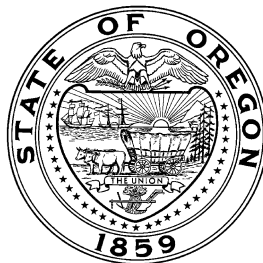




AMBULANCE SERVICE AND AMBULANCE VEHICLE LICENSING MANUAL



***DEPARTMENT OF HUMAN SERVICES
OREGON HEALTH DIVISION
EMERGENCY MEDICAL SERVICES AND SYSTEMS
PO BOX 14450
PORTLAND OR 97293-0450***

Manual Written and Adopted: 10-17-94
First Revision: 02-26-96

Table of Contents

Introduction Page 1

Policies and Procedures Page 2

Ambulance Service Facility Requirements Page 12

Business Record Requirements Page 13

Business License, Certificate, or Agreement Requirements Page 14

Insurance Coverage Requirements Page 15

Ambulance Personnel Record Requirements Page 16

Records to be Maintained and Kept on File in the Business Office Page 19

Medical Director Requirements and Responsibilities Page 20

Designated Training Director Requirements and Responsibilities Page 21

Medical Equipment, Supplies and Medication Requirements Page 22

Alerting Ambulance Personnel and Dispatching the Appropriate Ambulance . . . Page 24

Ambulance Personnel Page 25

Ambulance Vehicles Page 26

Ambulance Service Facility, Records and Vehicle Inspection Procedures Page 27

Appendices

- 1. Oregon Revised Statutes 682.015 through 682.991
Ambulance Vehicles; Ambulance Services; and
Emergency Medical Personnel**
- 2. Oregon Revised Statutes 820.300 to 820.380
Special regulation of ambulances and emergency vehicles**
- 3. Oregon Administrative Rules 333-250-0000 through
333-250-0100 Relating to ambulance services**
- 4. Oregon Administrative Rules 333-255-0000 through
333-255-0090 Relating to ambulance vehicles**
- 5. Oregon Administrative Rules 333-260-0000 through
333-260-0070 Relating to ambulance service area plans**
- 6. Oregon Administrative Rules 333-265-0000 through
333-265-0160 Relating to emergency medical technicians**
- 7. Oregon Administrative Rules 847-35-0001 through
847-35-0030 Relating to supervising physicians and
scope of practice for EMTs**

Introduction

On July 1, 1994, Senate Bill 95, which amended ORS Chapter 823, took effect. (NOTE: ORS Chapter 823 was renumbered in the fall of 1995, the new number is ORS Chapter 682.) The revised statute requires that all ambulance services must be licensed as of July 1, 1994. To meet the intent of the new law, administrative rules were drafted, public hearings were held, and the final adopted rules went into effect on July 1, 1994.

To assist the ambulance service owner in meeting the ambulance service and ambulance licensing criteria, the Health Division has developed an "**Ambulance Service and Ambulance Vehicle Licensing Manual**". This manual will serve as a reference document to ensure that each ambulance service owner and operator will be able to meet all of the requirements necessary for ambulance service and ambulance vehicle licensure.

This manual contains information necessary for the ambulance service owner to successfully complete a thorough and accurate inspection of his/her ambulance service facilities, records and ambulance vehicles conducted by a Health Division representative. The minimum requirements for operating a licensed ambulance service and ambulances are specified in: ORS 682.015 through 682.355; ORS 820.300 through 820.380; OAR 333-250-0000 through 333-250-0100; 333-255-0000 through 333-255-0090; and OAR 847-35-0001 through 847-35-0130.

The requirements established by statute and administrative rule and reflected by the licensure and inspection procedures herein are intended to reflect minimum standards necessary for the provision of obtaining and retaining an ambulance service and an ambulance vehicle license.

In order to receive a Health Division issued **Ambulance Service License and Ambulance Vehicle License**, the ambulance service owner must comply with the following criteria and have all required items or have been granted a variance prior to submitting a completed application to license an ambulance service or ambulance vehicle.

Policies and Procedures

In order for an ambulance service to obtain and retain an ambulance service license, the ambulance service must have a number of written policies/procedures for carrying out day-to-day activities. References to required policies/procedures are found throughout OAR 333-250-0000 through 333-250-0100. These include:

