



Emergency Medical Services

NOTICE OF DECISION BY EMS PROGRAM SUPERVISOR & FINAL ORDER

Washington County Emergency Medical Services (EMS) Washington County Temporary Administrative Rule 600-330.C.1

Program Supervisor: Adrienne Donner, Washington County EMS (WCEMS) program

Procedure Type: New Temporary Emergency Rule Washington County EMS
Administrative Rule 600-330 Authorization for the use of any approved Emergency
Dispatch Priority (EMD) card system authorized for dispatch of emergency medical calls.

Authority:

Washington County Code 8.32 is known as the "Washington County Emergency Medical and Transportation Services Ordinance". Section 8.32.180 states:

"The EMS program supervisor shall have the authority to issue, suspend or revoke licenses issued by the WCEMS, propose administrative rules or amendments thereto, **adopt emergency rules**, administer and enforce any franchise agreement, seek judicial enforcement of this code and take such other action to carry out this chapter and the rules adopted pursuant thereto."

Section 8.32.340 - Emergency rules—Procedures generally state:

"Notwithstanding any other provision, if the WCEMS finds that failure to act promptly will result in serious prejudice to the public interest or the interest of the parties concerned and sets forth in writing the specific reason for taking action, the WCEMS may proceed to adopt, amend or suspend a rule without notice or hearing or upon any abbreviated notice and hearing deemed practicable." In addition, "Such an emergency rule is temporary and shall be effective upon filing with the clerk of the board for a period no longer than one hundred eighty (180) days."

Section 8.32.280(A) - Rule adoption—Scope.

The WCEMS may adopt, amend, or repeal the administrative rules deemed necessary to achieve the purpose of this chapter. Such rules shall be adopted and may establish among other things:

A. Vehicle and equipment standards, including staffing

Need for action:

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**WASHINGTON COUNTY
BOARD OF COMMISSIONERS OFFICE**

The transition to a new EMS 9-1-1 Transport ambulance provider is 15 days away which is not enough time to determine how best to handle calls made directly to American Medical Response and determined to require a 9-1-1 response.

By changing the more prescriptive existing language that says "The emergency ambulance franchise holder's communication center shall use the same dispatch priority card system as that of the 9-1-1 PSAP" to language that allows either authorized EMD card set to be used, with approval from both agencies' medical oversight, the EMS system will have the time it needs to test the options and conduct quality improvement efforts before making a final decision.

The Washington County EMS program finds that failure to act promptly to introduce temporary flexibility into the EMS rules will force the system to make a hasty decision that may not be in the best interest of the system.

Fulfillment of need:

To support the successful transition of the EMS system, a temporary Emergency Medical Services Administrative Rule replacing the current rule 600-330.C.1, requirements specific to emergency ambulance franchisee, has been created. The temporary rule states "the emergency ambulance franchise holder's communication center shall use the same dispatch priority card system as that of the 9-1-1 PSAP unless otherwise approved by both agencies' medical oversight". This temporary rule will provide for flexibility in which EMD cards are used, for no more than 180 days, while the options are tested and the most effective decision is made.

Final Order:

Washington County Emergency Medical Administrative Rule 600-330.C.1 is amended to support the provisions requested and is in place between August 1, 2023 and January 28, 2024 (180 day period).

Attachment: Washington County Administrative Rules



Adrienne Donner, Program Supervisor
Washington County EMS



**Washington County, Oregon
Emergency Medical Services
Administrative Rules**

November 2022

Washington County EMS Administrative Rules

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Authority and Application of Rules: General

SECTION 100 CONTENTS:

100-100 Authority and Application of Rules

100-200 Area of Application

100-300 Medical Direction

100-400 Emergency Medical Dispatch

100-500 Definitions

100-100 Authority and Application of Rules

- A) The board of commissioners for Washington County (Board) has the authority to regulate medical transportation, to include emergency ambulance, non-emergency ambulance, interfacility ambulance, and wheelchair car transport services provided by vehicles for hire pursuant to WCC Chapter 8.32 and ORS 221.485-221.495.
- B) It is unlawful for any person to operate or allow to be operated in the county any service or vehicle that provides medical transportation originating within the County without first obtaining a provider license and a license for each such vehicle used to provide that service.
- C) The Washington County Emergency Medical Services Program (WCEMS) is granted authority to establish rules and exemptions governing Emergency Medical Services (EMS) in Washington County. This authority is granted in the Washington County Emergency Medical and Transportation Services Ordinance, WCC, Chapter 8.32
- D) WCEMS has the authority to regulate EMS clinical and operational related activities including pilot programs and/or trials and other programs that enhance EMS medical transport service delivery within Washington County. This includes providing allowances within the franchise agreement for the emergency ambulance franchise holder's participation in such activities. All clinical pilots and trials are under the direction of the EMS Medical Director of record for the EMS Program and the emergency ambulance franchise holder.
- E) Duly promulgated rules shall have the force of law.

100-200 Area of Application

The area of application consists of the whole of Washington County with regard to non-emergency, interfacility, and wheelchair medical transport. The area of the county as outlined in the Ambulance Service Area Plan shall be the area of application for emergency ambulance response and other related EMS activities.

100-300 Medical Direction

- A) Emergency medical services providers may not provide patient care or treatment without written authorization and standing orders, or the written detailed procedures for medical or trauma emergency and non-emergency care to be performed by an EMS provider in conformance with their scope of practice and level of licensure, from a medical director who has been approved by the Oregon Medical Board. As part of its regulatory program, Washington County will contract with or employ a physician who is board certified in emergency medicine and/or EMS medicine and meets the requirements of ORS 677.100 to 677.228, OAR 847-035-0020 to 847-035-0025 as County EMS Medical Director.

- B) The County may contract with or employ as many individuals as necessary to carry out the responsibilities of EMS medical direction. If more than one individual is utilized, then a lead EMS Medical Director will be named, all other physicians contracted with or employed by the County will be considered an agent of the lead EMS Medical Director. The County EMS Medical Director and agent(s) shall have the authority and powers provided by law and administrative rule to issue standing orders and otherwise perform the functions of a Medical Director.

- C) The emergency ambulance franchise holder for Washington County shall use as their medical director the County EMS Medical Director.

- D) Unless granted a written variance by the WCEMS, all licensed provider agencies that provide emergency ambulance service shall have as their agency medical director the County EMS Medical Director.

- E) ORS Chapter 190 encourages units of local government to enter into agreements for the provision of services by one entity from another. These administrative rules shall apply to those first responder agencies who, through an inter-governmental agreement, use the County EMS Medical Director.
 - 1) The services provided by the County EMS Medical Director(s)/Agency Medical Director(s) shall be as set forth in OAR 847-035-0025 or as such rules may be amended. The County Medical Director(s) shall be reasonably available to answer questions from and provide support for the EMS Officers and EMS providers.

100-400 Emergency Medical Dispatch

WCC 8.32 has rule making authority for all matters relating to ambulance service, including communications. As further defined by rule, the County has the authority to make periodic amendments to the dispatch procedures to include, but not limited to, the adoption of a dispatch priority card system.

100-500 Definitions

As used in these rules, unless the context requires otherwise, or there is a specific definition within the rule, the words shall have the same meaning provided under WCC 8.32.

