

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

**DIVISION 255**

**AMBULANCE VEHICLE LICENSING**

**333-255-0000**

**Definitions**

- (1) "Advanced Emergency Medical Technician (AEMT)" has the meaning given that term in OAR chapter 333, division 265.
- (2) "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.
- (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 any person, governmental unit, corporation, partnership, sole proprietorship, or other entity that operates ambulances and that holds itself out as providing prehospital or medical transportation to persons who are ill or injured or who have disabilities.
- (5) "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.
- (6) "Business day" means Monday through Friday when the Division is open for business, excluding holidays.
- (7) "Division" means the Oregon Public Health Division, Emergency Medical Services and Trauma System Section, within the Department of Human Services.
- (8) "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.
- (9) "EMS" means Emergency Medical Services.
- (10) "EMS Medical Director" has the same meaning as "Supervising Physician" in ORS 682 .025.
- (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) "EMT-Basic" has the meaning given that term in OAR chapter 333, division 265.

- (14) "EMT-Intermediate" has the meaning given that term in OAR chapter 333, division 265.
- (15) "EMT-Paramedic" has the meaning given that term in OAR chapter 333, division 265.
- (16) "First Responder" has the meaning given that term in OAR chapter 333, division 265.
- (17) "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 to the staff of a hospital or other health care facility.
- (18) "License" means the documents issued by the Division to the owner of an ambulance service when the service and its ambulances are found to be in compliance with ORS chapter 682, OAR chapter 333, division 250 and these rules.
- (19) "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.
- (20) "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 of a lease for a term of 10 or more successive days.
- (21) "Patient" means a person who is ill or injured or who has a disability and who is transported in an ambulance.
- (22) "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 representatives thereof.
- (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 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.
- (26) "Prehospital Care Report Form (PCRFR)" 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.

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

(29) "Scope of Practice" means the maximum level of emergency or non-emergency care that an emergency medical technician may provide.

(30) "Specialty Care Transport (SCT)" means interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including medically necessary supplies and service, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training. Any skill or medication in addition to or not found in the Department of Transportation curriculum for EMT-Paramedics would be defined as additional training and is defined by the EMS Medical Director.

(31) "Standing Orders" means the written detailed procedures for medical or trauma emergencies issued by the EMS Medical Director to be performed by appropriate certificate holders or licensees in conformance with the scope of practice and level of certification.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

### **333-255-0010**

#### **Application Process to Obtain an Ambulance License**

(1) An ambulance service owner that wishes to obtain an ambulance license must apply for and receive an ambulance license from the Division before placing an ambulance into operation.

(2) The Division shall issue an ambulance license to the owner of an ambulance service that is not subject to disqualification from licensure for any reason specified in ORS chapter 682, OAR chapter 333, division 250 or these rules. The ambulance service owner must:

- (a) Have a current ambulance service license;
- (b) Have paid the fees required by ORS chapter 682 and these rules;
- (c) Agree to comply with all applicable federal, state and local laws and regulations governing the operation of a licensed ambulance; and
- (d) Submit a completed application in a form specified by the Division in accordance with ORS 682.045 and these rules.

(3) An application for an air ambulance license must be made on a Division-approved form containing at a minimum:

