

OREGON ADMINISTRATIVE RULES
DEPARTMENT OF HUMAN SERVICES, PUBLIC HEALTH DIVISION
CHAPTER 333

DIVISION 250

AMBULANCE SERVICE LICENSING

333-250-0010

Definitions

(1) "Advanced Emergency Medical Technician (AEMT)" has the meaning given that term in OAR chapter 333, division 265.

(2) "Advertise" means to communicate information to the public, or to any person concerned, by any oral, written, or graphic means including, but not limited to, handbills, newspapers, television, billboards, radio, Internet and telephone directories.

(3) "Agent" means a medical or osteopathic physician licensed under ORS chapter 677, actively registered and in good standing with the Oregon Medical Board, a resident of or actively participating in the area in which the emergency service is located, designated by the supervising physician to provide direction of the medical services of EMTs and First Responders as specified in OAR chapter 847.

(4) "Ambulance" or "Ambulance Vehicle" means any 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.

(5) "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.

(6) "Ambulance Service" means any person, governmental unit, corporation, partnership, sole proprietorship, or other entity that operates ambulances and that holds itself out as providing prehospital care or medical transportation to persons who are ill or injured or who have disabilities.

(7) "Ambulance Service Area (ASA)" means a geographic area served by one ground ambulance service provider, and may include all or portion of a county, or all or portions of two or more contiguous counties.

(8) "Business Day" means Monday through Friday when the Division is open for business, excluding holidays.

(9) "Division" means the Oregon Public Health Division, Emergency Medical Services and Trauma System Section, within the Department of Human Services.

(10) "Emergency Care" means the performance of acts or procedures under emergency conditions in the observation, care and counsel of the ill, injured or disabled; in the administration of care or medications as prescribed by a licensed 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. However, "emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.

- (11) "Emergency Medical Responder" has the meaning given that term in OAR chapter 333, division 265.
- (12) "Emergency Medical Technician" or "EMT" has the meaning given that term in OAR chapter 333, division 265.
- (13) "EMS" means Emergency Medical Services.
- (14) "EMS Medical Director" has the same meaning as "Supervising Physician" in ORS 682.025.
- (15) "EMS Training Director" means a person who has the responsibility for coordinating EMS training, obtaining qualified instructors and maintaining the personnel training records for a licensed ambulance service.
- (16) "EMT-Basic" has the meaning given that term in OAR chapter 333, division 265.
- (17) "EMT-Intermediate" has the meaning given that term in OAR chapter 333, division 265.
- (18) "EMT-Paramedic" or "Paramedic" has the meaning given that term in OAR chapter 333, division 265.
- (19) "Employee" means any full-time paid or part-time paid person acting within the scope of his or her duties and for or on behalf of an ambulance service.
- (20) "First Responder" has the meaning given that term in OAR chapter 333, division 265.
- (21) "Fraud or Deception" means 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.
- (22) "License" means the documents issued by the Division to the owner of an ambulance service when the service and its ambulance are found to be in compliance with ORS chapter 682, OAR chapter 333, division 255 and these rules.
- (23) "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, 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 in the course of providing prehospital care as defined by this rule.
- (24) "Owner" means the person having all the incidents of ownership in an ambulance service or an ambulance 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.
- (25) "Patient" means a person who is ill or injured or who has a disability and who is transported in an ambulance.
- (26) "Person" means any individual, corporation, association, firm, partnership, joint stock company, group of individuals acting together for a common purpose, or organization of any kind and includes any receiver, trustee, assignee, or other similar representative thereof.

(27) "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).

(28) "Prehospital Care" means that care rendered by emergency medical technicians as an incident of the operation of an ambulance as defined by ORS chapter 682 and that care rendered by emergency medical technicians as incidents of other public or private safety duties, and includes, but is not limited to "emergency care" as defined by ORS chapter 682.

(29) "Prehospital Care Report Form (PCRF)" means a Division-approved form or electronic field data format that is completed for all patients receiving prehospital assessment, care or transportation to a medical facility.

(30) "Procedure" means a written, dated and signed course of action to carry out a directive. A procedure must be able to answer the questions; who, what, why, when and where.

(31) "Volunteer" means a person who is working without wages and is acting within the scope of his or her duties for an ambulance service, but who may receive reimbursement for personal expenses incurred.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0020

Application Process to Obtain an Ambulance Service License

(1) Every person who furnishes, operates, conducts, maintains, advertises, engages in, proposes to engage in, or professes to engage in the provision of ambulance service must apply for and receive an ambulance service license from the Division before offering such service to the public.

(2) The applicant for an ambulance service license must possess at least one ambulance, facilities, equipment, emergency medical personnel, staffing capabilities, communications system, and services meeting the requirements of ORS chapter 682 and these rules.