Washington County Medical Transportation Provider Licensing

SECTION 200 CONTENTS:

200-100 Washington County Medical Transportation License Types

200-110 Emergency Ambulance Provider

200-120 Fire Service Emergency Ambulance Provider

200-130 Non-Emergency Ambulance Provider

200-140 Interfacility Ambulance Provider

200-150 Air Ambulance Provider

200-160 Wheelchair Car Provider

200-170 Licensing Requirements

200-180 Suspension/Revocation/Denial

200-100 Washington County Medical Transportation License Types

As noted in WCC 8.32, it is unlawful for any person to operate or allow to be operated in the county any service or vehicle that provides medical transportation without first obtaining proper licensure. WCEMS will license the following types of service providers and vehicles:

- A) Emergency Ambulance Provider
 - 1) Emergency ALS Ambulance (per unit)
- B) Fire Service Emergency Ambulance Provider
 - 1) Fire Service Emergency ALS Ambulance (per unit)
- C) Non-Emergency Ambulance Provider
 - 1) Non-emergency ALS Ambulance (per unit)
 - 2) Non-emergency BLS Ambulance (per unit)
- D) Interfacility Ambulance Provider
 - 1) Interfacility ALS Ambulance (per unit)
 - 2) Interfacility BLS Ambulance (per unit)
- E) Air Ambulance Provider
 - 1) Air Ambulance (per unit)
- F) Wheelchair Car Provider
 - 1) Wheelchair Car (per unit)

200-110 Emergency Ambulance Provider

Emergency ambulance provider means that ambulance provider designated by the Board as the contracted provider of emergency ambulance service in Washington County. The emergency ambulance franchise provider shall be accredited by the Commission on Accreditation of Ambulance Services (CAAS) and meet all licensing requirements of the Authority and Washington County.

200-120 Fire Service Emergency Ambulance Provider

Fire service agencies within Washington County that request licensure to provide emergency ambulance transport from a scene to a receiving facility may make application for a fire service emergency ambulance provider license. A fire service emergency ambulance provider must meet all licensing requirements of the Authority and Washington County.

200-130 Non-Emergency Ambulance Provider

Non-emergency ambulance provider means one that is licensed as an ambulance by the Authority and Washington County and provides transportation services for those conditions that are defined as non-emergency.

200-140 Interfacility Ambulance Provider

Interfacility ambulance provider means one that is licensed as an ambulance by the Authority and Washington County and provides transportation after initial assessment and stabilization, from and to a health care facility to include: hospital to hospital; clinic to hospital; hospital to rehabilitation; and hospital to long-term care.

200-150 Air Ambulance Provider

- A) Air ambulance means any privately or publicly owned air vehicle specifically designed, constructed, or modified, which is intended to be used for and is maintained or equipped with the intent to be used for the transportation of individuals who are sick, injured, or otherwise incapacitated or helpless.
- B) Certification by the Commission on Accreditation of Medical Transport Systems (CAMTS) is a requirement for an air ambulance license in Washington County. CAMTS certification must be maintained throughout the licensing term. Provisional or conditional certification is not acceptable and will result in immediate suspension of the license until the provisional or conditional status has been removed.

200-160 Wheelchair Car Provider

Wheelchair car means a motor vehicle for hire that is constructed, equipped, or regularly provided for non-emergency transportation of persons in wheelchairs and semi-reclining wheelchairs (no more than forty-five (45°) degree reclining) or requiring wheelchair car transportation for reasons related to health conditions and not requiring an ambulance or transport in a supine or recumbent position.

200-170 Licensing Requirements

- A) A license for medical transportation services, both provider and vehicle, shall be issued by the WCEMS to any agency who meets licensing requirements for medical transportation services where the services originate within Washington County.
- B) Agencies are required to obtain licensure for the provider agency and each vehicle in operation in Washington County.
- C) Application for licenses shall be upon forms prescribed by the county.
- D) When application has been made, as required, the WCEMS shall issue licenses to the owner if it is found that the service provider and vehicle(s) comply with the requirements within this rule and upon the application.
- E) Each initial license, unless sooner suspended or revoked, shall expire simultaneously with the conclusion of the fiscal year of Washington County. Renewal licenses shall be for a twelve-month period.
- F) Licenses shall be issued only to the owner of the medical transport agency and only for the agency named in the application and shall not be transferable to any other person, governmental unit (i.e. the state or any county, municipality or other political subdivision or any department, board or other agency of any of them), ambulance service or provider or vehicle.
 - 1) Upon change of ownership or management, the new owner or operator shall be required to notify the WCEMS within ten business days of acquisition. The WCEMS will specify what information needs to be updated and/or if a new application is required.
 - 2) An administrative fee may be charged by WCEMS for reissuing of provider licenses.
 - 3) Licensing fees are non-refundable to the out-going owner or operator.
- G) Licenses shall be displayed as described in WCEMS application.
- H) The WCEMS may provide a replacement of any current license that becomes lost, damaged, or destroyed. A replacement fee may be charged for each replacement license.
- I) Provider and vehicle licensing fees are nonrefundable
- J) All applicable licensing fees shall be paid in full prior to issuance of license. Licensing fees are due and payable 30-days from invoicing. Fees not paid by the due date shown on the invoice will double.
- K) All fees are established by the Board of Commissioners and are publicly posted by the WCEMS by July 1 for the current fiscal year.
 - 1) No agency may charge a fee for medical transport other than those approved by the Board.
- L) A person or governmental unit commits the offense of unlawful operation of an unlicensed medical transport service or vehicle if the person or governmental unit

advertises or operates in Washington County a motor vehicle, aircraft or watercraft ambulance that:

- 1) Is not properly licensed as required under this rule;
 - 2) Does not meet the minimum requirements established under this rule by either the WCEMS or the Authority
- M) The offense described in this section, unlawful operation of an unlicensed medical transportation service or vehicle, is a Class A misdemeanor. Each day of continuing violation shall be considered a separate offense.
- N) WCEMS may impose upon a person or government unit a civil penalty not to exceed \$5,000 for each violation of this rule adopted thereunder. Each day of continuing violation shall be considered a separate violation for purposes of this subsection. (ORS 677.830, 682.045, 682.051, 820.320, 820.380)
- O) Making false statements and misrepresentations for obtaining a license to provide medical transport for hire services is prohibited. A person or agency may not:
- 1) Intentionally make any false statement on an application for obtaining a license on any document required by WCEMS, or;
 - 2) Make any misrepresentation in seeking to obtain or retain a license
- P) Any violation described in this section is also grounds for denial, suspension, or revocation of a license as described in these administrative rules and is reportable to the Oregon Health Authority.

200-180 Suspension/Revocation/Denial

- A) WCEMS may deny, suspend, and/or revoke any applicant for license, licensed provider or vehicle license. Upon decision to do so, WCEMS will notify, in writing, the agency as to the basis for denial, suspension, or revocation of licenses. The applicant or licensed provider shall comply with all demands for denial, suspension, and/or revocation and cease operation upon notification to do so.
- B) WCEMS shall advise the provider or applicant of the right to appeal the decision to deny, suspend, and/or revoke and the process to do so.
- C) The applicant or licensee may submit an amended application without additional fee or may appeal the decision as specified in WCC 8.32.

Washington County Level of Care

SECTION 300 CONTENTS:

300-100 Washington County Level of Care

300-110 Advanced Life Support (ALS)

300-130 Basic Life Support (BLS)

300-140 Wheelchair Car Transportation

300-150 Stretcher Car – Prohibited

300-100 Washington County Level of Care

For the provision of Emergency and Non-Emergency medical transportation, the Washington County EMS Office (WCEMS) recognizes three levels of out-of-hospital care:

- A) Advanced Life Support
- B) Basic Life Support
- C) Wheelchair Car Transportation

300-110 Advanced Life Support (ALS)

- A) Advanced life support means pre-hospital emergency care which encompasses procedures, treatments, and techniques within the Advanced- Emergency Medical Technician (AEMT), Emergency Medical Technician-Intermediate (EMT-I), Paramedic, and Registered Nurse scopes of practice and are authorized by the agency Medical Director. The scope of practice, or set of procedures, actions, and processes permitted at each level of licensure, are as defined in OAR Chapter 847 Division 35.
- B) Standing orders, medications, and medical procedures authorized for ALS providers are set forth on a regional basis by the Tri-County Protocol Development Committee and adopted by the WCEMS and authorized by the County and Agency Medical Directors. Certain procedures and/or medications may be omitted from a specific agency scope of practice on a case by case basis as determined by the respective Medical Director.
- C) If deemed to be in the best interest of patients, the County EMS Medical Director may change the scope of practice and/or standing orders as allowed in OAR 847-035. If such changes are made notice shall be provided to all EMS providers.