1. Orientating all new employees/volunteers as to the minimum state, county, city standards and company policies.
2. Patient rights and responsibilities.
3. Training for all employees/volunteers on the proper use of any new equipment, procedure or medication prior to being placed on an ambulance.
4. Employees/volunteers informing management if the employee/volunteer is unable to continue to work because of illness, injury or lack of rest that would jeopardize patient care.
5. Releasing copies of all records of continuing education obtained by an EMT through the service in a verifiable format to the requesting EMT within five days of being requested.
6. Preventative maintenance that will ensure that ambulances are maintained at a reasonable level of mechanical safety and reliability.
7. Detailing what is to be done when the mechanical condition of an ambulance before transport is sufficiently unreliable so as to endanger or potentially endanger the health, safety, or welfare of a patient or crew member.
8. Destruction of prehospital care report forms.
9. Ensuring a reliable means of alerting and communicating with an ambulance crew before, during and after an ambulance call.
10. Immediately routing all emergency calls received on any of the licensee's seven digit telephone number to a Public Safety Answering Point.
11. Requiring each person staffing an ambulance or providing prehospital emergency medical care to display his/her level of EMT certification or display that he/she is a registered nurse, physician assistant or physician on their outermost garment.

12. Identification and storage of all medications which are deteriorated, outdated, misbranded, adulterated or otherwise unfit for use.
13. Identification and storage of all equipment that is out of service or until the equipment has been repaired or replaced.
14. Proper handling of biohazardous waste, storage and disposal operating procedures.
15. Notifying the Division within 30 days of having a vehicle, aircraft or watercraft accident.
16. Retaining copies of all print, audio, video and all other types of advertisements for one year after use and distribution has ceased.

A written "policy/procedure" means a definite course of action taken by following a series of steps in a regular defined order. The best test of the adequacy of a policy/procedure is to ask Who, What, When, Where and Why? If these questions are answered, then the written policy/procedure is complete. It is in the best interest of the ambulance service that all written policies/procedures be reviewed with the ambulance service legal counsel.

EXAMPLES of what a written policy/procedure should contain:

(Name of Service)

Policy for Controlled Substances Storage, Use and Disposal Operating Procedures

1. Who has access to the controlled substances kept on the vehicles and any kept in stock for resupply (i.e. who is authorized to carry the keys, conduct inventories, etc.).
2. Shift change inventory procedures for controlled substances kept on the vehicles.
3. Written procedures for documentation of use, disposal of excess and resupply of controlled substances carried on a vehicle.
4. Written administrative procedures to be followed in the event of any discrepancies in the amounts found during the inventory.
5. Maintain an inventory book in each vehicle where controlled substances are kept. Documentation must be made of an inventory at the beginning and end of each shift and for each instance of use during a call. The inventory book must have consecutively and permanently numbered pages and specify the following:

- a. The vehicle or unit number;
 - b. The name or initials of the EMT-Paramedic doing the inventory;
 - c. The date and time the inventory was done;
 - d. The name, weight/volume, quantity and expiration dates of each controlled substance;
 - e. The run report number;
 - f. The amount administered;
 - g. The signature or initials of the EMT-Paramedic administering the controlled substance; and
 - h. The signature or initials of the person(s) witnessing the "wasting" of any unused portions(s) of controlled substances.
6. Any errors made in the inventory book, or pages discovered missing, shall be immediately reported to the shift supervisor, owner representative or owner of the service.
 7. The written policy/procedure for controlled substances must have the final approval of the medical director.
 8. The written policy/procedure must contain the date it was implemented and the date it was amended.
 9. Each employee/volunteer of the ambulance service must sign a statement that he/she has read, understands and agrees to the written policy/procedure.

EXAMPLE #1

(Name of Service)

Policy Pertaining to Patient Rights and Responsibilities

Patients being served by **(Name of Service)** are entitled to be treated with consideration, respect and full recognition of human dignity and individuality. These rights are in addition to any other rights provided for in law. The patient rights include but are not limited to:

1. To have access to prehospital emergency medical care and transportation regardless to race, religion, color, creed, national origin, age, sex, disability, or the ability to pay.
2. To have a reasonable response to a request for services once the ambulance service is engaged to provide service and service that is within reasonable limits of the scheduled pickup and delivery times.
3. To have reasonable privacy with respect to emergency care and transportation.
4. To be treated with respect, dignity and compassion.
5. To know the names of the ambulance personnel responsible for the emergency medical care and transportation.
6. To be able to talk openly with the ambulance personnel and knowing that the information will be held in confidence or be given to only those persons that will continue giving care in a medical facility.
7. To know why a test or emergency medical care is being done and the name(s) of the person(s) rendering the test or emergency medical care, and the risk of any test or emergency medical care procedure.
8. To refuse care and transportation and to be informed of the consequences of this action.
9. To be able to change their mind about any test or emergency medical care procedure for which you have given your consent.
10. To receive reasonable continuity of care once the ambulance service is engaged to provide service.
11. To voice a concern about any aspect of the emergency medical care and transportation.
To be able to call the service and discuss any problem that the patient has experienced and

be assured that relating a problem will not affect any future use of the service.