(3) An applicant for an ambulance service license must submit an application to the Division on a form specified by the Division. A completed application form must contain, at a minimum:

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

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

(c) If for a corporation, a limited partnership, or a limited liability company, attach to the application:

(A) A written statement from the Oregon Secretary of State's Corporation Division Office that the ambulance service is registered in accordance with the requirements of the Secretary of State's Corporation Division Office and that the ambulance service is in good standing and has filed all its annual reports, together with filing fees;

(B) The name of the registered agent of the ambulance service that is on file with the Secretary of State's Corporation Division Office; and

(C) All trade names recorded with the Secretary of State's Corporation Division Office for this business entity, and if this business entity is a subsidiary, all trade names or

names of all other subsidiaries recorded with the Secretary of State's Corporation Division Office.

- (d) If for a public agency, documentation from local city or county authorizing operation as an ambulance service.
- (e) A copy of a signed signature authorization form or a power of attorney;
- (f) The name of the principal contact person that the ambulance service wants contacted regarding official communications with the Division, if different than identified in subsection (3)(a) of this rule;
- (g) The mailing and actual street address of the principal place of business of the ambulance service and the actual street address of all fixed locations where an ambulance is parked when not in operation;
- (h) Proof of financial responsibility as specified in ORS 682.105. Proof must be in the form of a certificate of insurance;
- (i) Copies of all licenses issued by the Federal Communications Commission (FCC) for the operation of the ambulance service's communications equipment and radio configuration data as required by the Division or written authorization from a FCC license holder to use the license holder's frequencies;
- (j) If laboratory tests are conducted that require a license, a copy of that license;
- (k) A copy of the operator's Air Carrier Operating Certificate, if the service will be operating an air ambulance;
- (l) A copy of the operator's US Coast Guard Certificate of Compliance, if the service will be operating a marine ambulance;
- (m) Copies of all telephone book yellow pages, where ambulance service advertising appears;
- (n) A copy of a Prehospital Care Report Form or electronic field data format, which must be approved by the Division, if not using the Division's Prehospital Care Report Form;
- (o) A roster of all emergency medical personnel, ambulance based clinicians, and ambulance operators in alphabetical order, who shall either operate an ambulance or attend to patients, or both, along with the following information for each employee and volunteer:
 - (A) The full legal name;
 - (B) The employment status as either full-time paid, part-time paid or volunteer;
 - (C) The level of professional certification or license held; and
 - (D) The certification or other license numbers, including driver and pilot license numbers for those persons operating the ambulance.
- (p) A list of all ambulances to be operated by the ambulance service under the ambulance service license along with the information required for an ambulance license pursuant to ORS chapter 682 and these rules;
- (q) A statement under the penalties of perjury that certifies the following:
 - (A) There has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service license to operate in the State of Oregon. Where an applicant relies on documents submitted by employees, volunteers or agents, the applicant has made a reasonable effort to verify the validity of those documents;

(B) The applicant authorizes any persons or entities, including but not limited to hospitals, institutions, organizations, or governmental entities to release to the Division any information, files, or records requested by the Division in connection with the processing of an application; and

(C) Upon receiving an ambulance service license, the licensee authorizes disclosure of information by insurance companies, physicians, health care facilities, including but not limited to hospitals, nursing homes, or free standing medical centers, to the Division relating to service provided by the ambulance service to those facilities or to patients being taken from or to those facilities.

(r) The completed application must contain the signature(s) of the person(s) having the lawful responsibility for the overall operation of an ambulance service or the person having the power of attorney, or the authorized person empowered to sign on behalf of the ambulance service; and

(s) Such other information as the Division may reasonably require.

(4) If the applicant's primary ambulance service business office is located in another state, the applicant must:

(a) Meet requirements listed in sections (1) through (3)(s) of this rule; and

(b) Attach copies of their current ambulance service and ambulance license(s) for that state to the application.

(5) The completed application to license an ambulance service must be accompanied by a nonrefundable licensing fee of:

(a) \$75, when the service has a maximum of four full-time paid positions; or

(b) \$250, when the service has five or more full-time paid positions.

(6) Upon review of the completed initial application and nonrefundable fee, the Division shall schedule an inspection of the applicant's facilities, records and ambulances. The applicant must successfully complete the inspection to be issued an ambulance service license. A license shall be issued within 10 business days of successful inspection.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0040

Ambulance Service Operational Requirements

(1) The licensee must ensure that the service, employees, volunteers and agents:

(a) Comply with all of the requirements of ORS chapter 682, ORS 820.300 through 820.380 and other applicable federal, state and local laws and regulations governing the operation of a licensed ambulance service;

(b) Notify the Division, upon making initial application or within 14-days of the date of registration, of any new "trading as", "division of", or "doing business as" names utilized by the licensee; and

(c) Transport only patients for which it has the resources to provide appropriate medical care and transportation unless in transfers between medical facilities, the sending or receiving facility has provided medically appropriate life support measures, personnel, and equipment to sustain the patient during the transfer.