- (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 may be submitted to show these characteristics.
- (4) An application for a ground ambulance must be made on a Division-approved form containing at a minimum:
  - (a) The name and address of the person or public entity owning the ambulance;
  - (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) 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) Ambulance colors:
      - (i) Body;
      - (ii) Stripe; and
      - (iii) Lettering.
    - (K) Insigne name, monogram or other distinguishing characteristics. A photo of the ground ambulance may be submitted to show these characteristics.
  - (d) A copy of the ground ambulance manufacturers authenticated Star-of-Life certificate or Final Stage Vehicle Manufacturing Certification of compliance;
    - (A) A previously owned ambulance must have, at a minimum, a January 1, 1995, Star-of-Life certificate; or
    - (B) A newly constructed ambulance must have at a minimum a Star-of-Life certificate or a Final Stage Vehicle Manufacturing Certificate of compliance.
- (5) A completed application for the licensing of a marine ambulance must contain, at a minimum:
  - (a) The name and address of the person or public entity owning the ambulance;
  - (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) Whether the marine craft was purchased from an ambulance service in Oregon;
    - (B) Whether the patient-care area is covered or uncovered;
    - (C) Number of engines;
    - (D) Type of engines:
      - (i) Inboard;
      - (ii) Outboard; or
      - (iii) Both inboard and outboard.
    - (E) Make of marine craft;
    - (F) Model of marine craft;
    - (G) Year of manufacture;
    - (H) Marine craft registration number;
    - (I) Marine craft license plate number;
    - (J) Ambulance colors:
      - (i) Hull;
      - (ii) Stripe; and
      - (iii) Lettering.
    - (K) Insigne name, monogram or other distinguishing characteristics. A photo of the marine ambulance may be submitted to show these characteristics.
  - (d) A signed and dated statement that the application contains truthful information.
  - (6) The completed ambulance license application must be submitted to the Division with a nonrefundable ambulance licensing fee of:
    - (a) \$45, when the service has a maximum of four full-time paid positions; and
    - (b) \$80, when the service has five or more full-time paid positions.
- Stat. Auth.: ORS 682.017  
 Stats. Implemented: ORS 682.017 - 682.117, 682.991

### **333-255-0030**

#### **Denial, Suspension or Revocation of an Ambulance License**

- (1) The Division may, in compliance with proper administrative procedures as prescribed in ORS chapter 183, deny, suspend, or revoke an ambulance license issued under these rules, or an ambulance service license issued under OAR 333-250-0030, if the Division determines:
  - (a) A violation of ORS chapter 682 or of these rules has occurred that poses a significant threat to the health and safety of the public or an applicant does not meet the requirements of ORS chapter 682 or these rules;
  - (b) The ambulance owner makes 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 Division;
  - (c) Defacing, altering, removing or obliterating any portion of any official entry upon a license, licensing decal, or waiver issued by the Division;

(d) Failure to have the appropriate personnel, medical equipment and supplies required for operation at the highest level of service provided when the ambulance is in operation as prescribed by these rules;

(e) When an ambulance, upon inspection by the Division, manifests evidence of a mechanical or equipment deficiency that 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 as an ambulance until the licensee has certified and the Division has confirmed that the deficiency has been corrected; and

(f) Other reasons determined by the Division to pose a significant threat to the Division and safety and the well being of patients.

(2) 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.

(3) The Division must provide appropriate public notification of the suspension or revocation of an ambulance license.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

### **333-255-0060**

#### **Ground Ambulance Construction Criteria**

(1) The construction criteria for a new ground ambulance shall comply with June 1, 2008 Federal Specifications for the Star-of-Life Ambulance Certification. Copies of the specifications are available through the Division.

(2) The construction criteria for a previously owned ambulance must comply with the November 1, 1994 Federal Specifications for the Star-of-Life Ambulance Certification, or standards as defined by the Final Stage Vehicle Manufacturing Certification of compliance. Copies of the specifications are available through the Division.

(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 recognized ambulance manufacturer, a recognized vehicle modifier, a remount center, or licensee with an established in-house remount program. The agency doing the remounting must utilize current nationally recognized vehicle modification techniques and industry standard parts and components. The agency doing remounting shall provide a notarized statement that the structural integrity of the specific patient compartment was not compromised during the remounting, and the remounting has not invalidated the Star-of-Life Certification or Final Stage Vehicle Manufacturing Certificate of compliance.

(4) A licensee may establish an in-house remount program by obtaining the necessary training, appropriate equipment and facilities to remount a vehicle to the described standard.

(5) 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.