12. To be transported in an environment that is free from recognized hazards and unreasonable annoyances.

In return, the patient being given emergency care and transportation has the following responsibilities:

1. To be respectful of those providing emergency medical care and transportation.
2. To assist the ambulance personnel by providing information about his/her health problems, and any medications that they are now taking or took in the past.
3. To cooperate with the ambulance personnel.
4. To honor the Health Division's policy of "No Smoking" in the ambulance at any time.
5. To advise the ambulance personnel of any dissatisfaction that they may have in regards to the emergency care and transportation received.
6. To accept the financial obligations associated with their emergency care and transportation. To examine their ambulance bill and ask questions that they may have regarding the charges or methods of payment.

Policy adopted on **(Date)**

(Name of Person Signing Policy)

(Signature of Person Signing Policy)

(Name of Service)

EXAMPLE #2

(Name of Service)

Policy for the Operation of an Ambulance

Personnel operating an ambulance owned and operated by (Name of Service) shall adhere to all statutes and administrative rules pertaining to the operation of an ambulance.

I. Driver (Minimum Qualifications):

- a. Must have a valid driver's license.
- b. Must have a minimum of three years of licensed driver experience.
- c. Must be knowledgeable in the safe operation of the ambulance, which includes operating an ambulance in compliance with ORS 820.300, 820.320, and 820.350 through 820.380 and any other applicable motor vehicle statutes.
- d. Has not had his/her EMT certification denied, suspended or revoked for any reason.
- e. Has not been convicted of a felony within the past ten years.
- f. Has not been convicted of driving under the influence in the past three years.
- g. Must complete a Division-approved emergency operators course by June 30, 1996.
- h. If the driver is not a certified EMT, the driver must meet the requirements listed in 1 through 7, except for 4 and have:
 - (A) A current American Heart Association "Level C" or American Red Cross "Basic Life Support for the Professional Rescuer" CPR course completion document; and
 - (B) The ability to properly assist in extrication, lifting and moving a patient.

II. Operating an ambulance to the scene or to a medical facility (Code 1):

- a. The driver may not use either emergency lights or the siren when responding to the scene or to a medical facility when the patient's life is not in jeopardy.

- b. The driver must obey all traffic laws.

III. Operating an ambulance to the scene (Code 3):

- a. The driver may use either emergency lights or the siren when responding to the scene, only, when in the opinion of the person requesting the ambulance believes the patient's life is in jeopardy.
- b. Does not relieve the driver of an emergency vehicle or ambulance from the duty to drive with due regard for the safety of all other persons.
- c. The driver may only proceed past any stop light or stop sign, after the operator slows down (or stops) as may be necessary for safe operation. In no circumstances shall a driver proceed past any stop light or stop sign unless both the emergency lights and siren are in use.
- d. The driver must also adhere to the requirements listed in ORS 820.300 and 820.320.

IV. Arriving and parking the ambulance at the scene:

- a. The most dangerous part of an emergency run is the last quarter-mile as the driver approaches the scene. The driver must slow down, survey the scene, expect the unexpected and plan an exit.
- b. If the ambulance is the first emergency vehicle to arrive at the scene, the driver shall park the ambulance no less than 50 feet behind the accident scene with all emergency lights on. This is to warn approaching vehicles and to protect the scene.
- c. If police or fire are on the scene, the driver shall proceed past the accident and park no less than 50 feet beyond the accident scene. When possible pull off of the road and turn off emergency lights.
- d. The driver must make sure that in parking the ambulance it does not impede the arrival or leaving of other ambulances and emergency vehicles.
- e. In parking at the scene where there may be hazardous materials involved, the driver shall park upwind from the accident scene.

V. Operating an ambulance to a medical facility (Code 3):

- a. The driver may use either emergency lights or the siren when transporting a patient to a medical facility, only when the EMT caring for the patient believes the patient's life is in jeopardy.
- b. Does not relieve the driver of an emergency vehicle or ambulance from the duty to drive with due regard for the safety of all other persons.
- c. The driver may only proceed past any stop light or stop sign, after the driver slows down (or stops) as may be necessary for safe operation. In no circumstances shall a driver proceed past any stop light or stop sign unless both the emergency lights and siren are in use.
- d. The driver must also adhere to the requirements listed in ORS 820.300 and 820.320.
- e. There are situations when weather conditions will dictate as to whether or not Code 3 will be beneficial to the patient and crew safety. Snow and ice in the winter, heat in the summer or dense fog are situations where it is prudent to slow down and get to the medical facility without braking down or becoming involved in an accident. If any of the above conditions exist, the driver should let the EMT know that it would advisable to continue Code 1 to the medical facility.