(2) The licensee shall document that each employee or volunteer:

(a) Is provided an initial orientation program that addresses, at a minimum, the ambulance service standing orders, ambulance service policies and procedures, driving

and operating requirements for ambulance vehicles, and operations of equipment. The initial orientation program must be completed prior to the employee or volunteer being allowed to staff an ambulance; and

(b) Has access to current copies of these rules, and the documents referred to within these rules that are incorporated by reference.

(3) The licensee must have written procedures to carry out daily ambulance service operations. Procedures must include, but are not limited to:

(a) Bloodborne pathogen procedures that are in compliance with OAR chapter 437;

(b) The storage of medications including controlled substances if authorized by the EMS Medical Director. This procedure must meet Oregon Board of Pharmacy requirements in OAR chapter 855 and US Drug Enforcement Administration requirements found in 21 CFR 1301.75(b).

(c) The destruction of outdated medications including controlled substances if authorized by the EMS Medical Director. This procedure must meet Oregon Board of Pharmacy Requirements found in OAR chapter 855 and US Drug Enforcement Administration requirements found in 21 CFR 1307.21.

(d) A procedure for notifying the licensee when an employee is impaired by excessive fatigue, illness, injury or other factors that may reasonably be anticipated to constitute a threat to the health and safety of patients or the public;

(e) The reporting of suspected child abuse as required in ORS 419B.005 through 419.B.050; and

(f) The reporting of suspected elderly abuse as required in ORS 124.050 through 124.095. Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0041

Ambulance Service Personnel Educational Requirements and Quality Improvement

(1) The licensee shall provide, coordinate, and document the following:

(a) An orientation program for all new emergency medical personnel, ambulance based clinicians and ambulance operators. The initial orientation program must include but is not limited to the subjects listed in OAR 333-250-0040(2)(a); and

(b) The training of all emergency medical personnel and ambulance based clinicians on the proper use of any new equipment, procedure or medication prior to being placed into operation on an ambulance.

(2) Before the licensee permits a person to staff an ambulance, the licensee shall ensure that the person has current training that includes but is not limited to:

(a) Bloodborne pathogen and infectious disease training that meets or exceeds standards found in OAR chapter 437;

(b) Hazardous materials awareness training that meets or exceeds the Oregon Occupational Safety and Health Division standards found in OAR chapter 437;

(c) Emergency ground ambulance operator's training that meets Division standards when operating a ground ambulance;

(d) Air medical crew training that meets Division standards when operating an air ambulance; and

(e) Marine crew training that meets Division standards when operating a marine ambulance.

- (3) The licensee shall ensure that there is verifiable written documentation placed in the employee's or volunteer's training file that the employee or volunteer has completed the training and the documentation shall include when and where the training was obtained.
- (4) Any EMS related or required continuing education offered by the licensee or designee must be documented as follows:
 - (a) A class roster that contains:
 - (A) Name of the ambulance service;
 - (B) Name of the instructor;
 - (C) Full name of the person attending the class;
 - (D) Class date;
 - (E) Class subject; and
 - (F) Class length; or
 - (b) A computer-generated printout history of an individual's continuing education record that contains:
 - (A) The full name of the person or employee;
 - (B) Name of the ambulance service;
 - (C) Class dates;
 - (D) Class subjects; and
 - (E) Class lengths.
- (5) Documentation required in section (4) of this rule must be maintained in a secure manner with limited access for a minimum of four years.
- (6) The licensee must establish a procedure to release copies of all records of continuing education completed by an emergency medical technician, emergency medical responder or employee through the service in a verifiable format to the requesting party within five business days of being requested.
- (7) The licensee must have a written quality improvement program that is approved by the EMS Medical Director.
- (8) To assist the licensee and the EMS Medical Director in determining if appropriate and timely emergency medical care was rendered, the ambulance service designated official may request the following information from the hospital receiving the patient as authorized by ORS 682.056:
 - (a) Patient admit status and unit admitted to;
 - (b) Any procedure listed in section D04_04 of the National Highway Transportation Safety Administration dataset dictionary, version 2.2.1, and performed on the patient within the first hour of being admitted;
 - (c) Any medication administered to the patient within the first hour of being admitted; and
 - (d) Trauma system entry by emergency department staff.
- (9) Information provided under section (8) of this rule is considered confidential pursuant to ORS 682.056. Any employee or volunteer participating in a quality improvement session must have a signed confidentiality statement in their personnel file.
- (10) If the licensee accepts students for EMT-Paramedic internships from an accredited teaching institution, the licensee must:
 - (a) Have a signed and dated contract with each teaching institution providing internship students; and

(b) Use qualified preceptors, as defined by OAR 333-265-0000, who will be assigned to supervise, document and evaluate the Paramedic interns.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0042

Ambulance Operational Requirements

(1) The licensee must ensure that the service, employees, volunteers and agents providing ground ambulance service:

(a) Comply with all applicable statutes in the 2007-2008 Oregon Motor Vehicle Codes relating to motor vehicle and emergency vehicle operations, ORS 820.300 through 820.380 and ORS chapter 445.

