

OREGON ADMINISTRATIVE RULES
OREGON HEALTH AUTHORITY, PUBLIC HEALTH DIVISION
CHAPTER 333

DIVISION 250

AMBULANCE SERVICE LICENSING

333-250-0040

Ambulance Service Operational Requirements

- (1) The licensee must ensure that the service, employees, volunteers and agents:
- (a) Comply with all of the requirements of ORS chapter 682, ORS 820.300 through 820.380 and other applicable federal, state and local laws and regulations governing the operation of a licensed ambulance service;
 - (b) Notify the Authority, upon making initial application or within 14-days of the date of registration, of any new "trading as", "division of", or "doing business as" names utilized by the licensee; and
 - (c) Transport only patients for which it has the resources to provide appropriate medical care and transportation unless in transfers between medical facilities, the sending or receiving facility has provided medically appropriate life support measures, personnel, and equipment to sustain the patient during the transfer.
- (2) The licensee shall document that each employee or volunteer:
- (a) Is provided an initial orientation program that addresses, at a minimum, the ambulance service standing orders, ambulance service policies and procedures, driving and operating requirements for ambulance vehicles, and operations of equipment. The initial orientation program must be completed prior to the employee or volunteer being allowed to staff an ambulance; and
 - (b) Has access to current copies of these rules, and the documents referred to within these rules that are incorporated by reference.
- (3) The licensee must have written policies and procedures to carry out daily ambulance service operations including, but not limited to:
- (a) Work practice controls for bloodborne pathogens in compliance with OAR chapter 437;
 - (b) Storage of medications including controlled substances if authorized by the EMS medical director and meeting the requirements of the Oregon Board of Pharmacy in OAR chapter 855 and the US Drug Enforcement Administration found in 21 CFR 1301.75(b);
 - (c) Destruction of outdated medications including controlled substances if authorized by the EMS medical director and meeting the requirements of the Oregon Board of Pharmacy in OAR chapter 855 and the US Drug Enforcement Administration found in 21 CFR 1307.21;
 - (d) Notifying the licensee when an employee is impaired by excessive fatigue, illness, injury or other factors that may reasonably be anticipated to constitute a threat to the health and safety of patients or the public;
 - (e) Reporting of suspected child abuse as required in ORS 419B.005 through 419B.050;
 - (f) Reporting of suspected elderly abuse as required in ORS 124.050 through 124.095;
 - (g) Patient rights in accordance with OAR 333-250-0085; and
 - (h) Providing secure transport for patients in custody in accordance with OAR 309-033-0435, if the licensee has been authorized to perform this service.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0041

Ambulance Service Personnel Educational Requirements and Quality Improvement

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

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

(b) The training of all EMS providers and ambulance based clinicians on the:

(A) Proper use of any new equipment, procedure or medication prior to being placed into operation on an ambulance; and

(B) Secure transportation of patients in custody in accordance with OAR 309-033-0437, if the licensee has been authorized to perform this service.

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

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

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

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

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

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

(3) The licensee shall ensure that there is verifiable written documentation placed in the employee's or volunteer's training file that the employee or volunteer has completed the training and the documentation shall include when and where the training was obtained.

(4) Any EMS related or required continuing education offered by the licensee or designee must be documented as follows:

(a) A class roster that contains:

(A) Name of the ambulance service;

(B) Full name of the instructor;

(C) Full name of the person attending the class;

(D) Class date;

(E) Class subject; and

(F) Class length; or

(b) A computer-generated printout history of an individual's continuing education record that contains:

(A) The full name of the person attending the class;

(B) Name of the ambulance service;

(C) Class dates;

(D) Class subjects; and

(E) Class lengths.

(5) Documentation required in section (4) of this rule must be maintained in a secure manner with limited access for a minimum of four years.

- (6) The licensee must establish a procedure to release copies of all records of continuing education completed by an EMS provider or employee through the service in a verifiable format to the requesting party within five business days of being requested.
- (7) The licensee must have a written quality improvement program that is approved by the EMS medical director.
- (8) To assist the licensee and the EMS medical director in determining if appropriate and timely emergency medical care was rendered, the ambulance service designated official may request the following information from the hospital receiving the patient as authorized by ORS 682.056:
- (a) Patient admit status and unit admitted to;
 - (b) Any procedure listed in section D04_04 of the National Highway Transportation Safety Administration dataset dictionary, version 2.2.1, and performed on the patient within the first hour of being admitted;
 - (c) Any medication administered to the patient within the first hour of being admitted; and
 - (d) Trauma system entry by emergency department staff.
- (9) Information provided under section (8) of this rule is considered confidential pursuant to ORS 682.056. Any employee or volunteer participating in a quality improvement session must have a signed confidentiality statement in their personnel file.
- (10) If the licensee accepts students for Paramedic internships from an accredited teaching institution, the licensee must:
- (a) Have a signed and dated contract with each teaching institution providing internship students; and
 - (b) Use qualified preceptors, as defined by OAR 333-265-0000, who will be assigned to supervise, document and evaluate the Paramedic interns.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991

333-250-0085

Patient Rights for Emergency Medical Care and Transportation

- (1) An ambulance service licensed by the Authority shall maintain written policies and procedures regarding patient rights.
- (2) A statement of patient rights shall be distributed to each employee or volunteer and made available in the business office and in each satellite location.
- (3) The statement of patient rights shall include, but is not limited to, the following:
- (a) Access to appropriate emergency medical care and transportation without regard to race, ethnicity, religion, age, gender, sexual orientation, or disability;
 - (b) EMS providers will be considerate and respectful to all patients regardless of status;
 - (c) Opportunity to refuse any medical care or transportation to a medical facility when informed about the care to be provided and the risks associated with refusing medical care or transportation;
 - (d) Transportation to a clinically appropriate medical facility of the patient's choice without questioning ability to pay. The agency may elect to transport to a closer, appropriate medical facility if a patient's facility of choice:
 - (A) Is unreasonable due to unsafe conditions; or
 - (B) Requires an ambulance to be taken out of service for an unreasonable amount of time;
 - (e) When appropriate, opportunity to request private transport, for example from a friend or family member;

- (f) Patient's health information will be protected in accordance with state and federal privacy laws;
 - (g) Opportunity to receive, upon request, medical information relating to the care or transport provided by EMS providers;
 - (h) Opportunity to receive, upon request, a reasonable explanation of any charges for emergency medical care provided by EMS providers or for ambulance services; and
 - (i) Information on how and where to file a complaint about the services performed is posted and available.
- (4) Notwithstanding subsection (3)(d) of this rule, a licensed ambulance service may transport a patient against the patient's wishes if it is determined that the patient is incapacitated to make decisions based upon illness, injury or age.

Stat. Auth.: ORS 682.017

Stats. Implemented: ORS 682.017 - 682.117, 682.991