VI. Violation of ambulance operations procedures and policy:

- a. Any person driving an ambulance for **(Name of Service)** who violates any motor vehicle statutes, EMS administrative rules or this procedure/policy may be placed on suspension or be terminated from the service.
- b. When a driver or EMT operates an ambulance in violation of ORS 820.300 and 820.320, their names shall be forwarded to the Oregon Health Division.

Policy adopted on **(Date)**

(Name of Person Signing Policy)

Signature of Person Signing Policy)

(Name of Service)

EXAMPLE #3

(Name of Service)

Policy for the Destruction of Prehospital Care Report Forms

The destruction of prehospital care report forms shall be carried out as prescribed by OAR 333-250-0040(4)(j) and this policy.

- I. Patient care report forms for patients being eighteen years of age or more at the time the care and transportation were rendered and where the prehospital care report forms are at least ten years old shall be destroyed in the following manner:
 - a. Patient care report forms meeting the above criteria shall be removed from the secure prehospital care report form files and shall be destroyed by burning the records in the presences of the chief and fire marshal of the ambulance service.
 - b. A record shall be made as to the date the destruction took place. Example: “On December 31, 2007, the prehospital care report forms for adult patients that were cared for and transported by **(Same of Service)** prior to December 31, 1997 were destroyed by burning. The destruction of the records was carried out and witnessed by: _____, Chief or President and _____, Fire Marshal or Vice President.”
- II. Patient care report forms for a minor patient that has attain the age of majority plus three years or for ten years after the care and transportation were rendered, whichever is later shall be destroyed in the following manner:
 - a. Patient care report forms that meet the above criteria shall be removed from the secure prehospital care report files and shall be destroyed by burning the records in the presences of the chief and fire marshal the ambulance service.
 - b. A record shall be made as to the date the destruction took place. Example: “On December 31, 2007, the prehospital care report forms for minor patients that were cared for and transported by **(Name of Service)** prior to December 31, 1997 were destroyed by burning. The destruction of the records was carried out and witnessed by: _____, Chief or President and _____, Fire Marshal or Vice President.”

NOTE: The only exception to destroying a patient care report form for a minor patient that has attain the age of majority plus three years or for ten years after the form was made, whichever is later, is when the parent or guardian of the minor patient is notified. The notification shall be made by first class mail to the last known address of the patient; include

the date on which the record of the patient shall be destroyed; and include a statement that the record or synopsis of the record, if wanted shall be retrieved at a designated location within thirty days of the proposed date of destruction.

Policy adopted on **(Date)**

(Name of Person Signing Policy)

Signature of Person Signing Policy)

(Name of Service)

Ambulance Service Facility Requirements:

The construction of the building and the premises housing the business office and ambulance shall be without major damage. There should be nothing that presents safety hazards. Facilities, including business office, satellite offices including crew quarters and garages must have clean floors, walls and ceiling and be free from vermin.

There must be facilities for ambulance crews that work 24 hour shifts to retire to for the purpose of sleeping or otherwise resting. The facilities must also have a toilet, hand washing and shower facilities with hot and cold running water, antiseptic soap and clean towels for hand and body drying.

Ambulance garages must be heated to 60 degrees fahrenheit. If garages cannot be maintained at 60 degrees fahrenheit, an ambulance shall be equipped with suitable engine block, patient compartment and drug heaters to allow immediate engine starting and prevent chilling of medical supplies at normal environmental extremes.

There must be separate designated areas for clean and soiled laundry.

There must be a designated area or an alternate method and written policy for the identification and secure storing of medications. This secure area must be maintained at a temperature as prescribed by the manufacturer of the medication.

There must be a designated area or an alternate method and written policy for the identification and secure storing of out-dated medications until they can be properly destroyed. This area must be away from the area storing the good medications.

There must be a designated area or an alternate method and written policy for the identification and storing patient care equipment that is out of service and is in the need for repair or replacement.

There must be a designated area for the storing of biohazardous materials created by administering patient care until such time as these items can be properly transported and destroyed as specified in OSHA requirements.

Business Record Requirements:

The ambulance service owner shall:

1. Have on file with the Division a copy of a power of attorney for all persons, if any, signing the application for ambulance service licensing or ambulance vehicle licensing on behalf of an owner, general partner, corporate officer, or authorized person to the Division.
2. Ensure that business and patient care records are stored in a secure manner and be reasonably safe from water and fire damage. The records must be safeguarded to ensure patient confidentiality and from unauthorized use. The records should be stored away from the main avenues of visitors or patients, such as in an administrative section or office.
3. Maintain all records required by statute and administrative rules, and be accessible to the Division's representative and be maintained for a minimum of seven years or as otherwise required by law.
4. Maintain all dispatch records documenting requests for ambulances and the ambulance runs as required by ORS 820.330 and 820.340.
5. Maintain copies of ambulance service advertisements to include print, audio, video and all other types of advertisements for one year after final use date.