(b) Successfully complete an emergency vehicle operator's course of instruction prior to independently operating an ambulance. The course must meet or be equivalent to the National Safety Council for Emergency Vehicle Operators Course (CEVO 2 or 3) or National Fire Protection Agency (NFPA) Driver.

(c) Comply with the licensee's procedures.

(2) A licensee shall have a procedure:

(a) Detailing the operation of an ambulance for both emergency and non-emergency situations;

(b) To remove an ambulance from service when the mechanical condition of an ambulance is sufficiently unreliable so as to endanger or potentially endanger the health, safety, or welfare of a patient or crew member;

(c) To handle a mechanical breakdown and to repair or replace a damaged tire or wheel when the ambulance is in operation; and

(d) Detailing what steps are to be followed when an ambulance is involved in an accident. The procedure must include the submission of a legible copy of the Department of Motor Vehicles Accident Report to the Division within 10 business days of the accident.

(3) The licensee must ensure that the service, employees, volunteers and agents providing air ambulance service:

(a) Comply with the Federal Acquisition Regulation (FAR), 14 CFR Part 135 of the Operating requirements; Commuter and on demand operations and rules governing persons on board such aircraft; and

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

(4) A licensee may only utilize an ambulance for the provision of providing ambulance service that has been issued a license by the Division and that complies with all requirements of ORS chapter 682, OAR chapter 333, division 255, and these rules.

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

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0043

Ambulance Service Personnel Record Keeping and Reporting Requirements

(1) The licensee must:

(a) Maintain a complete and current personnel file, training file, and/or medical file for each employee and volunteer, including but not limited to:

(A) Full name;

(B) Current home mailing address;

(C) Affiliation status, listed as either an employee full-time paid, employee part-time paid, volunteer, or agent;

(D) Copies of:

(i) Reportable actions forms or E-4 as required under OAR 333-250-0043(5);

(ii) Applicable professional certificates or licenses;

(iii) A current driver's license;

(iv) A current pilot's license if the employee or volunteer operates an air ambulance;

(v) A certified court printout of initial driver's license check done through the Oregon Department of Motor Vehicles Automated Reporting System Program or equivalent reporting program as approved by the Division, and any subsequent reported convictions, accidents or license suspensions. If the driver has an out-of-state driver's license, the licensee must participate in a similar program for that state, if available and if not available, conduct an annual driving record check; and

(vi) Current healthcare provider CPR card or proof of course completion that meets or exceeds the 2005 American Heart Association ECC guidelines or equivalent standards approved by the Division.

(b) If the licensee contracts with or employs ambulance based clinicians for the purpose of providing advanced level care, the licensee shall ensure that the clinicians:

(A) Meet all of the applicable requirements in OAR chapter 333, division 250;

(B) Have documentation of a current Advanced Cardiac Life Support course or other Division-approved equivalent course completion;

(C) Have documentation of current Pediatric Advanced Life Support or other Division-approved equivalent course completion; and

(D) Have documentation of completing a current Prehospital Trauma Life Support, Basic Trauma Life Support, Trauma Emergency Assessment Management or Trauma Nurse Core Course. The Trauma Emergency Assessment Management and Trauma Nurse Core Course must include a supplemental prehospital rapid extrication training session.

(c) Documentation that an employee or volunteer has completed:

(A) An ambulance service initial orientation program that includes requirements set forth in OAR 333-250-0040(2)(a) and (b);

(B) A bloodborne pathogen and infectious disease training course that meets standards found in OAR 437-002-0360 and 437-002-1030 and an annual refresher training course;

(C) A Hazardous Materials Awareness training course that meets or exceeds the Oregon Occupational Safety and Health Division standards found in OAR chapter 437 and an annual refresher training course;