- (a) The size, number and locations of the "Star-of-Life" emblems are:
  - (A) Sides -- a 12 to 16-inch emblem must be located on the left and right side panels.
  - (B) Roof -- a 32-inch emblem must be located on the roof.
- (b) The size, number and locations of the word "AMBULANCE" are:
  - (A) Front -- centered, in block letters, not less than four inches high, must be in mirror image and centered above the grille;
  - (B) Rear -- in block letters of not less than six-inches in height and centered on the rear door panels or an approved alternative; and
  - (C) Acceptable alternatives for the word "AMBULANCE" includes 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 Division, in its sole discretion, may permit.
- (c) The locations of additional markings are:
  - (A) An ambulance shall display the service or organization name or logo on the vehicle;
  - (B) An ambulance may not display on its exterior any level of service which is not provided at all times when that ambulance is in operation.
- (6) An ambulance in operation and a reserve ambulance must be reasonably equipped and maintained, and maintenance records must be kept and made available for inspection by the Division. An ambulance must be equipped with the following items in satisfactory working condition:
  - (a) Audio/visual devices must be in compliance with the Star-of-Life Certification or the Final Stage Vehicle Manufacturing Certificate of compliance;
  - (b) An ambulance shall comply with Federal Motor Vehicle Safety Standards (FMVSS) and Department of Transportation (DOT) vehicle equipment standards for the ambulance at the time of manufacture;
  - (c) In case of dual batteries, batteries located in the engine compartment must have heat shields. If the batteries are located elsewhere, they must be sealed off from the occupants' compartment in a ventilated area.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

### **333-255-0070**

#### **Ground Ambulance Operating Requirements**

- (1) In order to operate a ground ambulance a licensee shall:
  - (a) Have a driver that meets the qualifications in OAR chapter 333, division 250;
  - (b) Have emergency medical responders, emergency medical technicians or other qualified licensed health care professionals staffing the ambulance, as required by OAR chapter 333, division 250.
  - (c) Ensure that the appropriate equipment is available and in satisfactory working condition, stored in a sanitary and secure manner that protects the viability and safe operation of medications and equipment, including but not limited to:
    - (A) Installed medical oxygen cylinder with a capacity of at least 3,000 liters and having not less than 500 psi:
      - (i) The installed medical oxygen cylinder must be located in a vented compartment; and
      - (ii) 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:
  - (i) The oxygen must be delivered by a single-stage regulator which is set to at least 50 psi;
  - (ii) The pressure regulator controls must be accessible from inside the patient compartment; and
  - (iii) The pressure regulator or other display must be visible from inside the patient compartment.
- (C) Oxygen flow meter, mounted -- 2:
  - (i) The flow meter must be readable from the EMT seat and squad bench; and
  - (ii) 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:
  - (i) 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
  - (ii) 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:
  - (i) Pediatric -- 2; and
  - (ii) Adult -- 3.
- (G) Oxygen nasal cannula with tubing that are transparent and disposable, adult -- 3;
- (H) Bag-valve-mask ventilation device with reservoir. The device must:
  - (i) Have a standard universal adapter;
  - (ii) Be operable with or without an oxygen supply;
  - (iii) Be manually operated and self-refilling; and
  - (iv) Have bag-valve-mask ventilation devices with reservoir that are transparent and semi-rigid in assorted sizes to include adult, child, and newborn/infant.
- (I) Pharyngeal esophageal airway devices in assorted sizes with agency Supervising Physician approval;
- (J) Oxygen Saturation Monitor;
- (K) Endtidal CO2 detection device in assorted sizes;
- (L) Oropharyngeal airways in assorted sizes to include adult, child, and newborn/infant;
- (M) Nasopharyngeal airways in assorted sizes;
- (N) Two suction apparatus. Suction apparatus:
  - (i) Shall be electrically powered or battery powered with pressure regulator.
  - (ii) If battery powered, shall have enough back-up batteries to maintain suction during routine transport.
- (O) Adequate supply of wide-bore tubing, commercial rigid pharyngeal curved suction tips and flexible suction catheters sized from infant to adult;
- (P) Collection canisters, either disposable or sealable liners, with adequate capacity.
- (Q) Cardiac monitoring equipment including, at a minimum, a portable battery operated automatic or semi-automatic defibrillator (AED), with pediatric capabilities and sufficient pediatric accessories for proper operation on a pediatric patient.
- (R) A wheeled stretcher:
  - (i) Capable of securely fastening to the ambulance body;
  - (ii) Having a minimum of three restraining devices and an upper torso (over the shoulder) restraint;

