



Washington County, Oregon
Emergency Medical Services
Administrative Rules

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Washington County EMS Administrative Rules

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Authority and Application of Rules

SECTION 100 CONTENTS:

100-100 Authority and Application of Rules

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100-100 Authority and Application of Rules

A) The Board of County Commissioners finds that the County is authorized to regulate emergency ambulance, non-emergency ambulance and wheelchair car transport services provided by vehicles for hire pursuant to the County Charter and ORS 221.485-221.495.

B) It is unlawful for any person to operate or allow to be operated a wheelchair car, inter-facility or non-emergency ~~EMT-B, EMT-I, or EMT-P~~ ambulance service in the county without first obtaining a company license and a license for each such vehicle used to provide that service.

C) The Washington County Emergency Medical Services Office (WCEO) is granted authority to establish rules governing Emergency Medical Services (EMS) in Washington County. This authority is granted in the Washington County Emergency Medical and Transportation Services Ordinance, Washington County Code, Chapter 8.32

D) WCEO 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.

D) Duly promulgated rules shall have the force of law.

100-200 Area of Application

A) The area of application consists of Washington County with the following clarifications:

- 1) That portion of the City of Tualatin within Clackamas County, which is subject to the intergovernmental agreement between Washington County and Clackamas County (Minute Order #01-0241, June 26, 2001), is included so long as the intergovernmental agreement is in effect.
- 2) That portion of the City of Wilsonville within Washington County, which is subject to the intergovernmental agreement between Washington County and Clackamas County (Minute Order #01-0241, June 26, 2001), is excluded so long as the intergovernmental agreement is in effect.
- 3) That portion of the City of Lake Oswego within Washington County which is subject to the intergovernmental agreement between Washington County and Clackamas County (Minute Order #94-422, September 20, 1994) is excluded so long as the intergovernmental agreement is in effect.
- 4) That portion of the City of Rivergrove within Washington County which is subject to the intergovernmental agreement between Washington County and Clackamas County (Minute Order #94-422, September 20, 1994) is excluded so long as the intergovernmental agreement is in effect.
- 5) That area of Washington County south of Bell Road and Highway 99W (FMZ 6783 and 6784a) which is subject to the Mutual Aid Agreement between Metro West Ambulance and Newberg Ambulance executed on August 9, 1988 is excluded so long as that mutual aid agreement is in effect.

100-300 Medical Direction

- A) ORS 682.245 prohibits emergency medical ~~technicians~~ service providers from providing patient care or treatment without written authorization and standing orders from a supervising physician who has been approved by the Oregon Medical Board. As part of its regulatory program, Washington County will contract/employ a County EMS Medical Director(s).
- B) 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 responders agencies who, through an inter-governmental agreement, use the County EMS Medical Director as their Supervising Physician.
 - ⊕ The services provided by the County EMS Medical Director(s)/Agency Medical Director/Supervising Physician 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 ~~EMTs~~ EMS providers.
 - 2) The County Medical Director(s) shall have all of the authority and powers provided by law and administrative rule to issue standing orders and otherwise perform the functions of a Supervising Physician.

100-400 Emergency Medical Dispatch

Washington County Code 8.32 has rule making authority for all matters relating to ambulance service, including communications. ORS 682.205 requires the County to develop a plan for the coordination of ambulance services. The Washington County Ambulance Service Area (ASA) Plan provides that the dispatch procedures described in the ASA Plan may be modified utilizing a process established by the County. The County has the authority to and has adopted a Dispatch Priority Card System.

100-500 Definitions

As used in these rules, unless the context requires otherwise:

- A) "Advanced Life Support" or "ALS" means out of hospital emergency care which encompasses procedures, treatments, and techniques within the Advanced EMT (AEMT), EMT Intermediate (EMT-I), Paramedic or Registered Nurse scope of practice and are authorized by the WCEO EMS Medical Director. The maximum functions that may be assigned to an AEMT, EMT-I and Paramedic are listed in OAR 847-035-0030.
- B) "Advanced Life Support (ALS) Ambulance" means any vehicle licensed as an ALS transport ambulance and meets all staffing and other requirements of an ALS ambulance.
- C) "Agent" means a physician licensed ORS 677.100 to 677.228, actively registered and in good standing with the Board, a resident of or actively practicing in the area in which the emergency service is located, designated by the supervising physician to provide direction of the medical services of emergency medical services providers as specified in these rules
- D) "Ambulance" or "ambulance vehicle" means a privately or publicly owned motor vehicle, aircraft or watercraft that is regularly provided or offered to be provided for the emergency transportation of persons who are ill or injured or who have disabilities.
- E) "Ambulance service" means a person, governmental unit or other entity that operates ambulances and that holds itself out as providing prehospital care or medical transportation to persons who are ill or injured or who have disabilities.
- F) "Ambulance service area" means a geographic area served by one ground ambulance service provider, and may include all or portion of a county, or all or portions of two or more contiguous counties.
- G) "The Authority" means the Emergency Medical Services and Trauma Systems Program within the Oregon Health Authority.
- H) "Basic life support" means prehospital emergency care which encompasses procedures, treatments, and techniques within the Emergency Medical Responder (EMR) and/or Emergency Medical Technician (EMT) scope of practice and are authorized by the WCEO EMS Medical Director. The maximum functions that may be assigned to an EMR or EMT are listed in OAR 847-035-0030
- I) "Basic life support ambulance" means any vehicle licensed as a BLS ambulance and meets all staffing and other requirements of a BLS ambulance.
- J) "The Board" means the five-member board who has legislative authority for Washington County known as the Board of Commissioners.