- (D) A Division-approved emergency vehicle operator's course for ground ambulance drivers only. The course must meet or be equivalent to the standards of the National Safety Council for Emergency Vehicle Operators Course, (CEVO II-IIIAMB) or NFPA Driver;
 - (E) The US Department of Transportation's Air Medical Crew National Standard Curriculum course or equivalent and annual refresher training for persons staffing air ambulances only;
 - (F) Initial Tuberculosis (TB) screening and any subsequent TB screenings;
 - (G) Hepatitis-B immunizations or a signed statement of declination;
 - (H) A signed statement by a driver not certified or licensed through the Division that they are:
 - (i) Not addicted to alcohol or controlled substances and are free from any physical or mental condition that might impair the ability to operate or staff an ambulance; and
 - (ii) Physically capable of assisting in the extrication, lifting and moving of a patient.
- (2) A licensee shall have documentation of items listed in section (1) of this rule prior to the employee or volunteer being allowed to independently staff an ambulance. Note: an employee or volunteer must begin the Hepatitis-B immunization series or have a signed statement of declination prior to independently staffing an ambulance.
- (3) All records relating to an ambulance service's operations must be retained by the licensee or the licensee's successors or assigns for not less than seven years from the date of implementation, purchase, dispatch, etc., or longer if so required by law or regulation. The record keeping mechanism may be in any permanent form including paper or on magnetic media provided that the information can be made readily available for inspection by the Division.
- (4) The licensee must promptly submit to the Division such information, including survey information, that the Division may reasonably require.
- (5) The licensee must submit a completed Division-approved reportable action or E-4 form to the Division, within the times specified, for any of the following actions:
- (a) Hiring a new employee or volunteer, within 14 business days;
 - (b) Terminating or suspending an employee or volunteer for cause, within 14 business days; and
 - (c) Disciplinary action taken by the licensee or the EMS Medical Director for unprofessional conduct as listed in OAR 333-265-0000, within 14 business days.
- [Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0044

Prehospital Care Report Form or Electronic Field Data Format Completion Requirements

- (1) The licensee must complete a PCRf in each instance where an ambulance arrives on the scene and patient contact is initiated.
- (2) A complete PCRf or electronic field data format as specified by the Division must be prepared by ambulance personnel and delivered to appropriate hospital staff at the time patient care is transferred, unless the PCRf is provided electronically under section (3) of this rule.

- (3) If a PCRf is provided via electronic format, a licensee shall ensure that personnel verbally relay pertinent patient care information to hospital staff prior to leaving the hospital. A completed electronic report must be submitted to the hospital at a location designated by the hospital within 12 hours of the patient being transported to the hospital.
- (4) If the ambulance crew is unable to complete the PCRf at the time patient care is transferred, the ambulance crew may depart after receiving verbal verification from an emergency department employee involved with providing patient care that sufficient patient information has been transferred to support safe and timely continuation of patient care.
- (5) The licensee must return the ambulance crew to the hospital when requested by the attending physician for the purpose of obtaining the completed PCRf or additional patient care information. If acceptable to the attending physician, a completed PCRf can be faxed or electronically sent to the hospital;
- (6) A licensee must ensure that a PCRf or electronic field data form contains data points as defined by version 2.2.1 of the National Highway Transportation Safety Administration Uniform Pre-Hospital Emergency Medical Services Dataset; and
- (a) For any patient meeting the criteria for trauma patient as defined in OAR 333-200-0010(26):
- (A) Trauma band number; and
- (B) Triage criteria as defined in OAR 333-200-0010, Exhibit 2.
- (7) Notwithstanding the requirements in this rule, a completed PCRf or electronic field data form is not required when there is a disaster or a multiple patient incident consisting of more than five patients or the number of patients prescribed in the county's ASA plan, and which results in a single ambulance transporting two stretcher patients at the same time or when an ambulance is required to make more than one trip to and from the incident site. In those situations, a completed triage tag that includes listing of the trauma systems identification bracelet number, recording of the times and results of all vital signs taken and the times, name and dosage of any medication given is acceptable patient care documentation. However, every reasonable attempt must be made by the ambulance personnel or ambulance based clinicians to complete an approved PCRf or electronic field data form for each patient at the conclusion of the incident.
- Stat. Auth.: ORS 682.017
Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0045

Storage, Release and Destruction of Prehospital Care Report Form Requirements

- (1) The licensee is responsible for:
- (a) Providing secure storage of PCRfs, with limited access to the PCRfs by office and ambulance personnel;
- (b) Providing that the PCRfs are organized in a manner that will allow an authorized ambulance service representative to locate a PCRf within a reasonable amount of time, given a patient's name and the date and time of the ambulance call;
- (c) Establishing a procedure for when a copy of the PCRf may be released to a medical facility receiving the patient, the patient, the patient's family, the patient's legal guardian, an insurance company, an attorney, a law enforcement officer, or a law enforcement agency;

- (d) Protecting the confidentiality of patient information during quality improvement sessions by limiting access to the PCRf and having all persons having access to PCRfs sign a confidentiality statement; and
- (e) Establishing a procedure for the method and verification of the destruction of a PCRf:
 - (A) Except for a minor patient, unless a patient is notified, an ambulance service may not destroy a medical record or report about a patient for 10 years after the record or report is made, or longer if so required by law or regulation.
 - (B) In the case of a minor patient, a medical record or report about a minor patient may not be destroyed until the patient attains the age of majority plus three years or for 10 years after the record or report is made, whichever is later, unless the parent or guardian of the minor patient is notified.
- (i) Notification of a minor patient or the parent or guardian of the minor patient of the potential destruction of a prehospital care report must:
 - (I) Be made by first class mail to the last known address of the patient;
 - (II) Include the date on which the record of the patient shall be destroyed; and
 - (III) Include a statement that the record or synopsis of the record, if wanted, must be retrieved at a designated location within 30-days of the proposed date of destruction.
- (2) Under no circumstances shall an employee, volunteer or agent make a copy of a PCRf for their own personal record or remove the original or a copy of a completed PCRf from the licensee's files or facilities without having written approval of the licensee.
- (3) All PCRfs must be made available for inspection and duplication when requested by the Division as authorized by ORS 41.675 and 41.685.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0046