- (iii) Containing a standard size waterproof foam mattress; and
- (iv) Capable of having the head of the stretcher tilted upwards to a 60-degree semi-sitting position.
- (S) At least one folding stretcher, the number required based on the stretcher-carrying capacity of the ambulance, or an additional long backboard:
  - (i) Capable of securely fastening to the squad bench when carrying a patient; and
  - (ii) Having a minimum of three restraining devices and an upper torso (over the shoulder) restraint.
- (T) Fracture immobilization equipment, including but not limited to:
  - (i) Traction splints in assorted adult sizes and/or adult child combination;
  - (ii) Extremity splints in assorted sizes;
  - (iii) Extrication collars in assorted pediatric through adult sizes;
  - (iv) Scoop stretcher, folding or non-folding type with necessary restraining devices with sufficient supplies for head immobilization;
  - (v) Short backboard or equivalent with necessary restraining devices with sufficient supplies for head immobilization;
  - (vi) Long backboard with necessary restraining devices with sufficient supplies for head immobilization;
  - (vii) Pediatric backboard with necessary restraining straps with sufficient supplies for head immobilization;
  - (viii) Bandages and dressings in assorted sizes, sterile and non-sterile; and
  - (ix) Adhesive or hypo-allergenic tape in assorted sizes.
- (U) Miscellaneous equipment, including but limited to:
  - (i) Emesis containers;
  - (ii) Stethoscope, pediatric and adult;
  - (iii) Aneroid sphygmomanometer in assorted sizes;
  - (iv) Bandage shears;
  - (v) Hypothermia thermometer;
  - (vi) Disposable obstetrical kit;
  - (vii) Chemical heat and cold packs assorted;
  - (viii) Urinals, female and male, one each;
  - (ix) Bedpan;
  - (x) Set of extremity restraining devices;
  - (xi) Blood glucose level testing kit or blood glucose level test strips;
  - (xii) Medications and fluids authorized for Basic Life Support use as required by the EMS Medical Director; and
  - (xiii) Linen supplies and replacements sufficient to cover wheeled stretchers.
- (V) Personal protection equipment sufficient for crew and patient(s), including but not limited to:
  - (i) Non-latex disposable gloves;
  - (ii) Disposable face masks;
  - (iii) Protective eyewear;
  - (iv) Disposable isolation gowns;
  - (v) Commercial antimicrobial hand cleanser;
  - (vi) Surface cleaning disinfectant;

- (vii) Sharps container for the patient care compartment and a separate container for each kit that contains needles; and
  - (viii) Infectious waste disposal bags.
  - (W) Security and rescue equipment, including but not limited to:
    - (i) Fire extinguisher, 5lb. (2A-10BC type) - mounted and readily accessible in either the driver's or patient compartment;
    - (ii) Road flares, red colored chemical lights, the number and burning time to equal at least 180 minutes, or a minimum of six reflective triangles;
    - (iii) Flashlight;
    - (iv) Leather gloves sufficient for crew;
    - (v) Reflective vests for each crew member;
    - (vi) HEPA mask for each crew member; and
    - (vii) Adequate extrication equipment for agencies that provide initial response without the response of other rescue apparatus or equipment.
  - (X) The 2008 Department of Transportation Emergency Response Guidebook, (Initial Response to Hazardous Materials Incidents);
  - (Y) Triage tags -- 25;
  - (Z) Oregon Trauma Systems Identification Bracelets -- 5;
  - (AA) Prehospital Care Report Forms or electronic field data form;
  - (BB) A copy of BLS standing orders for dated within one year and signed by the EMS Medical Director;
  - (CC) A universal "No Smoking" sign conspicuously displayed in the driver's and patient compartment; and
  - (DD) A universal "Fasten Seatbelt" sign conspicuously displayed in the driver's compartment.
- (2) An 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.
- Stat. Auth.: ORS 682.017  
 Stats. Implemented: ORS 682.017 - 682.117, 682.991