- K) "Business day" means Monday through Friday when the WCEO is open for business excluding holidays.
- L) "Emergency care" means the performance of acts or procedures under emergency conditions in the observation, care and counsel of persons who are ill or injured or who have disabilities; in the administration of care or medications prescribed by a licensed physician or naturopathic physician, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital emergency care. "Emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.
- M) "EMS" means Emergency Medical Services
- N) "EMS Medical Director" has the same meaning as "Supervising Physician" in ORS 682.025
- O) "Emergency medical services provider" means a person who has received formal training in prehospital and emergency care and is licensed to attend any person who is ill or injured or who has a disability. Police officers, firefighters, funeral home employees and other persons serving in a dual capacity one of which meets the definition of "emergency medical services provider" are "emergency medical services providers" within the meaning of this chapter.
- P) "Fraud or deception" means the intentional misrepresentation or misstatement of a material fact, concealment of or failure to make known any material fact, or any other means by which misinformation or false impression knowingly is given.
- Q) "Governmental unit" means the state or any county, municipality or other political subdivision or any department, board or other agency of any of them.
- R) "NEMSIS" means the National EMS Information System
- S) "Nonemergency care" means the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24 hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed under ORS chapter 677 or naturopathic physician licensed under ORS chapter 685, insofar as any of those acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the Oregon Medical Board or Oregon Board of Naturopathic Medicine in the course of providing prehospital care.
- T) "Out of Hospital" care has the same meaning as "prehospital care" in 100-300 W).
- U) "Owner" means the person having all the incidents of ownership in an ambulance service or an ambulance vehicle or where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement or a lease for a term of 10 or more successive days.
- V) "Patient" means a person who is ill or injured or who has a disability and who is transported in an ambulance.
- W) "Prehospital care" means care rendered by emergency medical services providers as an incident of the operation of an ambulance and care rendered by emergency medical services providers as incidents of other public or private safety duties, and includes, but is not limited to, "emergency care" in 500-100 L
- X) "Scope of practice" means the maximum level of emergency or nonemergency care that an emergency medical services provider may provide.

- Y) "Standing orders" means the written protocols that an emergency medical services provider follows to treat patients when direct contact with a physician is not maintained. Standing orders has the same meaning as protocols.
- Z) "Supervising physician" means a physician licensed under ORS 677.100 to 677.228, actively registered and in good standing with the Oregon Medical Board, who provides direction of emergency or nonemergency care provided by emergency medical services providers and has the same meaning as "Medical Director".
- AA) "Unprofessional conduct" means conduct unbecoming a person licensed to perform emergency care, or detrimental to the best interests of the public and includes:
 - 1) Any conduct or practice contrary to recognized standards of ethics of the medical profession or any conduct or practice which does or might constitute a danger to the health or safety of a patient or the public or any conduct, practice or condition which does or might impair an emergency medical services provider's ability safely and skillfully to practice emergency or nonemergency care;
 - 2) Willful performance of any medical treatment which is contrary to acceptable medical standards; and
 - 3) Willful and consistent utilization of medical service for treatment which is or may be considered inappropriate or unnecessary (682.025; 682.027; 682.031, 682.062, 682.066)

Washington County Medical Transportation Provider Types

SECTION 200 CONTENTS:

200-100 Washington County Medical Transportation Provider Types

200-110 Emergency Ambulance

200-120 Non-Emergency Ambulance

200-130 Inter-Facility Ambulance

200-140 Air Ambulance

200-150 Wheelchair Car

200-100 Washington County Medical Transportation Provider Types

For the provision of Emergency and Non-Emergency medical transportation, the Washington County EMS Office (WCEO) licenses five types of service providers:

- Emergency Ambulance
- Non-Emergency Ambulance
- Inter-Facility Ambulance
- Air Ambulance
- Wheelchair Car

200-110 Emergency Ambulance

Emergency ambulance provider means that ambulance provider designated by the Board as the sole provider of emergency ambulance service in Washington County.

200-120 Non-Emergency Ambulance

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

200-130 Inter-Facility Ambulance

Inter-Facility ambulance provider is one who is licensed as an ambulance by [the Authority State of Oregon](#) and Washington County and provides transportation services between hospitals or transfers from a hospital to a residential care facility, assisted living facility, adult foster care home, convalescent hospital or private residence.

200-140 Air Ambulance

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.

200-150 Wheelchair Car

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.