300-130 Basic Life Support (BLS)

- A) Basic life support means pre-hospital emergency care which encompasses procedures, treatments, and techniques within the Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) scope of practice and are authorized by the County and Agency EMS Medical Director.
- B) Certain procedures and/or medications may be omitted from a specific agency scope of practice on a case by case basis as determined by the respective Medical Director.
- C) If deemed to be in the best interest of patients, the County EMS Medical Director may change the scope of practice and/or standing orders as allowed in OAR 847-035. If such changes are made notice shall be provided to all EMS providers.

300-140 Wheelchair Car Transportation

Wheelchair car transportation is for the transportation of individuals with medical conditions which require them to be in a wheelchair, and who's current and/or preexisting medical condition does not require an attendant during transport. An individual who requires an attendant during transportation is a patient and is required to be transported by ambulance.

300-150 Stretcher Car – Prohibited

- A) Stretcher car means any vehicle that is not licensed as an ambulance but is configured or equipped to carry a patient in the supine, recumbent, or reclining position (more than forty-five (45) degrees reclining) and without a person, other than the driver, attending to the patient.
- B) It is unlawful to provide supine or recumbent transport by any vehicle other than an ambulance.
- C) The use of a stretcher car as defined above is not allowed in Washington County.

Washington County Provider Requirements

SECTION 400 CONTENTS:

400-100 General Washington County Provider Requirements

400-200 Staffing

400-300 Equipment

400-400 Medical Direction

400-500 Patient Care Form

400-600 Reportable Incidents/Actions

400-700 Record Requirements

400-800 Fees for Service

400-900 Insurance

400-100 General Washington County Provider Requirements

The following requirements are established as minimum standards for all licensed medical transportation providers in Washington County. These requirements should not be construed as all inclusive. Other internal and external requirements and standards exist and are to be abided by as appropriate. Examples of such are: Washington County Code, other sections of these Administrative Rules, Oregon Revised Statutes, Oregon Administrative Rules, Washington County Ambulance Service Area Plan, and the Washington County Franchise Agreement for Emergency Ambulance Service. Licensed agencies shall obtain and maintain all licenses required for operation.

400-200 Staffing

- A) Licensed medical transportation providers shall staff vehicles commensurate to the level of their licensure in the County: Advanced Life Support, Basic Life Support or Wheelchair Car Transportation.
- B) Personnel shall hold a valid driver's license issued by the State of Oregon or State of Washington, unless exempted according to rule
- C) Drivers must be able to read, write, and speak the English language fluently.

400-210 Advanced Life Support (ALS) Ambulance

- A) Advanced Life Support (ALS) Ambulance means an ambulance which meets all requirements of the County and the Authority and is staffed and equipped to provide service at the ALS level.
- B) At least one (1) person staffing the ambulance must be licensed to practice at the Paramedic level. The other person staffing the ambulance must, at a minimum, be licensed at the EMT level.
- C) Licensed EMS providers accompanying patients in the patient compartment of an ambulance must be licensed at a level appropriate for any treatment interventions initiated on scene or likely to be required during transport.

400-220 Basic Life Support (BLS) Ambulance

- A) Basic Life Support (BLS) Ambulance means an ambulance which meets all requirements of the County and the Authority and is staffed and equipped to provide service at the BLS level.
- B) Both persons staffing the ambulance must, at a minimum, be licensed to practice at the EMT level.

400-230 Wheelchair Car

- A) Wheelchair Car means a motor vehicle for hire which meets all County and State requirements, and is staffed, equipped, and constructed to provide for the transportation of persons in wheelchairs.
- B) At minimum, complete Red Cross-approved First Aid, Cardiopulmonary Resuscitation courses or equivalent, and maintain the certification as a condition of licensure

400-240 Air Ambulance

- A) In order to provide air ambulance service, the licensed ambulance service must ensure that the licensed ambulance service, employee, volunteer or ambulance-based clinician comply with all regulations as set forth in OAR Chapter 333 Division 250.
- B) The crewmember providing patient care must possess a current ACLS and PALS course completion document and a TEAM, TNCC, PHTLS or BTLIS course completion document. The TEAM or TNCC must include a supplemental pre-hospital rapid extrication training session.
- C) The crewmember providing patient care must have the ability to properly assist in extricating, lifting and moving a patient and have knowledge to properly operate all patient care equipment that may be used.

400-250 Emergency Ambulance

- A) The County requires emergency ambulance service to be provided by properly licensed ambulances, staffed with at least two (2) licensed providers. One (1) provider shall be licensed at the Paramedic level. The other provider(s) staffing an emergency ambulance shall be, at a minimum, licensed at the EMT level.
- B) Licensed EMS providers accompanying patients in the patient compartment of an ambulance must be licensed at a level appropriate for any treatment interventions initiated on scene or likely to be required during transport.

400-260 Uniform Requirements: All Providers

- A) Uniform Requirements:
 - 1) Each person staffing a licensed medical transportation vehicle or providing pre-hospital emergency medical care shall wear a standardized uniform as determined by the employing agency. On the outermost garment of their work uniform it is required to display, at a minimum:
 - a) The name of the employing agency
 - b) The level of licensure of the employee
 - c) The first or last name of the employee
- B) Reasonable exceptions shall be made for clothing used to protect the employee from injury or illness (e.g. personal protective equipment, turnouts, hazardous materials suits).
- C) Uniforms shall be clean and free of excessive wear and free of blood and/or bodily materials. Uniforms soiled during the course of providing service shall be changed at the first opportunity.
- D) Off-duty or volunteer personnel responding directly to the scene shall make reasonable efforts to comply with identification and uniform requirements. Baseball type hats, T-shirts and/or vests authorized by their respective agency for this purpose will be deemed a reasonable effort.

400-270 Standards of Conduct for Emergency Medical Care Providers

- A) All individuals staffing a licensed vehicle that falls under the authority of the WCEMS Medical Director will, at a minimum, comply with all rules and standards of conduct as described in OAR 333-265-0083. Any violation of this chapter may be grounds for limitation or suspension of standing orders. The medical director may report in writing to the Authority's Chief Investigator any action or behavior on the part of the emergency medical services provider that could be cause for disciplinary action under ORS 682.220 or 682.224.
- B) Anyone staffing a medical transportation vehicle must not have used alcohol: in the eight hours of going on duty, while in an on-call status, or while on duty or in any way be impaired by the use of alcohol. Personnel must not be taking any

medications that impair the giving of proper patient care or impair the safe operation of a medical transportation vehicle.

400-280 Employee Screening Standards

- A) Any applicants for licensure and all licensed ambulance or wheelchair car providers shall have in-place policies and procedures for a pre-employment and for-cause drug and alcohol-screening program. This policy shall be submitted with licensing applications and be on-file with the WCEMS.
- B) Any applicants for licensure and all licensed ambulance or wheelchair car providers shall have in-place policies and procedures for a criminal background check program. This policy shall be submitted with licensing applications and be on file with the WCEMS. Upon a reasonable request by the WCEMS, a criminal background check may be required of any person(s) providing direct patient services. All agencies shall comply within 2 weeks of WCEMS making the request. Failure to comply may result in denial, suspension, or revocation of agency and/or vehicle licenses to operate.