### **333-255-0071**

#### **Ground Ambulance Operating Requirements When Providing Intermediate Level Care**

- (1) A ground ambulance in operation and providing intermediate life support care must have a minimum staff of two certified emergency medical technicians:
  - (a) A driver who complies with the requirements specified in OAR chapter 333, division 250; and
  - (b) A person who is at or above the Advanced Emergency Medical Technician or EMT-Intermediate certification level must be in the patient compartment when a patient is receiving intermediate level life support care. If the driver is not a certified EMT, then a second EMT, Basic or above, must be available for patient care both in the ambulance and on scene.
- (2) 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 EMT-Advanced or 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 333-250-0047(3)(a) and (b);
  - (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 EMT-Advanced or Intermediates dated within one year and signed by the EMS Medical Director.
- Stat. Auth.: ORS 682.017  
 Stats. Implemented: ORS 682.017 - 682.117, 682.991

### **333-255-0072**

#### **Ground Ambulance Operating Requirements When Providing Advanced Level Care**

- (1) A ground ambulance in operation and providing advanced life support level care must have a minimum staff of two persons:
  - (a) A driver who complies with the requirements specified in OAR chapter 333, division 250; and
  - (b) A person who is at the EMT-Paramedic certification level, or an RN, PA or physician who is trained in prehospital emergency medical care must be in the patient compartment when a patient is receiving advanced life support care. If the driver is not a certified EMT, then a second EMT, Basic or above, must be available for patient care both in the ambulance and on scene. The EMT, RN, PA or physician 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 an EMT-Paramedic and providing advanced level life support 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 Division-approved equivalent CPR course completion document;
    - (B) A current Advanced Cardiac Life Support course or other Division-approved equivalent completion document;

- (C) A pediatric advanced life support course or other Division-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; and
- (E) The ability to properly assist in extricating, lifting and moving a patient.
- (2) Advanced life support patient care equipment. A ground ambulance in operation and providing advanced level care must have the following advanced life support equipment in satisfactory working condition, kept in a sanitary manner and which is readily accessible to medical personnel:
  - (a) All items specified in OAR 333-255-0070;
  - (b) Nasogastric tubes in assorted sizes;
  - (c) Cardiac monitoring equipment as specified in OAR 333-255-0071(2)(b);
  - (d) 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 child;
    - (G) Endtidal CO2 detection device;
    - (H) Oxygen saturation monitor; and
    - (I) Chest decompression equipment.
  - (e) Sterile intravenous agents and medications authorized by the EMS Medical Director;
  - (f) Vascular access devices:
    - (A) Over-the-needle catheters in assorted sizes 24-gauge through 14-gauge; and
    - (B) Specifically-designed needles or device designed for intraosseous infusions.
  - (g) Storage of controlled substances in an ambulance must adhere to the signed and dated procedures as specified in OAR 333-250-0047(3)(a) and (b); and
  - (h) A copy of standing orders for paramedics or ambulance based clinicians dated within one year and signed by the EMS Medical Director.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

### **333-255-0073**

#### **Ground Ambulance Operating Requirements When Providing Only Specialty Level Care**

- (1) A ground ambulance in operation and providing only specialty level care during inter-facility transfers must have a minimum staff of two qualified persons as defined by the Center for Medicare Services or additional staff, the number and type, requested by the transferring physician:
  - (a) A driver who complies with the requirements specified in OAR chapter 333, division 250; and

(b) A person who is at the EMT-Paramedic certification level, RN, PA, physician or other qualified persons who have additional specialty care training and who must be in the patient compartment when a patient is receiving specialty level care.