Business License, Certificate or Agreement Requirements:

The ambulance service owner shall conspicuously display or have on file in the main business office, as required by law or the issuing agency, the following business licenses, certificates or agreements:

1. Valid Oregon Health Division Ambulance Service License.
2. If the ambulance service business address is in another state, the valid ambulance license for that state.
3. Valid Federal Communications Commission (FCC) license or written authorization from the FCC license holder.
4. Any other state, county or city business licenses that are required to operate an ambulance service.
5. Medicare or Medicaid provider agreements to include provider numbers.
6. Secretary of State documents listing the business name and all ambulance service trade names, if any.
7. Current listing of ambulance rates.
8. Signed mutual aid agreements with adjoining ground ambulance services.
9. Signed contract(s) with approved teaching institution(s) if the service is allowing EMT-Paramedic students to ride on ambulances and perform the field internship portion of their student training. The contract must include the name of the service and teaching institution, the terms of the contract and the length of the contract.
10. Signed annual waiver from CLIA, if the ambulance service obtains blood samples for the purpose of blood glucose monitoring.
11. An Air Carrier Operating Certificate, if operating an air ambulance.
12. FAA Form 337, if operating an air ambulance and if modifications to an aircraft have been made.
13. US Coast Guard Certificate, if operating a marine ambulance.

Insurance Coverage Requirements:

ORS 682.105 requires the owner of an ambulance service or ambulance, other than a governmental agency, to file and maintain with the Division proof of ability to respond in damages for liability arising from the ownership, operation, use or maintenance of the ambulance, or arising from the delivery of prehospital care. Governmental means the state or any county, municipality or other political subdivision or any department, board or other agency of any of them.

The Division considers any ambulance service that has exempt "E" license plates on their ambulance as being owned by a governmental agency.

If an ambulance service owner has questions regarding insurance coverage, the ambulance service owner should contact their insurance agent of record.

For those ambulance services that are not exempt from filing proof of financial responsibility with the Division, the ambulance service owner must have:

1. Proof of financial responsibility for operation of ambulances. Minimum amounts are: \$100,000 because of bodily injury to or death of one person in any one accident; subject to that limit for one person, \$300,000 because of bodily injury to or death of two or more persons in any one accident; and \$20,000 because of injury to or destruction of the property of others in any one accident. This may be in the form of a certificate of insurance.
2. Proof of financial responsibility because of injury arising from the negligent provision of prehospital care to any one individual in the amount of \$500,000. This may be in the form of a certificate of insurance.

The ambulance service owner is responsible for sending a copy of the current certificates of insurance to the Division prior to a certificate of insurance expiring. An ambulance service is not to operate its ambulances or allow its EMTs to function without proper insurance coverage.

Ambulance Personnel Record Requirements:

The ambulance service owner shall maintain personnel records all employees/volunteers affiliated with a licensed ambulance service.

1. EMTs, registered nurses (RNs), physician assistants (PAs), physicians or other medical personnel staffing any air, ground and marine ambulance. These records must contain at a minimum:
 - a. Full name and home address;
 - b. Indication that he/she is paid full-time, paid part-time or volunteer;
 - c. Copies of EMT certificate, or RN, PA or physician license;
 - d. Copies of other required specialty certificates i.e. CPR, ACLS, PALS, BTLS, TEAM, TNCC, Air Medical Crew Training, etc.;
 - e. Copy of his/her valid driver's or pilot's license if he/she is an EMT, RN, PA or physician and are utilized as drivers or pilots;
 - f. Documentation that he/she has received a test for tuberculosis and immunizations for hepatitis or have a signed waiver on file;
 - g. Documentation that he/she has received blood borne pathogen and infectious disease training as prescribed by OSHA; and
 - h. Documentation that he/she has received hazardous materials awareness training meeting the requirements prescribed by the State Fire Marshal's Office.

2. Drivers operating a ground ambulance. These records must contain:
 - a. Full name and home address;
 - b. Indication that he/she is paid full-time, paid part-time or volunteer;
 - c. Copy of his/her valid driver's license;
 - d. Copy of his/her driving record for the past three years which must indicate that he/she has not been convicted of reckless driving or driving under the influence of alcohol or controlled substances and has not had his/her driver's license suspended

or revoked within that three year period;

- e. Copy of his/her current American Heart Association Level C or an American Red Cross Basic Life Support for the Professional Rescuer certificate;
- f. Documentation that he/she has successfully completed a Division approved emergency vehicle operators course by July 1, 1996;
- g. Documentation that he/she has received a test for tuberculosis and immunizations for hepatitis or have a signed waiver;
- h. Documentation that he/she has received bloodborne pathogen and infectious disease training as prescribed by OSHA;
- i. Documentation that he/she has received hazardous materials awareness training meeting the requirements prescribed by the State Fire Marshal's Office; and
- j. Signed statements indicating that:
 - (1) He/She is not addicted to alcohol or any controlled substance;
 - (2) He/She is free from any physical or mental defect or disease that might impair his/her ability to operate a ground ambulance; and
 - (3) The non-EMT driver of a ground ambulance can properly assist in the lifting and moving of patients.