400-300 Equipment Specific to Ambulances

- A) All licensed ambulances shall carry the equipment specified in OAR Chapter 333 Division 255, respective to the level of licensure and service being provided.
- B) In addition, licensed ambulances shall carry the equipment, medications, and supplies in quantities as determined by the County EMS Medical Director and/or agency medical director, and appropriate to the level of care and available licensed EMS personnel and as established in the agency's approved protocols.
- C) Changes to standing orders or scopes of practice will occur annually with the recommendations of the Tri-County Protocol Committee, and, on occasion, at the recommendation of the County EMS Medical Director and/or approved agency medical director. Changes deemed to be in the best interest of patient care may be done outside of the normal process and timelines. If such changes are made, the WCEMS will work with the provider agencies to facilitate the timely implementation of these changes.
- D) All licensed ambulances will be equipped with communication equipment and all necessary components to maintain two-way communication between the ambulance crew and the local public safety answering point (PSAP), Trauma Communications, Medical Resource Hospital (MRH), any receiving hospital emergency department in the region, any responding EMS agency in Washington County, and the ambulance agency's dispatch center.
- E) Be in full compliance with all county and state statutes and rules regarding vehicles, equipment and licensing.
- F) Be regularly maintained and in good serviceable condition.
- G) Be clean and sanitary.

- H) Provide air conditioning and heating capable of keeping the rear compartment at a reasonable temperature.

400-310 Equipment Specific to Wheelchair Cars

A) General Requirements:

- 1) All licensed wheelchair car providers shall comply with the standards specified in OAR 410-136-3040
- 2) First aid equipment is required to be carried in all wheelchair cars. A detailed list of required first aid equipment is listed on the application for licensing form. The form is subject to amendment and is available on file with the WCEMS.

B) Vehicles:

- 1) Vehicles and equipment used to provide wheelchair car service must be regularly maintained, in good, serviceable condition, clean, and sanitary and in full compliance with all State statutes and rules regarding motor vehicles.
- 2) All wheelchair vehicles must be equipped with a lap belt and a minimum of a three (3) point tie-down device with ratchet tightening (or equivalent) device for each wheelchair to maintain that the rider is transported in a safe manner.
- 3) Vehicles must provide a mechanism of entry that allows for safe and secure entry of the rider into the vehicle, which shall be by ramp or lift that is equipped with an emergency manual override. If a lift is used, it shall be one that is installed and retracts inside the vehicle.
- 4) Vehicles must provide at least two (2) points of wheelchair access to the riding compartment; at least one (1) shall be by lift or ramp and one for emergency access only.
- 5) Vehicles must be able to provide air conditioning and heating capable of keeping the rear compartment at a reasonable temperature.
- 6) Vehicles must carry a two-way radio or cellular telephone capable of maintaining spontaneous two-way communication.
- 7) One (1) fire extinguisher (2A-10BC), five-pound type must be readily accessible to the driver.
- 8) If passengers supply a wheelchair for use, it shall be safe and in good working condition.

400-320 Equipment Specific to Air Ambulance

A listing of equipment beyond that required by OAR 333-255 shall be on file with the WCEMS.

400- 330 Equipment Specific to Emergency Ambulance Franchisee

Specific equipment required of emergency franchise ambulances in addition to that required by OAR 333-255, shall be defined by rule or in the franchise agreement.

400-340 Equipment Resupply Program

- A) The emergency ambulance franchise holder shall maintain a resupply program for Washington County first responder fire departments, for those supplies used directly for patient care at little or no cost. The details and logistics of the resupply program shall be established in the emergency ambulance franchise agreement.
- B) The scope of the resupply program shall be limited to the restocking, or reimbursing the costs of, non-durable medical/support supplies and pharmaceuticals utilized in providing first response to 9-1-1 medical calls that result in an ambulance dispatch.
- C) The franchise holder is obligated to provide reimbursement up to the franchise holder's costs for relevant items or mutually agreed upon rate. This rate will be reviewed and periodically amended.
- D) The franchise holder must collaborate with the first responder agencies in meeting this requirement.
- E) The franchise holder is not responsible to replace lost or damaged supplies or medications.
- F) DEA Schedules I, II, III and IV controlled medications are not part of the resupply program.

400-350 Equipment and Vehicle Sanitation

- A) Ambulances and wheelchair cars shall be maintained in a clean condition with the interior being thoroughly cleaned after each use as appropriate.
- B) Equipment shall be stored in a manner protected from contamination and be readily accessible.
- C) Linens shall be clean and changed or discarded after each use.
- D) Reusable equipment shall be cleaned after each use. This cleaning shall be in the form of sanitizing or sterilization as necessary and shall be completed before use on a subsequent request for service.
- E) All equipment, except disposable items, shall be designed, constructed, and made of materials that under normal conditions and operations shall be durable and capable

of withstanding repeated cleaning.

- F) Equipment intended for single use only, shall not be reused.
- G) Vehicles and equipment used to provide medical transportation services must be regularly maintained, in good, serviceable condition, clean, and sanitary and in full compliance with all State statutes and rules regarding motor vehicles.
- H) Vehicles must be properly equipped and maintained in good working order at all times, including:
 - 1) Properly functioning components of a horn, turn signals, windshield wipers, windshield washers, interior/dome lights, heating/air condition systems, odometer, speedometer, mufflers, tail pipes or other exhaust components that prevent unnecessary noise and emissions, seatbelts with 3-point harness for driver and all passengers.
- I) Vehicle body shall be free of major damage and broken or cracked equipment including but not limited to
 - 1) Windows, lights, light covers, top light and reflectors, horn, lights, turn signals
- J) Vehicles shall be free of grease, grime, glue or tape. This applies to the vehicles' paint, upholstery, windows, floorboards and integrated parts of the vehicle's body.
- K) Vehicle shall include no missing or makeshift parts for vehicle including but not limited to fenders, hood, trunk lid, doors, door handles, windows, chrome or rubber strips, upholstery or carpeting.
- L) All licensed agencies will keep records concerning a vehicle's mechanical operation and must contain dates and mileage of preventative maintenance and repairs made
 - 1) All service records must be signed by person making repairs or preventative maintenance
 - 2) Maintenance records must be kept on file for each vehicle and available for inspection at the provider's business office for a period of time as defined in OAR 333-250-0250.

400-400 Medical Direction

- A) Unless granted a written variance by the WCEMS, all licensees who use Oregon EMS licensed providers shall have as their Agency Medical Director the County EMS Medical Director. Upon providing a written request and evidence that a provider has in place an Agency Medical Director meeting the requirements of Medical Director as provided in rule, the WCEMS may exempt the provider from using the County EMS Medical Director as their Agency Medical Director.
- B) A copy of standing orders dated within one year and signed by the respective Agency Medical Director must be available in all licensed ambulances.

400-410 Requirements Specific to Wheelchair Cars

- A) Wheelchair car providers who use State licensed EMS providers shall have on file with WCEMS their agency's medical director.
- B) A copy of standing orders dated within one year and signed by the County EMS Medical Director must be available in all wheelchair cars operated by a State licensed EMS provider.

400-500 Patient and Incident Documentation

- A) All licensed ambulance agencies and providers shall be required to complete an electronic patient care report (ePCR) for each instance as required by statute, rule and/or protocol or its subsequent revision. An ePCR shall contain all data points required as defined in the National Highway Transportation Safety Administration National EMS Information System (NEMSIS) data dictionary using a version determined by the Authority and meet all other requirements of OAR 333-250-0310
- B) Ambulance personnel are responsible for submitting a completed ePCR within 12 hours of the request for service or before going off-duty, whichever occurs first.
- C) Ambulance personnel shall prepare, at a minimum, a prehospital care worksheet to be left with the appropriate hospital staff before departure from the emergency department.

400-510 Documentation Requirements Specific to Wheelchair Cars

- A) Wheelchair car providers shall complete transport documentation that records the driver's name, the name and address of the customer, point of pickup and destination, date and time of pickup, and the reason for the transportation.
- B) A provider of wheelchair car service shall be required to complete an incident report for each instance when a person's medical condition changes for the worse during the rendering of service. The incident report shall contain a complete report of the patient's condition at the start of transport and changes that occurred during transport.

400-600 Reportable Incidents/Actions

- A) A provider of ambulance or wheelchair car services shall adopt an incident reporting system in addition to patient care reporting. This reporting system shall be used to report any event that occurs that jeopardizes patient or crew safety or as defined in OAR 333-265-0080.
- B) The provider and agency shall notify the WCEMS anytime a reportable action occurs that is defined by OAR 333-265-0080. This notification shall occur concurrent to State notification.