(2) The EMT-Paramedics, RNs, PAs, physicians or other qualified persons must have the:

(a) Training to properly operate all patient care equipment carried on an ambulance, 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) The personnel staffing an ambulance must not:

(a) Have consumed any alcoholic beverages in the eight hours prior to working on an ambulance; and

(b) Be taking any medications that could impair the giving of proper patient care.

(4) A ground ambulance in operation and providing only specialty level care must have the following patient care equipment in a satisfactory working condition, stored in a sanitary and secure manner, and be readily accessible to the medical personnel:

(a) All patient care equipment specified in OAR 333-255-0072; and

(b) Any other patient care equipment or supplies anticipated or required for patient care.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

### **333-255-0081**

#### **Air Ambulance Operating Requirements for Prearranged Inter-Facility Transfers**

(1) Fixed-wing aircraft in operation and providing pre-arranged inter-facility transfers requiring basic level care must have a minimum staff of two persons:

(a) A pilot adhering to all regulations set forth in FAA Part 135 for air medical transport; and

(b) One EMT-Paramedic, RN, PA or physician having:

(A) Documentation that at least one member of the medical crew has successfully completed the 2004 Association of Air Medical Services (AAMS) Curriculum Guidelines or equivalent. The curriculum must include emergency care procedures, aircraft safety and altitude physiology. There must be written documentation of an annual review of the Air Medical Crew 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 American Heart Association "Health Care Provider", American Red Cross "Basic Life Support for the Professional Rescuer" or other Division-approved equivalent CPR course completion document;

(C) The ability to properly assist in lifting and moving a patient; and

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

(2) Fixed or rotary-wing aircraft in operation and providing pre-arranged inter-facility transfers requiring advanced life support care must have a minimum staff of two persons:

(a) A pilot adhering to all regulations set forth in FAA Part 135 for air medical transport; and

(b) One EMT-Paramedic, RN, PA or physician meeting the requirements specified in paragraph (1)(b)(A) through (1)(b)(D) of this rule.

- (3) Fixed or rotary-wing aircraft in operation and providing pre-arranged inter-facility transfers requiring specialty level care must have a minimum staff of two persons:
- (a) A pilot adhering to all regulations set forth in FAA Part 135; and
  - (b) One EMT-Paramedic, RN, PA, physician or other qualified person(s), who must:
    - (A) Meet the requirements specified in paragraph (1)(b)(A) through (1)(b)(D) of this rule;
    - (B) Have documentation of completing additional specialty care training as defined by the EMS Medical Director;
    - (C) Have training to properly operate specialty care equipment necessary to care for the patient during the transfer; and
    - (D) Have training to do titration of intravenous medications necessary to care for the patient during the transfer.
- (4) An air ambulance in operation and providing specialty level care must have the following patient care equipment in a satisfactory working condition, stored in a sanitary and secure manner, and be readily accessible to the medical personnel:
- (a) All patient care equipment specified in subsection (7)(a) through (7)(k) of this rule;
  - (b) All patient care equipment specified in OAR 333-255-0082(2)(d) through (2)(i); and
  - (c) Any other patient care equipment required during the transfer.
- (5) When an inter-facility transfer is requested, a representative from the ambulance service must contact the attending physician at the sending facility, prior to the transfer, to determine which type of aircraft; fixed-wing, rotary-wing, pressurized or non-pressurized, is needed based on the patient's medical condition and which additional equipment and personnel are required.
- (6) 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 flowmeter that is visible and accessible to the medical personnel; and
      - (iii) The flowmeter 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 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;
      - (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;
  - (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 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, child, and newborn/infant.
- (e) Stretcher. The stretcher must:
  - (A) Be securely fastened to the aircraft in accordance with FAA Part 135; and
  - (B) Have a minimum of three restraining devices and an upper torso (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) Prehospital Care Report Form or electronic field data form;

(j) A copy of standing orders for EMTs, RNs and PAs dated within one year and signed by the EMS Medical Director; and

(k) A universal "No Smoking" sign must be conspicuously displayed in the cockpit and patient compartment.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