3. Pilots operating an air ambulance. These records must contain:

- a. Full name and home address;
- b. Indication that he/she is paid full-time, paid part-time or volunteer;
- c. Copy of his/her valid pilot's license;
- d. Copies of any results of unannounced drug tests conducted as required by the FAA. And upon adoption by the FAA, copies of any results of unannounced alcohol tests conducted; and
- e. Signed statements indicating that:

- (1) He/She is not addicted to alcohol or any controlled substance; and
 - (2) He/She is free from any physical or mental defect or disease that might impair his/her ability to operate an air ambulance.
4. Persons operating a marine ambulance. These records must contain:
- a. Full name and home address;
 - b. Indication that he/she is paid full-time, paid part-time or volunteer;
 - c. Copy of his/her valid driver's license;
 - d. Copy of his/her driving record for the past three years which must indicate that he/she has not been convicted of reckless driving or driving under the influence of alcohol or controlled substances and has not had his/her driver's license suspended or revoked within that three year period;
 - e. Copy of his/her current American Heart Association Level C or an American Red Cross Basic Life Support for the Professional Rescuer certificate;
 - f. Documentation that he/she has received a test for tuberculosis and immunizations for hepatitis or have a signed waiver on file;
 - g. Documentation that he/she has received bloodborne pathogen and infectious disease training as prescribed by OSHA;
 - h. Documentation that he/she has received hazardous materials awareness training meeting the requirements prescribed by the State Fire Marshall's Office; and
 - i. Signed statements indicating that:
 - (1) He/She is not addicted to alcohol or any controlled substance;
 - (2) He/She is free from any physical or mental defect or disease that might impair his/her ability to operate a ground ambulance; and
 - (3) The non-EMT operator of a marine ambulance can properly assist in the lifting and moving of patients.

Records to be Maintained and Kept on File in the Main Business Office:

The ambulance service owner shall:

1. Maintain copies of current statutes and administrative rules pertaining to ambulances, EMTs and medical directors and any documents referred to within the administrative rules and make available for review by all employees/volunteers.
2. Provide orientation to all new employees/volunteers pertaining to company's written guidelines, policies, procedures, training objectives, program standards, protocols regulations, and statutes pertaining to pre-facility and inter-facility care and transportation of patients by the ambulance service.
3. Provide training for all employees/volunteers on the proper use of any new equipment, procedures or medication prior to being placed on the ambulance.
4. Maintain a written policy pertaining to patient rights and responsibilities.
5. Maintain a written procedure for destroying prehospital care report forms.
6. Maintain a written procedure for destroying outdated medications, to include controlled substances when authorized by the medical director.
7. Maintain a written procedure for storing operational and non-operational patient care equipment.
8. Maintain a written procedure for storing, transporting and destroying biohazardous materials following OSHA requirements.

Medical Director Requirements and Responsibilities:

The ambulance service owner shall retain a medical director that meets the qualifications as specified in OAR 847-35-0020, carry out the responsibilities as specified in OAR 847-35-0025 and be approved by the Division.

The ambulance service owner shall maintain and make available:

1. A signed contract or agreement with a Health Division-approved medical director.
2. A copy of the medical director's current physician license from the Board of Medical Examiners.
3. A copies of standing orders or protocols for each level of certified EMT affiliated with the service that is signed and dated, within one year by the medical director.
4. Copies of the medical director's DEA license if the medical director has authorized use of controlled substances. A separate DEA license is required for each location where controlled substances are stored. A separate DEA license is not required for controlled substances stored in a double locked cabinet on an ambulance.
5. A copy of a quality assurance (QA) program. The medical director shall develop, implement and participate in the QA program which assess the medical performance of EMTs, RNs or PAs operating under his/her supervision. Evidence of development must include written operating procedures or policies authorized by the current medical director. Evidence of implementation may include minutes of QA committee meetings or run report review audit forms completed by the current medical director or other documentation of QA program implementation.
6. A written procedure where the medical director shall audit the performance of system personnel by use of a QA program to include, but not limited to, a prompt review of run reports, direct observation, and comparison of performance standards for drugs, equipment, systems protocols and procedures. The written operating procedures shall also include a process for identifying problems and for handling deviations from patient care protocols or standing orders (i.e. documentation procedures, remedial training, disciplinary action, etc.).