C) Incident reports shall be considered as part of the quality assurance/quality improvement program and shall be protected from disclosure to the extent allowed by ORS 41.675 and 41.685

1) At a minimum, an incident report shall be filed for the following situations:

- a) A licensed medical transportation vehicle is involved in an accident, regardless of fault or extent of damage.
- b) Any mechanical failure of a licensed medical transportation vehicle with a patient or client on-board.
- c) Failure of any piece of equipment used to load/unload or secure the patient in the vehicle.
- d) Deviation(s) from protocol.
- e) Questionable patient care by another health care provider.
- f) Any other situation the licensee or employee wishes to bring to the attention of the system.

D) A copy of incident reports shall be filed with the WCEMS within 10 days of the incident.

400-610 Requirements Specific to Interfacility Ambulances

An incident report shall be filed anytime a patient's medical condition changes for the worse. This report shall be filed in addition to an electronic patient care report.

400-700 Record Requirements Specific to Wheelchair Cars

Provider shall maintain adequate records of all transports showing the driver's name, the name and address of the customer, point of pickup and destination, date and time of pickup, and the reason for the pick-up. Retention period shall be as defined in OAR 333-250-0310

400-800 Fees for Service

A) No provider of ambulance or wheelchair car services shall charge any fee that is not on file with the WCEMS. No fee increase shall take effect without first notifying the WCEMS.

- 1) Base fee means the fee charged for the pick-up of a patient, exclusive of mileage. This fee shall be all-inclusive and shall not include "flag drop" or any other charges.
- 2) Per-mile-charge means a charge per mile in addition to the base charge. Unless otherwise specified in the licensing application and in all advertisements and/or solicitations for business, the per-mile-charge shall be only for miles traveled from the point of patient pick-up to destination.

B) The County recognizes that certain "rate or charge" information may be proprietary in nature and its disclosure may adversely affect a provider's ability to do business. It is

the provider's responsibility to request that such information be kept confidential and to provide sufficient information justifying such a request. The WCEMS may exempt the disclosure of such information to the extent allowed by law.

400-900 Insurance Requirements for All Providers

- A) Providers shall maintain vehicle liability insurance, comprehensive general liability insurance, and professional liability errors and omissions insurance in limits acceptable to current County standards and rules.
- B) All insurance except professional liability insurance shall include the County, its officers, employees and agents as named additional insured. Providers shall purchase the liability insurance on an occurrence basis.
- C) Providers shall add riders or obtain additional insurance if federal or state laws create a risk not currently covered and submit a copy of any such rider or policy providing additional coverage.
- D) Providers are solely liable for all workers' compensation coverage. Providers shall provide the County with evidence showing coverage for its workers under the Worker's Compensation Act and registration with the State Unemployment Compensation Commission.
- E) A Certificate of Insurance in accordance with the above insurance requirements shall be provided to the WCEMS before providing service. In case of cancellation of any required insurance or a change in insurers, the County shall receive 30 days advance notice of such action. The insurer shall have no recourse against the County for unpaid premiums and/or deductibles.
- F) Waiver or exemptions may be granted as appropriate.
- G) Additional requirements for the emergency ambulance provider are detailed in the Franchise Agreement for Emergency Ambulance Services.
- H) Additional requirements or exceptions for wheelchair car providers are detailed in the application for licensure.

Franchise Agreement for Emergency Ambulance Service

SECTION 500 CONTENTS:

500-100 Franchise Agreement for Emergency Ambulance Service

500-200 Structure and Term of Franchise Agreement

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500-100 Franchise Agreement for Emergency Ambulance Service:

- A) The County may grant a franchise authorizing the exclusive privilege to provide emergency ambulance services within the county.
- B) The Board of County Commissioners finds that the franchising of emergency ambulance services is the most appropriate regulatory mechanism for coordinating and promoting the efficient and effective provision of emergency ambulance services.
- C) These Administrative Rules along with the County's ASA Plan and Franchise Agreement for Emergency Ambulance Services shall establish standards, requirements, enforcement provisions, and other terms regulating the provision of service including the written approval for a trial, pilot project, accommodation, exemption or waiver by WCEMS shall control notwithstanding any provision contrary in the franchise agreement, these rules or the ASA.

500-200 Structure and Term of Franchise Agreement:

To provide an infrastructure that is mutually beneficial, the County will enter a long-term contract. The contract for emergency ambulance service shall specify all performance and operational criteria not otherwise stated in WCC 8.32 or these rules.

- A) The standard which the franchise holder must meet will be set forth in the franchise agreement and shall take into consideration, but not be limited to, the services and package proposed by the franchise holder in their bid. The franchise agreement will allow for appropriate accommodations during the implementation and adjustment phases of significant changes in the EMS system. Additionally, a complete review of the ambulance contract provider's performance will be required throughout the term, and before contract renewal. The contract will include the specifics of the term and review process.
- B) Sanctions tied to the performance conditions in the contract and the termination of the contract for cause may be exercised at any time during the contract period. If the financial considerations agreed to by the parties fail to meet the explicit expectations in contract-related documents, the contract may be terminated.
- C) At the end of the term of the initial contract, or at the end of each contract extension or renewal, the Board may exercise its option of renewing the contract or seeking a replacement Provider.
- D) The contract will include the specifics of the review process. This review will include, but not be limited to:
 - 1) Adherence to response time requirements.
 - 2) Compliance with other performance requirements.
 - 3) Meeting workforce goals such as diversity and others outlined on page 18.
 - 4) Complaints concerning service.
 - 5) Meeting the financial goals of the agreement.
 - 6) "Street level" relationships of the contracted provider's staff with others in the system.
 - 7) Participation in quality improvement programs and an assessment of the quality of services provided.
 - 8) Complaints concerning workforce issues.

500-300 Open Process for Selection of a New Franchise Provider:

- A) In the event the decision is made not to continue the contract with the franchise holder, the County shall open a process for selection of a new franchise provider. WCEMS shall follow all guidelines and rules for procurement as established by the County. All applicants will submit for the Request for Proposal (RFP) utilizing the format and process outlined by county procurement rules.
- B) Prior to the termination of the current franchise agreement, an ambulance provider for the Washington County Ambulance Service Area will be assigned according to the following procedure:
 - 1) The WCEMS will prepare for the Board's approval a Request for Proposal (RFP) and a process for evaluating the proposals submitted in response to the RFP.

- 2) The RFP prepared by the WCEMS will be subject to procurement rules and Board approval and will describe or require, at minimum:
 - a) The minimum credential requirements in order to qualify to submit a proposal;
 - b) Sufficient information to allow bidders to prepare ambulance service proposals;
 - c) Maximum response times;
 - d) Performance security provisions and remedies for breach of performance standards;
 - e) The bid evaluation process;
 - f) Submission of information or minimum standards on the following subjects:
 - (i) Organizational structure of bidder
 - (ii) Financial structure of bidder
 - (iii) Insurance
 - (iv) Investigative authorizations
 - (v) Work-force qualifications and compensation
 - (vi) Prior experience
 - (vii) Equipment and vehicles
 - (viii) Quality Assurance (QA) / Quality Improvement (QI) plan
 - (ix) Initial coverage plan
 - (x) Price for service (rates)
 - (xi) Program for equipment retrieval, letters of exchange, and standardization of equipment with other EMS providers;
 - g) A mechanism for reimbursing the County for appropriate expenses and in-kind subsidies associated with the normal operation of ambulance services;
 - h) A description of how the respondent intends to integrate services with first responder agencies and other EMS components;
 - i) Other standards or requirements as determined by the Board.

- C) The Board will evaluate the proposals submitted utilizing such staff or independent assistance as the Board determines to be advisable. If the Board determines that it is in the public interest, it will issue a franchise to the provider submitting the best overall proposal. The franchise will include the right to provide emergency ambulance service within the ASA and may or may not include exclusive rights to non-emergency services.