Ambulance Service Communications and Dispatching Operational Requirements

- (1) The licensee is responsible for:
 - (a) Having a valid license from the Federal Communications Commission (FCC) to operate an EMS radio on assigned frequencies, or proper authorization from another agency holding a valid FCC license to operate on designated radio frequencies;
 - (b) Having 24-hour-a-day phone answering and dispatching capabilities or having a signed agreement or contract with a recognized primary or secondary Public Safety Answering Point (PSAP), who will provide telephone answering and emergency dispatching services;
 - (c) Providing a reliable means of alerting and communicating with an ambulance crew before, during and after an ambulance call;
 - (d) Immediately routing all emergency calls received from the public on any of the licensee's 10-digit telephone number to the primary PSAP. When a licensee receives a request for an emergency ambulance and the licensee is a recognized secondary PSAP, the licensee shall dispatch the ambulance and notify the primary PSAP for coordination of other emergency responder agencies;
 - (e) Ensuring that any request for an ambulance received on the licensee's 10-digit telephone number is answered by a live person or that there is an answering machine referring the caller to the appropriate emergency telephone number; and

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

(2) When the licensee employs dispatchers for the purpose of answering the telephone, taking information regarding the need for an ambulance and dispatching the ambulance, the dispatcher must have written documentation of completing:

(a) The Department of Public Safety Standards and Training's Emergency Medical Dispatcher's Course or equivalent; and

(b) Four hours of annual refresher training for dispatchers that meets the standards set forth by the Department of Public Safety Standards and Training.

(3) Air ambulance must meet Federal Acquisition Regulation (FAR), 14 CFR Part 135 of the Operating requirements; Commuter and on demand operations and rules governing persons on board such aircraft.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0047

Ambulance Service EMS Medical Director Operational Requirements

(1) The licensee must have a single EMS Medical Director except:

(a) When the licensee operates in non-contiguous counties, then the licensee may have one EMS Medical Director in each non-contiguous county of operation; or

(b) Where a county or regional EMS system prescribes that multiple agencies within a county or region must have a governmentally appointed EMS Medical Director, that agency may have a different EMS Medical Director in contiguous counties. In this event, the signed agreement or contract may be between the EMS Medical Director and the county or regional EMS system.

(2) The licensee must ensure that the EMS Medical Director:

(a) Meets the requirements and duties as prescribed in OAR 847-035-0020 through 847-035-0030;

(b) Has a written set of treatment protocols for each level of service offered by the licensee; and

(c) Has a signed and dated agreement or contract with the licensee.

(3) When an EMS Medical Director authorizes the administration of controlled substances, the EMS Medical Director must have on file with the licensee:

(a) A US Drug Enforcement Administration License listing the name of the ambulance service and address where the controlled substances are stored when not on an ambulance; and

(b) A signed and dated procedure as to the amount stored on the ambulance and how controlled substances will be stored, accessed, recorded, administered, destroyed and secured. It is the responsibility of the EMS Medical Director to ensure that the procedure meets the minimum US Drug Enforcement Administration requirements found in 21 CFR 1301.75(b).

(4) The licensee must notify the Division in writing of:

- (a) The denial, suspension, or voluntary surrender of an EMS Medical Director's medical license or US Drug Enforcement Administration license within 72 hours; and
- (b) A change in the EMS Medical Director, 21-days prior to the change.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0048

Ambulance Service Ambulance Personnel Operational Requirements

- (1) The licensee must ensure that the service, employees, volunteers and agents meet the personnel requirements as prescribed in these rules.
- (2) The licensee must not schedule or allow an employee or volunteer to serve on an ambulance who is impaired by excessive fatigue, illness, injury or other factors that may reasonably be anticipated to constitute a threat to the health and safety of patients or the public.
- (3) The licensee shall require each person staffing an ambulance or providing prehospital emergency or non-emergency care to display his or her level of certification or licensure on the outermost garment of his or her usual work uniform at all times while staffing an ambulance or rendering patient care, and shall make reasonable efforts to display this information under other circumstances.
- (4) The licensee shall ensure that any emergency medical personnel, ambulance based clinicians or ambulance operators:
 - (a) Are trained to properly operate all ambulances and equipment that he or she is authorized to use; and
 - (b) Are physically capable and have the ability to lift and move patients and assist in extrication of patients when necessary.
- (5) The licensee shall not permit employees or volunteers to operate an ambulance, equipment, or have patient contact if:
 - (a) They are taking any medications that could impair safe operation and handling of the ambulance, equipment, or patient; or
 - (b) The employee or volunteer has consumed any alcoholic beverages within the last eight hours.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0049

