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

(a) Medical oxygen cylinders and regulators:

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

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

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

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

(b) Medical oxygen administration equipment:

(A) Oxygen non-rebreathing masks with tubing:

(i) Pediatric — 2; and

(ii) Adult — 2.

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

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

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

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

(iii) Be manually operated and self-refilling;

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

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

(c) Airway maintenance devices:

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

(B) Endtidal CO<sub>2</sub> detection device in assorted sizes;

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

(D) Nasal airways in assorted sizes.

(d) Suction equipment:



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

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

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

REPEAL: 333-255-0092

RULE TITLE: Marine Ambulance Operating Requirements When Providing Intermediate Level Care

NOTICE FILED DATE: 03/21/2018

RULE SUMMARY: Repeal OAR 333-255-0092: Removes outdated marine ambulance provisions. There are no marine ambulances licensed or operating in Oregon.

RULE TEXT:

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

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

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

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

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

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

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

(d) Vascular access devices:

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

(B) Specifically-designed needles for intraosseous infusions.

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

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

REPEAL: 333-255-0093

RULE TITLE: Marine Ambulance Operating Requirements When Providing Advanced Level Care

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

- (1) A marine ambulance in operation and providing advanced level care must have a minimum staff of two persons:
- (a) An operator who complies with the requirements specified in OAR 333-255-0091(1)(a)(A) through (1)(a)(D) or (1)(c)(A) through (1)(c)(D); and
  - (b) A person who is at the Paramedic license level or an RN, PA or physician who is trained in prehospital emergency medical care must be attending to the patient when a patient is receiving advanced life support care. If the operator is not a licensed EMT, then a second EMT must be available for patient care both on the marine ambulance and on scene. The Paramedic, RN, PA, physician, or other qualified personnel must:
    - (A) Not have consumed any alcoholic beverages in the eight hours prior to working on an ambulance; and
    - (B) Not be taking any medications that could impair the giving of proper patient care.
  - (c) When a RN, PA or physician is staffing an ambulance in lieu of a Paramedic and is providing advanced level care he or she must have:
    - (A) A current American Heart Association "Health Care Provider", American Red Cross "Basic Life Support for the Professional Rescuer" or other Authority-approved equivalent CPR course completion document;
    - (B) A current Advanced Cardiac Life Support course or other Authority-approved equivalent completion document;
    - (C) A pediatric advanced life support course or other Authority-approved equivalent completion document;
    - (D) A Prehospital Trauma Life Support, Basic Trauma Life Support, Trauma Emergency Assessment Management or Trauma Nurse Core Course completion document. The Trauma Emergency Assessment Management and Trauma Nurse Core Course must include a supplemental prehospital rapid extrication training session;
    - (E) The ability to properly assist in extricating, lifting and moving a patient; and
    - (F) The knowledge to properly operate all patient care equipment that may be used.
- (2) A marine ambulance in operation and providing advanced level care must have the following advanced life support patient care equipment in a satisfactory working condition, kept in a sanitary manner and which is readily accessible to medical personnel:
- (a) All items specified in OAR 333-255-0091(2)(a) through (2)(r);
  - (b) Cardiac monitoring equipment:
    - (A) Manual monitor/defibrillator;
    - (B) Monitoring electrodes, infant and adult;
    - (C) Patient cables — 2; and
    - (D) ECG paper.
  - (c) Advanced airway care equipment:
    - (A) Laryngoscope handle and assorted blade sizes, adult and pediatric;
    - (B) Spare dated batteries for the laryngoscope handle;
    - (C) Spare bulbs for the laryngoscope blades;
    - (D) Endotracheal tubes in assorted sizes, adult and pediatric;
    - (E) Magill Forceps, adult and child;
    - (F) Intubation stylettes, adult and pediatric;
    - (G) Endtidal CO2 detection device; and
    - (H) Chest decompression equipment.
  - (d) Sterile intravenous agents and medications authorized by the EMS medical director;
  - (e) Vascular access devices:

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

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0100

RULE TITLE: Complaints

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

- (1) Any person may make a complaint verbally or in writing to the Authority regarding an allegation that a licensed ambulance vehicle is in violation of any licensing law.
- (2) The identity of a person making a complaint will be kept confidential as permitted by law.
- (3) An investigation will be carried out as soon as practicable after the receipt of the complaint in accordance with OAR 333-255-0105.
- (4) If the complaint involves an allegation of criminal conduct or an allegation that is within the jurisdiction of another local, state or federal agency, the Authority will refer the matter to that agency.
- (5) The Authority does not have jurisdiction over and shall not take action on complaints that relate solely to rates charged to a patient transported by a licensed ambulance service in an ambulance.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0105

RULE TITLE: Investigations

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

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

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

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

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

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

(c) Review of documents and records.