Designated Training Director Requirements and Responsibilities:

The ambulance service owner shall have a designated EMS training director, who shall provide, coordinate and be responsible for:

1. Training of all employees/volunteers on the proper use of any new equipment, procedure or medication prior to being placed on an ambulance.
2. Continuing education provided by the service for the purpose of EMT recertification.
3. Maintaining EMT continuing education records for classes provided by the ambulance service. These records must contain: agency name; course subject; course date; course length; instructor name and signature; name and signature of the EMT attending the course. These records must be maintained in a secure manner for a minimum of four years.
4. Releasing of copies of all records of continuing education obtained by an EMT through the service in a verifiable format to the requesting EMT within five days of being requested.
5. Notifying the Division, in writing, within 10 days of any change in the training director.

Medical Equipment, Supplies and Medications Requirements:

The ambulance service owner shall provide for:

1. Adequate amount of equipment, supplies, medications, intravenous fluids and controlled substances, if authorized, must be stored in a neat and orderly fashion. Generally these items are kept in locked storerooms or cabinets. Items must be clean or sterile as required and must be correctly marked or packaged so that the appropriate seals are intact and undamaged.
2. Adequate supply of medical oxygen. Oxygen cylinders must be stored in a clean, dry, and secured environment. Securing the cylinders can be accomplished by placing the cylinder in a stable base or stand, or chaining it to a secure wall.
3. Written procedures to include, at a minimum, storage procedures and inventory schedules for the stocking of controlled substances, medications and intravenous fluids and security procedures for controlled substances in stock and on the ambulance. The operating procedures for the security of controlled substances include, but is not limited to:
 - a. who has access to the controlled substances kept on the ambulance and any kept in stock for resupply (i.e. who is authorized to carry the keys, conduct inventories, etc.);
 - b. shift change inventory procedures for controlled substances, medication and intravenous fluids kept on ambulances;
 - c. written administrative procedures to be followed in the event of any discrepancies found in the amount or type of controlled substance, medication or intravenous fluid found during an inventory;
 - d. maintenance of a master inventory book of all controlled substances purchased by the service; and
 - e. maintenance of individual inventory books on each ambulance that has controlled substances. An inventory shall be conducted at the beginning and end of each shift (when the key is given to another EMT-Paramedic) and for each instance of use during a call. The inventory books must have consecutively, non-removable and permanently numbered pages. The book must specify:
 - (1) the vehicle or unit number;
 - (2) the name or initials of the EMT-Paramedic doing the inventory;

- (3) the date and time the inventory is being done;
- (4) the name, weight/volume, quantity and expiration dates of each controlled substance;
- (5) the run report number;
- (6) the amount administered;
- (7) the signature or initials of the administering EMT-Paramedics; and
- (8) the signature or initials of the person(s) witnessing the wasting of any unused portions.

4. **Biohazardous Waste Handling, Storage and Disposal Operating Procedures:** The ambulance service must have a written procedure for the handling of biohazardous waste generated in the ambulance service facilities, ambulances or at the scene where prehospital care was given. Such written procedures must meet the minimum standards as established by OSHA. As a minimum biohazardous waste shall be placed in red plastic bags which are to be labeled "BIOHAZARDOUS WASTE" or "INFECTIOUS WASTE". Used sharps (hypodermic needles, etc.) shall be placed in a container designed for such purposes.

Disposing of biohazardous waste may be done by leaving it at a medical facility (with the permission of the medical facility), where it can be combined with the medical facility's biohazardous waste for disposal, or be taken back to the main station or a satellite station to be sorted and disposed of in accordance with OSHA requirements.

Procedures for Alerting Ambulance Personnel and Dispatching the Appropriate Ambulance:

The ambulance service owner is responsible to ensure that:

1. There are 24 hour-a-day phone answering and ambulance dispatching capabilities.
2. There is a written procedure for alerting and communicating with an ambulance crew before, during and after an ambulance call.
3. There is a written procedure for routing all emergency calls received on an ambulance service seven digit number to the appropriate Public Safety Answering Point. This written procedure must include triage criteria for determining what is an emergency call.
4. Copies of dispatch records are maintained for a minimum of seven years as prescribed by ORS 820.330 and 820.340.