Ambulance Service Housing of Personnel, Ambulance and Equipment Operational Requirements

- (1) The licensee must provide:
 - (a) An area where an employee or volunteer working a 24-hour shift may sleep or rest;
 - (b) An area equipped with adequate toilet, hand-washing and shower facilities with hot and cold running water, antiseptic soap and clean towels for hand and body drying. If the ambulance service facility does not have shower facilities, the licensee must have a signed agreement or contract with a medical facility or other entity to make available shower facilities to ambulance personnel for the purpose of showering after coming in contact with medical or other biohazardous waste;

(c) Separate areas for clean and soiled linen receptacles in accordance with the applicable Oregon Occupational Safety and Health Division and other rules governing the handling of special medical wastes;

(d) A designated secure area for storing, or an alternate method and a procedure for identification and storage of, all medications which are deteriorated, outdated, misbranded, adulterated or otherwise unfit for use. This area or procedure must provide for the physical separation of defective supplies so that products are not confused with usable products. Security procedures for unusable medications, fluids and controlled substances must be the same as for usable supplies;

(e) A separate area to place clearly marked “out of service” malfunctioning patient care equipment until the equipment has been repaired or replaced or enforces a procedure for an alternate method of identification and storage to assure that defective equipment will not be used; and

(f) A reasonable inventory of patient care equipment, supplies and medications, properly secured, or in the alternative, a signed agreement with a medical facility that the medical facility will provide the patient care equipment, supplies, and medications.

(2) A licensee shall ensure that:

(a) Controlled substances, when authorized by the EMS Medical Director, are stored, accessed, inventoried, administered, destroyed and secured in a manner consistent with the signed and dated procedure established by the EMS Medical Director. The procedure must be in accordance with the regulations promulgated by the US Drug Enforcement Administration (DEA) found in 21 CFR 1301.75(b).

(b) A copy of the EMS Medical Director's DEA license is maintained in a secure manner, inaccessible to the public, at each fixed ambulance location where controlled substances are stored other than in the ambulance.

(c) Pharmacological and medical supplies with expiration dates affixed thereon by the manufacturer or packager are removed from service no later than the expiration date. Expired pharmacological and medical supplies must be disposed of in accordance with applicable laws and regulations.

(d) Medications and equipment are stored in a manner that protects viability and proper operation; and

(e) Ambulances available for or subject to a call are maintained to allow immediate starting of the engine and to prevent medications and medical supplies from becoming environmentally degraded.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0060

Right of Entry and Inspection of an Ambulance Service and Ambulance

(1) The Division may conduct an inspection for the purpose of evaluating the eligibility of an ambulance service or an ambulance to receive or retain a license and to ensure the health, safety, and welfare of the persons who utilize ambulances. Ambulance services that acquire and maintain current status with a nationally recognized EMS service program accreditation entity that meets or exceeds Oregon requirements may be exempted from the inspection process. A copy of the inspection report from the

nationally recognized EMS service program accreditation entity must be filed with the Division for approval.

(2) Routine inspections of an ambulance service or an ambulance must be scheduled with the management of the ambulance service at least 72-hours in advance of the inspection unless otherwise mutually agreed upon by the Division and the ambulance service representative.

(3) Investigative inspections for the purpose of ensuring continued compliance with ORS chapter 682 and these rules do not require giving advanced notice to the licensee.

(4) In conducting an inspection or interview, the Division representative must:

(a) Identify him or herself by presenting the Division identification to the owner, manager, or ranking employee or volunteer present at the site of an inspection or interview;

(b) Inform the ambulance service representative of the purpose for the inspection or interview; and

(c) Inform the ambulance service representative when the inspection or interview has been completed and the results of the inspection only.

(5) The Division may make photographic or video-graphic documentation as part of an inspection for or an investigation of non-compliance with ORS chapter 682 and these rules.

(6) Failure of the licensee to produce records for inspection or to permit examination of equipment and facilities by the Division shall be grounds for the denial, suspension or revocation of an ambulance service or ambulance license.

(7) The Division may accept local city or county governing body inspections that meet or exceed requirements outlined in ORS chapter 682 and OAR chapter 333, divisions 250 and 255 in lieu of an inspection by the Division.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0070

Denial, Suspension, or Revocation of an Ambulance Service License or Placing an Ambulance Service on Probation

(1) Conduct subjecting an ambulance service to discipline means conduct unbecoming a person who is either applying for or holds an ambulance service license and is detrimental to the best interest of the public and includes, but is not limited to the conduct listed in this rule.