- D) The term, conditions, and requirements of the franchise agreement shall be as requested in the RFP and as offered in the provider's proposal. These shall be incorporated into a contract entered into by the County and the provider.

500-400 Standards of Default

- A) Unless otherwise allowed for in a written approval by WCEMS of a trial, pilot project, accommodation, exemption or waiver, the designated emergency ambulance provider may be found in default of the franchise agreement for any one or more of the following:
- B) Failure to operate the ambulance service in substantial compliance with applicable federal, state and county regulations, to include but not limited to statutes, code, rules or policies – current and as amended.
- C) Supplying false or misleading information during the RFP process or information so incomplete as to mislead.
- D) Omitting data or willfully falsifying data supplied to the County during the term of the agreement.
- E) Failure to meet the minimum paramedic employee wage/salary and benefit package as proposed and accepted by the County
- F) Failure to meet the proposed and accepted plan for ambulance coverage of the franchise agreement.
- G) Failure to maintain equipment in accordance with the maintenance practices proposed and accepted, or to replace equipment in accordance with the proposed and accepted equipment.
- H) Failure to furnish key personnel of the quality and experience proposed.
- I) Suspension or revocation of ambulance licenses issued by the State of Oregon or Washington County.
- J) Filing of Chapter 7 or Chapter 11 bankruptcy (Title 11, U.S.C.), voluntary or involuntary bankruptcy, general assignment for the benefit of creditors, and appointment of a trustee.
- K) Failure to meet response time requirements as determined by Administrative Rule. If the County changes response areas or response time requirements (not to include expanding response areas to meet the Urban Growth Boundary as established by Metro,) a sixty day period of time shall be given, at the discretion of the County, for the franchise provider to modify their system status management and/or deployment plan. During this period, major default and liquidated damage assessments will be suspended.
- L) "Failure to Respond" is defined as: the inability of the franchisee to respond with a State licensed paramedic ambulance within ten (10) minutes on a code 3 call or twenty (20) minutes on a code 1 call.

- 1) A second occurrence of failure to respond to a 9-1-1 call to which an ambulance is dispatched in any one day, to be measured from 0000 hrs to 2359 hrs shall activate the Safety Net Takeover Provisions of the Franchise Agreement.
 - 2) A failure to dispatch may be discounted if it is determined to be beyond the control of the franchise provider and the following conditions are met:
 - a) the number of ambulances has not been reduced below the number called for in the franchise provider's SSM plan,
 - b) all appropriate mutual aid agreements are active and in place,
 - c) all reasonable steps have been taken to increase available resources such as staffing and equipping reserve units and calling staff in to work.
 - 3) In the event of a second occurrence, with reason, the County may choose not to exercise the Safety Net Takeover Provision of the franchise agreement.
- M) Failure to take corrective action in response to repeated assessment of penalties set forth in the Administrative Rules, ASA plan or franchise agreement
- N) At the option of the County, termination of insurance coverage, without alternate or comparable County approved coverage.
- O) Failure to maintain the performance security or the availability of equipment to the County as provided in the franchise agreement.
- P) Four occurrences of failure to meet staffing requirements in any one (1) month shall be a major default for which the Safety Net provisions of this Agreement, at the option of the County, shall apply.
- Q) A failure to comply with any term of the franchise agreement which is expressly identified in the agreement documents is grounds for finding a major default or implementing the takeover provisions.

500-410 Default and Revocation Process

- A) Unless otherwise allowed for in a written approval by WCEMS of a trial, pilot project, accommodation, exemption or waiver the County shall have the right to revoke a permit, ASA assignment or franchise if it finds that there has been a violation of the terms of the permit, assignment, or a major breach of the terms of the franchise agreement. The County shall have the right to exercise immediate takeover of the franchise operations if it finds that there has been a major breach of the terms of the franchise agreement, and, in the County's opinion, public health or safety are endangered thereby. Such action may be effective immediately at the direction of the County.
- B) The Board shall notify the ambulance provider in writing of the alleged failure.
- C) No franchise, permit, or ASA assignment shall be revoked without providing a right to a hearing in the matter. The ambulance provider shall have the right to appear

and defend against the charges, and if desired, to be represented by counsel. In the event of an emergency or immediate situation, the hearing may be conducted after the takeover of the system.

500-500 Response Times and Areas

- A) All of the county comprises a single ambulance service area served by a provider selected by the Board and operating under contract or intergovernmental agreement with the county which specifies the conditions of service.
- B) In order to ensure the most effective medical response with the resources available WCEMS will:
 - 1) Enter into an exclusive emergency ambulance service contract with a qualified ambulance service provider
 - 2) Designate response time zones within the ambulance service area, for which, each zone will have response time requirements
 - 3) Incorporate the zones designated in (B)(2) into the contract for emergency ambulance service.
- C) The Washington County EMS Response Time Zones map shows the geographic location of response time zones and equity areas within Washington County and that part of Clackamas County regulated by Washington County. The map is subject to periodic review and amendment.
- D) From the time of assignment of the call, the designated emergency ambulance provider shall assure the closest appropriate available ambulance responds. Call assignment performance requirements are defined by the franchise agreement.
- E) Unit assignment and response time calculations start when the provider is notified of the call by the Washington County 9-1-1 center through the electronic interface, or if the interface is not functioning, by the time the call is dispatched on the fire dispatch frequency. Calls made directly to the provider and triaged as requiring emergency response using Washington County's EMD cards shall be included. The time taken by the provider to triage the call and determine a 9-1-1 response is required and transfers the call information to the 9-1-1 center is not included in the response time.
 - 1) In calculating compliance with response time requirements, calls dispatched code 1, second ambulances in, and calls where the wrong address is given shall be excluded.
 - 2) For response time performance purposes, if a unit is ordered to stage, it will be considered as "arrived at scene" when it reaches the staging location.
 - 3) Vehicle failure is not a valid basis for excluding a call from response time requirements.

- 4) Calls where the ambulance is reduced from a code-3 (emergency) to a code-1 (non-emergency) response or canceled prior to arrival shall be calculated from the time of dispatch until cancellation or reduction. This time period shall be used to determine response time compliance.
- F) The provider is responsible for maintaining official response times for the County in a secure manner that prevents the changing of any information without such a change being permanently recorded. The WCEMS shall issue monthly reports to the provider by the 15th of the month detailing performance against response time standards for the preceding month. Unless challenged, response time data is final 15 days after it is released to the provider. The ruling of the County on challenged response time data is final.
- G) The WCEMS may grant exceptions to response time requirements or penalties stated herein for unusual circumstances beyond the provider's reasonable control. These circumstances include manmade or natural disasters, (i.e., ice, snow, wind, flooding, earthquake or mass casualty incidents/multiple patient scenes) or other conditions as determined by the WCEMS. Such calls shall be individually examined and, if the circumstances warrant, the WCEMS will exclude them from penalties and/or monthly compliance statistics. Equipment failure, dispatcher error, or lack of a nearby ambulance does not constitute grounds for an exception to response time standards. The process used to assess emergency ambulance response time performance is set forth in the WCEMS Response Time Compliance Process. This process will be periodically reviewed and amended; the current process shall be made available upon request.
- H) The provider may respond to non-emergency and interfacility ambulance requests. The provider shall furnish sufficient production capacity, sufficient on-call crew capacity and shall manage its available resources so as to provide non-emergency and interfacility ambulance services without interfering with provisions of emergency paramedic ambulance service in compliance with the Agreement.

500-600 Intergovernmental Agreements

In areas of the County where geographic or other limitations might hinder the adequate provision of ambulance services, the County may enter into intergovernmental agreements with other counties, cities, or ambulance providers to provide efficient and effective ambulance service by means of public or private ambulance providers.