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

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

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0110

RULE TITLE: Survey of Ambulance Vehicle

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

- (1) In addition to any investigation conducted under OAR 333-255-0105, the Authority may conduct a survey of an ambulance vehicle for the purpose of evaluating the eligibility of an ambulance service to receive or retain an ambulance vehicle license and to ensure the health, safety, and welfare of the persons who utilize ambulance vehicles.
- (2) An ambulance vehicle may be exempt from the survey process if:
  - (a) An initial survey of the ambulance service was conducted by the Authority previously and the ambulance service license remains active and in good standing;
  - (b) The ambulance service is accredited by a nationally recognized EMS accreditation program that meets or exceeds Oregon requirements. A copy of the survey report from the nationally recognized EMS accreditation program must be filed with the Authority for approval; or
  - (c) The ambulance service and ambulance vehicle has undergone a survey from a designee approved by the Authority or a local city or county governmental agency. A copy of the survey report from the local city or county governmental agency or state designee must be filed with the Authority for approval.
- (3) Initial and routine surveys of an ambulance vehicle must be scheduled with the management of the ambulance service at least 72 hours in advance of the survey unless otherwise mutually agreed upon by the Authority and ambulance service administrator or designee. The Authority:
  - (a) May survey an ambulance vehicle whenever the vehicle is present at the ambulance service office or any satellite-office location.
  - (b) Shall conduct a survey without impeding patient care or unreasonably delaying patient transport, unless in the judgment of the Authority, the lack of properly operating patient care equipment, the safety condition of the ambulance vehicle, or the patient care being rendered is detrimental or is reasonably likely to be detrimental to the patient's health, safety, or welfare.
  - (c) Shall be permitted access and entry, without delay, to all premises housing an ambulance vehicle for the purpose of a vehicle survey. No one, including but not limited to, the owner, the manager, employees, volunteers, and agents, may impede the Authority in conducting a lawful survey of an ambulance vehicle to evaluate compliance with ORS chapter 682; OAR chapter 333, division 250; and these rules.
  - (d) May accompany an ambulance crew on a call for the purpose of evaluating compliance with the requirements of ORS chapter 682; OAR chapter 333, division 250; and these rules.
- (4) In conducting a survey, the Authority must:
  - (a) Identify him or herself by presenting Authority identification to the owner, manager, ranking employee, or volunteer present at the site of a survey or interview;
  - (b) Inform the ambulance service administrator or designee of the purpose for the survey; and
  - (c) Inform the ambulance service administrator or designee when the survey or interview has been completed and the preliminary results of the survey.
- (5) A survey may include but is not limited to:
  - (a) Interviews of patients, patient family members, ambulance management or staff;
  - (b) On-site observation of staff performance and the physical environment of the ambulance service or ambulance vehicle; and
  - (c) Review of documents and records.



- (6) An ambulance service shall make all requested documents and records available to the surveyor for review and copying.
- (7) The Authority shall have the authority to make photographic, video-graphic or audio recording documentation as part of a survey for or investigation of non-compliance with ORS chapter 682; OAR chapter 333, division 250 and these rules.
- (8) Following the survey, Authority staff shall prepare and provide the ambulance service administrator or designee specific and timely written notice of the findings.
- (9) If the findings result in a referral to another regulatory agency, Authority staff shall submit applicable information to that referral agency for its review and determination of appropriate action.
- (10) If no deficiencies are found during a survey, the Authority shall issue written findings to the ambulance service administrator or designee indicating that fact.
- (11) At the completion of the survey process, a final report identifying findings shall be sent to the county commissioner or county judge, the ambulance service EMS medical director and administrator of the county ASA plan.
- (12) If deficiencies are found, the Authority shall take informal or formal enforcement action in accordance with OAR 333-255-0120 or 333-255-0125.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0115

RULE TITLE: Violations

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

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

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

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0120

RULE TITLE: Informal Enforcement

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0125

RULE TITLE: Formal Enforcement

NOTICE FILED DATE: 03/21/2018

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

RULE TEXT:

- (1) If during an investigation or survey, Authority staff document a substantial failure to comply with ambulance vehicle licensing rules or laws, or if an agency fails to pay a civil penalty imposed under ORS 682.224 and these rules, the Authority may issue a Notice of Proposed Suspension or Notice of Proposed Revocation in accordance with ORS 183.411 through 183.470.
- (2) If during an investigation or survey, Authority staff document that an ambulance vehicle manifests evidence of a mechanical or equipment deficiency which poses a significant threat to the health or safety of patients or crew, the Authority shall immediately suspend that vehicle from operation.
- (3) No ambulance vehicle that has been suspended from operation may be operated until the licensed ambulance service has certified and the Authority has confirmed that all the violations have been corrected.
- (4) The Authority must provide appropriate public notification of the suspension or revocation of an ambulance vehicle license.
- (5) The Authority shall immediately notify the county commissioner or county judge, the ambulance service EMS medical director and the administrator of the county ASA plan of any ambulance vehicle license suspension.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991