Ambulance Personnel:

The ambulance service owner is responsible to:

1. Have each ambulance staffed with properly certified or licensed personnel.
2. Have each person staffing an ambulance or providing prehospital emergency medical care display his/her level of EMT certification or display that he/she is a registered nurse, physician assistant or physician on the outermost garment of his/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.
3. Ensure that an employee/volunteer is not scheduled or allowed to serve on an ambulance who is impaired by excessive fatigue, illness, injury or other factors which may reasonably be anticipated to constitute a threat to the health and safety of patients or the public. It is the responsibility of the employee/volunteer to immediately notify the employee's/volunteer's supervisor if this occurs.

Ambulance Vehicles:

The ambulance service owner is responsible to have:

1. Each ambulance equipped and staffed to the standards as established in OAR 333-255-0060; 333-255-0070; 333-255-0080 or 333-255-0090.
2. Written program of preventative maintenance for ambulances and ambulance equipment.
3. Written policy detailing the procedures to be followed when the mechanical condition of an ambulance before transport is sufficiently unreliable so as to endanger or potentially endanger the health, safety, or welfare of a patient or crew member.
4. Written procedure for notifying the Division within 30 days of having an accident involving an ambulance. This includes sending a legible copy of the state accident report to the Division.
5. The ambulance licenses properly displayed in each vehicle as prescribed by the Division.
6. A signed agreement with a mechanic or towing service to provide tire changing services on a 24 hour-a-day basis if the service is operating Type I or Type III vehicles and are not carrying a spare tire. A type II vehicle must carry a serviceable spare tire at all times.

Ambulance Service Facilities, Records and Vehicle Inspection Procedures

In accordance to ORS Chapter 682 and administrative rules pertaining to the licensing of ambulance services and ambulance vehicles, the Division shall periodically and randomly inspect licensees for compliance with the requirements of statutes and administrative rules. The Division shall conduct inspections without impeding the response of an ambulance or patient care.

The Division shall, in the course of conducting an inspection as provided for by statute and administrative rule, determine the continuing compliance of the service, facility, ambulance, vehicle and patient care equipment, and all personnel with the requirements of the specified revised statutes and administrative rules.

Initial application, routine or unannounced inspections may consist of: all premises designated on the application; all ambulances; all patient care equipment and associated supplies; all business records regarding the operation of the ambulance service; all signed mutual aid agreements; all patient care records; and all personnel records.

Inspections for the purpose of evaluating the eligibility of an ambulance service or an ambulance to receive an initial license shall be scheduled with the management of the ambulance service at least 24 hours in advance of the inspection unless otherwise mutually agreed upon by the Division and ambulance service representative.

Inspections for the purpose of ensuring continued compliance with ORS Chapter 682 and the administrative rules pertaining to the licensing of an ambulance service and ambulance vehicles do not require giving advanced notice to the ambulance service owner or representative.

In conducting an inspection, the Division representative:

1. Shall identify him/herself by presenting Division identification to the owner, manager, or ranking employee/volunteer present at the site of an inspection;
2. Shall inform the ambulance service representative of the purpose of the inspection;
3. Shall inform the ambulance representative when the inspection has been completed and the results;
4. May use photographic or video-graphic documentation as part of the inspection; and
5. May accompany the ambulance crew on a call for the purpose of evaluating compliance with ORS Chapter 682 and the administrative rules pertaining to ambulance services and ambulance vehicles.

In conducting an inspection, the ambulance service owner or representative:

1. Shall assign a management person to accompany the Division representative during an inspection of the ambulance service facilities and records; and
2. Shall assign the EMT that is assigned to the ambulance to accompany the Division representative during the inspection for the purpose of locating all equipment and supplies and demonstrating the use of all patient care equipment found on an ambulance.

Copies of the inspection forms are found in the appendix of this manual.

The inspection corrective action plan is as follows:

1. Upon completion of the initial inspection that results in finding deficiencies, the Division representative shall allow the ambulance service representative the opportunity to immediately correct the deficiencies by replacing or repairing the equipment on the ambulance.
2. If the ambulance service representative is unable to immediately correct the deficiencies, and the deficiencies do not pose a threat to a patient or the ambulance crew, the Division representative shall direct the ambulance service representative to complete the corrective action and notify the Division within fourteen days of the inspection that the corrections have been made. No reinspection fee is required for this type of discrepancy.
3. If the ambulance service representative is unable to correct the deficiencies immediately, and the deficiencies pose an immediate threat to a patient or the ambulance crew, the Division representative shall immediately remove that ambulance from service. The ambulance service is to complete the corrective action and notify the Division in writing that the corrections have been made. Upon receipt of corrective action, which must attest to the deficiency having been corrected, the date the correction was completed and be signed by the authorized representative of the ambulance service, the Division will allow the ambulance to return to service. An actual inspection prior to reinstating a vehicle to service is not required.
4. Both the Division representative and the ambulance service representative shall sign the inspection form which shall indicate which action the ambulance service must take.