500-700 Notification of Vacating an Ambulance Service Area

The designated emergency ambulance provider must comply with the requirements of the franchise agreement when serving notice of its intent to vacate the County ambulance service area. The agreement contains security measures that are adequate to assure uninterrupted service. The franchise agreement requires adequate notice and full cooperation with the County in the takeover of emergency ambulance responsibilities.

500-800 Maintenance of Level of Service

In the event that the designated emergency ambulance provider vacates the ASA, the County will turn to other EMS providers to continue service to the County while the County undertakes the process to designate another emergency ambulance service provider.

500-900 Changes by the Board

The Board reserves the right, after further addressing and considering the subjects or items required by law, to change ambulance provider selection procedures or standards, or service provisions, in order to provide for the effective and efficient provision of emergency medical services.

Operations

SECTION 600 CONTENTS:

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600-100 Operations

The Washington County EMS System is comprised of a robust partnership between public and private providers. The EMS system provides both prehospital and out-of-hospital care. The WCEMS provides system oversight with advisement from the EMS Alliance. Policy and practices are established collaboratively. Operational direction is established at the Administrative Rule level, while specific operational directives are set forth in the ASA Plan, the Washington County Franchise Agreement, and the Metro Regional EMS Consortium Patient Treatment Protocols.

600-200 Medical Operating Procedures

- A) Prehospital and out-of-hospital care is provided by State licensed Paramedics, AEMTs, EMTs, and Emergency Medical Responders. Each shall operate and provide care within their respective scopes of practice utilizing treatment protocols authorized by their respective Agency Medical Director.
- B) The County shall collaborate in development and endorse those treatment protocols approved by the EMS Medical Director, which shall provide off-line medical control. Approved on-line-medical-control authorities are authorized to vary from treatment protocols so long as the order does not exceed the provider's state and local scope of practice.
- C) EMS Treatment Protocols, as may be amended, are available on the EMS website.

600-210 On-Line Medical Control (OLMC)

- A) The provision of OLMC for Washington County shall be:
 - 1) From a single, centralized call-taking center
 - 2) Standardized medical direction for EMS providers who provide EMS services within Washington County
 - 3) For patients treated and/or transported from an emergency scene in Washington County, and
 - 4) To provide consultation for EMS providers while performing emergency care.
- B) WCEMS will be responsible for the following:
 - 1) Identify an agency to provide OLMC and administer a contract(s) for such services
 - 2) Facilitate quality improvement process for case reviews.
- C) Requirements of OLMC Service Provider:
 - 1) Provider must establish and maintain a communication system sufficient for two-way communications between EMS field providers and the call-center and:
 - a) Ensure the digital recording of communications into the call center for OLMC purposes are retained for no less than six (6) months,
 - b) Voice recording is available for review by WCEMS for quality improvement purposes, and
 - c) Recording must be made available to WCEMS for review within 30 days of request.
 - 2) Provider will assure physician(s) designated to OLMC services are knowledgeable of EMS treatment protocols and guidelines used in Washington County.
 - 3) Provider will designate a single physician to be the point of contact for quality improvement purposes.
 - 4) Assign a physician(s) to the task of OLMC who is a licensed emergency physician(s), is in good standing, and is immediately available for consultation with EMS field crews as defined in the contract agreement.
 - a) "Immediately available" shall be defined in the contract for OLMC services.
- D) OLMC will be funded by receiving hospitals within Washington County and apportioned contributions determined by percentage of patients transported to the individual hospital by ambulance transports. Washington County may also charge an administrative fee to administer the contracts for OLMC services.

600-300 Dispatch Coordination

Dispatch is essential in managing requests for assistance, the sending of resources, coordination of activities, and assisting in the disposition of the event. The following are designed as tools to assist in the management of the system.

600-310 Ambulance Diversion System (ADS)

- A) For efficient and effective management and provision of ambulance service in accordance with the Federal Anti-Dumping Legislation, Consolidated Omnibus Budget Reconciliation Act (COBRA) and the Emergency Medical Treatment and Active Labor Act (EMTALA), the regional Ambulance Diversion System for Receiving Hospitals was established and has been endorsed by Washington County.
- B) No Washington County receiving hospital, to include Meridian Park Hospital in Clackamas County, shall divert a patient transported by ambulance from a 9-1-1 call, unless they participate in the Washington County Ambulance Diversion System.
- C) The Ambulance Diversion System is updated periodically through the ED/EMS Collaboration Committee.

600-320 Communication Center Protocols

- A) WCEMS, in conjunction with the emergency ambulance franchise provider, shall develop and maintain dispatch protocols. These protocols are the operational protocols for the emergency ambulance franchise provider communication center.
- B) These protocols, as periodically amended, are available on the EMS website.

600-330 Emergency Medical Dispatch (EMD) Cards

- A) Requests for medical assistance that are received through the franchise holder's communications center shall be dispatched in accordance with the Dispatch Priority Card System adopted by the WCEMS.
- B) Equipment response shall be according to the EMD card utilized and according to the capabilities of the jurisdiction.
- C) The Medical Priority Dispatch System® (MPDS®) and Association of Public-Safety Communications Officials (APCO) are currently authorized for dispatch of emergency medical calls for Washington County.
 - 1) The emergency ambulance franchise holder's communication center shall use the same dispatch priority card system as that of the 9-1-1 PSAP unless otherwise approved by both agencies' medical oversight.
 - 2) The emergency ambulance franchise holder will participate in the quality improvement process of the 9-1-1 PSAP. Any and all dispatch card updates will be made through this process.

600-400 Mutual Aid Agreement

The County's contracted emergency ambulance provider shall maintain mutual aid agreements with surrounding ambulance providers. The agreements must specify the duties and responsibilities of the agreeing parties. All agreements shall be approved and on file with the WCEMS.

600-500 Disaster Medical Operations

The following resources are tools to assist in the management of the system:

- A) Major Emergency Dispatch Guidelines
 - 1) See Modified EMS Operations During Major Events in the Communications Center Protocols
- B) Multi-Casualty Incident (MCI)
 - 1) See MCI section of the current Metro Regional EMS Consortium Treatment Protocols
- C) All other emergency management plans on file with Washington County Emergency Management and Public Health Emergency Preparedness.

600-600 Trauma System Plan

Washington County participates in the Oregon State Trauma Program. Washington County is part of Area Trauma Advisory Board 1 (ATAB 1) and falls under the auspices of the ATAB 1 Plan as adopted by the State of Oregon.

Administration

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700-600 Violation of Administrative Rules

700-100 Administration

The Washington County EMS Program office (WCEMS) resides within the Public Health Division of the Department of Health and Human Services. WCEMS will be responsible for the regulation, coordination, implementation, and enforcement of the EMS Code, Administrative Rules, and Ambulance Service Area Plan as well as the administration of the emergency ambulance service contract. To assure the citizens and visitors of Washington County receive prompt, efficient, coordinated, and consistently high-quality care, EMS planning, policies, and practices are established collaboratively.

700-200 Licenses

Washington County licenses both the agency and vehicles of providers of ambulance and wheelchair car services in the county.

700-210 Application

- A) Application(s) for license(s) issued under WCC, Chapter 8.32 shall be made on forms provided by WCEMS and shall contain such information, as WCEMS finds necessary.
- B) Application(s) for license(s) shall include all information as required by rule.

700-220 Established Licenses

- A) Licensees may provide first aid services through their licensing as a non-emergency ambulance provider. First Aid service is defined as providing medical care of a non-emergency nature and does not require transportation of a person in an ambulance.
- B) When a request for such service is received in a licensee's dispatch center, the licensee is required to employ a call-taking process to determine if the request qualifies as non-emergency under these rules and does not require transport in an ambulance.
- C) If a call-taker determines that the request for first aid service is an emergency or for ambulance transportation, the request must be processed and referred in accordance with these rules.
- D) Licensees that provide non-ambulance and non-wheelchair transportation services must provide training and/or literature to a customer that provides guidance on what to do in the event of an emergency. Any program designed to accommodate this requirement must be on file with the WCEMS. Any response under this program must be reported to the WCEMS within 24 hours of occurrence. At a minimum, the date, time of call, type of call, and disposition of the call must be reported.