### **333-255-0082**

#### **Air Ambulance Operating Requirements for Scene Response**

(1) Rotary-wing aircraft in operation and providing scene response care must have a minimum staff of two persons:

(a) A pilot adhering to all regulations set forth in FAA Part 135; and

(b) One EMT-Paramedic, RN, PA, or physician having:

(A) Documentation that at least one member of the medical crew successfully completed the 2004 Association of Air Medical Services (AAMS) Curriculum Guidelines or equivalent. The curriculum must include emergency care procedures, aircraft safety and altitude physiology. There must be written documentation of an annual review of the Air Medical Crew 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) The ability to properly assist in extricating, lifting and moving a patient; and

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

(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(7)(a) through (7)(k);

(b) Fracture immobilization equipment:

(A) Traction splints in assorted adult and/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;

(F) Scoop stretcher with necessary restraining devices with sufficient supplies for head immobilization; and

(G) Pediatric backboard with necessary restraining devices with sufficient supplies for head immobilization.

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

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

(e) Cardiac monitoring equipment:

(A) Manual monitor/defibrillator;

(B) Monitoring electrodes, infant and adult;

(C) Patient cables -- 2; and

(D) ECG paper.

(f) 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, child and adult;
  - (F) Intubation stylettes, child and adult;
  - (G) Endtidal CO2 detection device;
  - (H) Oxygen saturation monitor; and
  - (I) Chest decompression kit;
  - (g) Sterile intravenous agents and medications authorized by the EMS Medical Director;
  - (h) Vascular access devices:
  - (A) Over-the-needle catheters in assorted sizes 24-gauge through 14-gauge; and
  - (B) Specifically-designed needles for intraosseous infusions.
  - (i) Nasogastric tubes in assorted sizes;
  - (j) Storage of controlled substances in an ambulance must adhere to the signed and dated procedures as specified in OAR 333-250-0047(3)(a) and (3)(b);
  - (k) Oregon Trauma System's Identification Bracelets -- 5;
  - (l) Miscellaneous equipment:
    - (i) The 2008 Department of Transportation Emergency Response Guidebook (Initial Response to Hazardous Materials Incidents); and
    - (ii) A copy of standing orders for EMT-Paramedics, RNs and PAs dated within one year and signed by the EMS Medical Director.
- (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.
- Stat. Auth.: ORS 682.017  
 Stats. Implemented: ORS 682.017 - 682.117, 682.991

### **333-255-0091**

#### **Marine Ambulance Operating Requirements When Providing Basic Level Care**

- (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-Basic certification level who must be with the patient at all times. The EMT 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 certified EMT, the operator must meet the requirements specified in paragraphs (1)(a)(A) through (1)(a)(D) of this rule and have:
    - (A) A copy of certificate of course completion that the non-EMT operator has demonstrated knowledge and skills in the performance of one and two-person rescuer

cardiopulmonary resuscitation (adult, child and infant) and relief of foreign body airway obstruction. The course must meet the 2005 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiac care or equivalent standards approved by the Division.

(B) A signed statement by the operator that he or she is not addicted to alcohol or controlled substances;

(C) A signed statement by the operator that he or she is free from any physical or mental defect that could impair the ability to operate an ambulance; and

(D) A signed statement by the training officer that the operator has the ability to properly assist in extricating, lifting and moving a patient.

(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 flowmeter that is visible and accessible to the medical personnel; and

(ii) The flowmeter 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 a 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 Division.
- (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 and/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-Basic 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 EMT-Basics 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.
- Stat. Auth.: ORS 682.017  
 Stats. Implemented: ORS 682.017 - 682.117 & 682.991

### **333-255-0092**

#### **Marine Ambulance Operating Requirements When Providing Intermediate Level Care**

- (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 EMT-Intermediate certification level and who must be with the patient at all times. If the operator is not a certified EMT, then a second EMT, Basic or above, 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 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 EMT-Intermediates dated within one year and signed by the EMS Medical Director.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991