(2) The Division may, in accordance with the provisions of ORS chapter 183, deny, suspend, or revoke an ambulance service license or ambulance license. The Division may also place an ambulance service on probation, the terms of which shall be established by the Division. In addition to or in lieu of probation, suspension or revocation, the Division may cite an ambulance service for a violation and request corrective action.

(3) An individual, firm, partnership, limited liability company, corporation, association, or organization shall be considered in violation of ORS chapter 682 and these rules if the Division determines that the individual, firm, partnership, limited liability company, corporation, association, or organization has done any of the following:

(a) Been convicted of a crime, including conviction of Medicare or Medicaid fraud, relating adversely to the person's capability of owning or operating an ambulance service;

- (b) Violated ORS chapter 682 or any of these rules, which poses a significant threat to the health and safety of the public;
 - (c) Made 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 fraud or deceit in obtaining or attempting to obtain a license or waiver or in any other transaction with the Division;
 - (d) Failed to employ or contract for an approved EMS Medical Director, or to operate under the direction of an EMS Medical Director appointed by an appropriate governmental authority;
 - (e) Failed to have medical equipment and supplies required for operation at the highest level of service provided;
 - (f) Lent a license or borrowed or used the license of another, or knowingly aided or abetted the improper granting of a license;
 - (g) Defaced, altered, removed or obliterated any portion of any official entry upon a license, licensing decal, or waiver issued by the Division;
 - (h) Refused to respond to or render prehospital emergency care as required by protocol because of a patient's race, sex, creed, national origin, sexual preference, age, handicap, medical problem, or financial inability to pay;
 - (i) Failed to promptly notify the Division of a change of ownership, or to report any matter the reporting of which is required by ORS 682.220(4);
 - (j) Disclosed medical or other confidential information;
 - (k) Altered or inappropriately destroyed medical records;
 - (l) Willfully prepared or filed false reports or records, or induced another to do so;
 - (m) Engaged in a pattern of any of the following:
 - (A) Incompetence, negligence or misconduct in operating the ambulance service or in providing emergency medical care and transportation to patients;
 - (B) Abuse or abandonment of patients;
 - (C) Failure to comply with the county ASA plan, area trauma plan, or other lawfully promulgated policies, plans, or procedures;
 - (D) Failure to meet response time standards as prescribed by the county ASA plan or if no ASA plan is in effect, the area trauma plan;
 - (E) Misuse or misappropriation of medications or medical materials; and
 - (F) Other conduct determined by the Division to pose a significant threat to the public health and safety and the well being of ambulance patients.
 - (n) Failed to comply with the minimum personnel requirements or failed to have the required equipment in working order on an ambulance as prescribed in these rules;
 - (o) Had a continuing pattern of violations over a period of two or more years;
 - (p) Failed to submit a reasonable timetable to correct the violations cited by the Division;
 - (q) Interfered with the performance of the Division's duties; and
 - (r) Failed to pay all applicable licensing fees or civil penalties set by the Division.
- (4) Upon receipt of a sufficient written or verbal complaint describing specific violations of ORS chapter 682 or any other relevant statute or rule, the Division shall initiate an investigation of the allegations. The Division does not have jurisdiction over and shall not take action on complaints that relate solely to rates charged a patient by an ambulance service.

(5) When an ambulance, upon inspection by the Division, manifests evidence of a mechanical or equipment deficiency, which poses a significant threat to the health or safety of patients or crew, the Division shall immediately suspend that ambulance from operation. No ambulance that has been suspended from operation may be operated until the licensee has certified and the Division has confirmed that all of the violations have been corrected.

(6) The Division shall confirm by inspection or other appropriate means that all violations have been corrected within 48-hours of notification by the licensee. The licensee must notify the Division of corrections by personal telephone contact (voice mail messages will suffice), or facsimile, or in person during normal business hours.

Notifications received by facsimile after 4:30 p.m. on a weekday or at any time on a weekend will be deemed received at 8 a.m. on the next workday. Telephonic notifications shall be deemed received at the time actual voice contact between the licensee and the Division's ambulance service licensing program representative or designee is established.

(7) In the event that a license is suspended or revoked, the licensee must cease ambulance service operations and no person except the Division may permit or cause the service to continue.

(8) The licensee must return all indications of licensing, including certificates and the remains of ambulance license decals to the Division by registered mail, posted within 48-hours of either receipt of notification of suspension or revocation or the effective date of revocation, whichever is later.

(9) The Division shall notify applicable local government, county ASA administrator, and supervising physician of the suspension or revocation of an ambulance service license, or the placing of a service on probation.

(10) The Division may assess civil penalties up to \$5000 per violation against any entity or person licensed under these rules or subject to licensure under these rules for a violation of ORS chapter 682 or these rules.

(11) If a principal owner of an ambulance service has had its ambulance service license revoked, following the opportunity for a hearing as provided by ORS chapter 183, that person shall not be eligible to apply for or hold an ambulance service license for a period of two years from the date of revocation as specified in ORS chapter 682.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991