700-230 Inspections

- A) Annual inspections will be conducted to assure compliance. Inspection forms shall be provided with licensing applications. Current inspection forms are posted on the Washington County EMS website, as periodically amended.
- B) Initial inspections shall be scheduled with the applicant. In the event an applicant fails an inspection, the WCEMS shall notify the applicant of those points that need to be corrected and will reschedule an inspection at a mutually agreeable time.
- C) At the discretion of the WCEMS and taking into consideration those parts of the inspection not passed, the applicant may be allowed to continue/start service prior to re-inspection.
- D) Inspections completed by another branch of government may be substituted at the discretion of the WCEMS if the minimum standards reflected in the current inspection forms are met.
- E) The WCEMS may conduct as many unannounced inspections as necessary to enforce the Code.

700-240 License Fees

- A) A fee structure for the licensing of service providers and vehicles has been established by the WCEMS. The fee structure is based on the level and type of service provided. Accommodations are made for multi-service and multi-vehicle

providers. The fee schedule is recalculated annually per formula with the current fee schedule posted on the Washington County EMS website.

- 1) Each year on July 1st license fees shall be updated using the percent change in the applicable CPI.
 - 2) Licensing fees are due and payable 30-days from invoicing. Fees not paid by the due date shown on the invoice will double.
- B) All vehicles shall be licensed regardless of the frequency of use. If an applicant licenses at more than one level, they shall pay for only one provider license at the highest level applied for. A franchisee shall pay at the highest level, not included in franchise.
- C) Applications filed after July 1st of each year shall be pro-rated for the balance of the fiscal year.

700-250 Decal

Each vehicle licensed to provide service shall display on the rear window of the vehicle a licensing decal established by rule. The WCEMS may grant written exceptions to the positioning of a decal. Decals shall be specific to a vehicle and are not transferable. If the vehicle is permanently taken out of service or sold, the applicant shall be responsible for removing the decal from the vehicle.

700-260 Exemptions

Vehicles exempted under WCC Chapter 8.32 remain subject to the prohibitions set forth in Section 8.32.420. In addition to prosecution as provided in Section 8.32.440, the WCEMS may revoke or suspend this exemption if the WCEMS determines that the operator has engaged in a prohibited activity or improperly obtained an exemption. Denial, suspension, or revocation of an exemption shall be handled in the same manner as for licenses and any such action may be challenged accordingly.

700-270 Ownership/Management Change

- A) Upon change of ownership or management, the new owner or operator shall be required to notify the WCEMS within ten business days of acquisition. The WCEMS will specify what information needs to be updated and/or if a new application is required.
- B) If the new operator or management files the notice of change within the allowable time and complies with the WCEMS requests for additional information within the specified timeframes, the original licensing fees shall not be voided and shall remain in effect for the remainder of the fiscal year.
- C) No licensing fees will be refunded to the out-going owner or management.

700-280 Suspension/Revocation/Denial

If the WCEMS refuses to issue or renew a license or revokes or suspends a license, the WCEMS shall give the applicant or licensee written notice of the action, the basis for such action and advise the applicant of the right to appeal and provide the time period within which an appeal must be filed. The applicant or licensee may submit an amended application without additional fee or may appeal as specified in WCC 8.32.130.

700-300 Controlled Substances Security

- A) Each agency authorized by the Agency Medical Director to administer controlled substances shall have on file with the WCEMS a current copy of their Controlled Substance Plan.
- B) All of the following shall dictate control, storage, security and use of controlled substances:
 - 1) 21, USC, Section 827
 - 2) Controlled Substance Act of 1970
 - 3) OAR 333-255-0070 (1)(7)(c)
 - 4) Metro Regional EMS Consortium Patient Treatment Protocols.

700-400 Data Requests

- A) The WCEMS may request and an EMS Provider shall provide copies of patient care reports and any other relevant data as provided for and defined in ORS 41.685. The patient care form shall be provided within two (2) working days following the request. Other relevant data shall be provided within five (5) days following the request. All formal and legal requests for records shall be made by certified mail.
- B) All data produced pursuant to this Rule for quality assurance/improvement purposes shall be protected from disclosure as provided for by ORS 41.685 and are not public documents as defined in ORS 192.311.
- C) At the discretion of the WCEMS such records may be sought through court order or the issuance of a subpoena, which may be enforced by appropriate court order.
- D) Violation of this Rule shall constitute a violation of the WCC, Chapter 8.32 and is punishable by fines as established by Administrative Rule 700-600, B.

700-500 Procedure for Acting on Complaints

- A) ORS 41.675 and ORS 41.685 limit access to information provided for peer review. ORS 41.675 and ORS 41.685, as may be amended periodically, are incorporated into Washington County rules.
- B) Complaint Process

- 1) Complaints originating from the general public, public safety provider or a public health provider will be processed in the same manner.
 - a) Upon receipt of a concern/complaint regarding the delivery of ambulance or wheelchair service, the WCEMS shall open an investigation. The investigation shall be opened within one (1) working day of receipt. The complaint must be first-hand or determined to be credible by the WCEMS.
 - b) The WCEMS shall interview as many individuals as necessary to obtain sufficient information about the complaint. The WCEMS may request written statements/explanations from the parties involved and has the power to obtain patient care forms as allowed by ORS 41.685 and these Rules.
 - c) Upon completion of the investigation, the WCEMS may issue a written report and shall inform the complainant of the conclusions and any action taken by the WCEMS, within the legal limits of the law.
 - d) The WCEMS shall report those conditions as set forth in OAR 333-265-0160 to the Authority within five (5) working days of issuing a final report.

700-600 Violation of Administrative Rules

A) Process

- 1) The following process shall be used if the WCEMS determines there is substantial evidence of an administrative rule violation that may result in the issuance of a fine or corrective action.
 - a) Investigation is conducted, and a draft report issued to the party(s)/licensee(s) involved.
 - b) The WCEMS is available to meet with the involved party(s)/licensee(s) to discuss the report. A request to meet shall be made within fourteen (14) days of issuance of the report.
 - c) A final report is issued with recommendations for corrective action.
 - d) Party(s)/Licensee(s) have fourteen (14) days from the date the final report is mailed to submit written evidence rebutting the factual and legal basis for the findings of a rule violation and request a reconsideration of the findings. If no request for reconsideration is filed with the WCEMS within fourteen (14) days, the findings shall become final.
 - e) If a request for reconsideration is filed, the WCEMS shall evaluate the evidence submitted and issue a written response affirming, modifying or withdrawing the notification of an administrative rule violation within fourteen (14) days of the receipt of the request.

- f) The party(s)/licensee(s) have the right to appeal the decision of the WCEMS to the Board of County Commissioners or its designated agent. The decision of the Board of County Commissioners or its designated agent is final.

B) Penalty

- 1) Upon determining that a violation of an administrative rule has occurred, the WCEMS Program Supervisor may impose a penalty. The WCEMS will provide written notice citing the administrative rule violation, the legal and factual basis for finding a violation of the administrative rule, the penalty, and the procedure for appeal.
 - a) In addition to civil remedies the County may impose a fine of not more than two hundred fifty (250) dollars per occurrence. Each day of violation is deemed a separate occurrence.
 - b) At the discretion of the WCEMS, violations of rules which do not endanger patients/clients may be corrected without civil penalties. Correction(s) of a violation(s) without the assessment of civil penalties shall not be considered as the withdrawal of violation(s).
 - c) The provisions of this section are in addition to and not in-lieu of any other procedures and remedies provided by other law and administrative rule.

C) Payment

- 1) Any monetary penalty imposed under these rules shall be paid within 45 days of issuance of a final order. If the penalty is not paid within 45 days, all licenses issued to the provider shall be suspended. No license shall be issued or renewed until all penalties have been paid.