Washington County Level of Care

SECTION 300 CONTENTS:

- 300-100 Washington County Level of Care
- 300-110 Advanced Life Support (ALS)
- 300-120 Intermediate Life Support (ILS)
- 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 (WCEO) recognizes three ~~four~~ levels of out-of-hospital care:

- Advanced Life Support
- ~~Intermediate Life Support~~
- Basic Life Support
- Wheelchair Car Transportation

300-110 Advanced Life Support (ALS)

A) Advanced life support means out of hospital emergency care which encompasses procedures, treatments, and techniques within the ~~EMT-Paramedic or Registered Nurse,~~ Advanced Emergency Medical Technician (AEMT) or Emergency Medical Technician-Intermediate (EMT-I) scopes of practice and are authorized by their Agency Medical Director. The ~~EMT-Paramedic,~~ AEMT, EMT-I scope of practice shall not exceed that listed in OAR 847-035-0030.

B) 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 WCEO and authorized by the County and/or Agency Medical Director. 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 ~~WCEO and~~ respective Agency Medical Director.

C) Upon the recommendation of the County EMS Medical Director, changes to the scope of practice deemed to be in the best interests of patients may be done without going through

the administrative rule process. If such changes are made notice shall be provided to all EMS providers and the change shall be formalized at the next administrative rule hearing.

~~300-120 Intermediate Life Support (ILS)~~

~~A) Intermediate life support means pre-hospital emergency care which encompasses procedures, treatments, and techniques within the EMT-Intermediate scope of practice authorized by the Agency EMS Medical Director. The scope of practice shall not exceed that listed in OAR 847-035-0030.~~

~~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 WCEO and the Agency Medical Director.~~

~~C) Upon the recommendation of the County EMS Medical Director, changes to the scope of practice deemed to be in the best interests of patients may be done so without going through the administrative rule process. If such changes are made notice shall be provided to all EMS providers and the change shall be formalized at the next administrative rule hearing.~~

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 Technician (EMT) ~~Basic and/or First Responder~~ Emergency Medical Responder (EMR) scope of practice as authorized by the County and/or Agency EMS Medical Director. The scope of practice shall not exceed that listed in OAR 847-035-0030.

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 WCEO respective and the Agency Medical Director.

C) Upon the recommendation of the County EMS Medical Director, changes to the scope of practice deemed to be in the best interests of patients may be done so without going through the administrative rule process. If such changes are made notice shall be provided to all EMS providers and the change shall be formalized at the next administrative rule hearing.

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 whose 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 configured to carry a patient in the reclining position (no more than forty-five (45°) degree reclining) and/or without a person, other than the driver, attending to the patient or staffed by someone not ~~certified~~ licensed at the EMT level.
- 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 Washington County Provider Requirements
- 400-200 Staffing
- 400-300 Equipment
- 400-400 Physician Supervision
- 400-500 Patient Care Form
- 400-600 Reportable Incidents/Actions
- 400-700 Record Requirements
- 400-800 Fees for Service
- 400-900 Insurance

400-100 Washington County Provider Requirements

The following requirements are established as minimum standards for 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: County Code, other sections of these Administrative Rules, Oregon Revised Statutes (ORS), Oregon Administrative Rules (OAR), Washington County Ambulance Service Area (ASA) Plan and the Washington County Franchise Agreement for Emergency Ambulance Service.

400-200 Staffing

Providers of ~~E~~mergency and ~~N~~on-~~E~~mergency medical transportation in Washington County shall staff commensurate to the level of their licensure in the County: Advanced Life Support, ~~Intermediate Life Support~~, Basic Life Support or and Wheelchair Car Transportation.

400-210 Advanced Life Support (ALS) Ambulance Provider

A) Advanced Life Support (ALS) Ambulance Provider means an ambulance which meets all requirements of the County and the Authority State requirements and is staffed and equipped to provide service at the ~~EMT-Paramedic~~ level.

B) At least one (1) person staffing the ambulance must be ~~certified~~ licensed to practice at the ~~EMT-Paramedic~~ level. The other person staffing the ambulance must, at a minimum, be ~~certified~~ licensed at the EMT ~~-Basic~~ level.

~~400-220 Intermediate Life Support (ILS) Ambulance Provider~~

~~A) Intermediate Life Support (ILS) Ambulance Provider means an ambulance which meets all County and State requirements and is staffed and equipped to provide service at the EMT-Intermediate level.~~

~~B) At least one (1) person staffing the ambulance must be certified to practice at the EMT-Intermediate level. The other person staffing the ambulance must, at a minimum, be certified at the EMT-Basic level.~~

400-230 Basic Life Support (BLS) Ambulance Provider

A) Basic Life Support (BLS) Ambulance Provider means an ambulance which meets all requirements of the County and the Authority State requirements and is staffed and equipped to provide service at the EMT ~~-Basic~~ level.

B) Both persons staffing the ambulance must, at a minimum, be ~~certified~~ licensed to practice at the EMT ~~-Basic~~ level.

400-240 Wheelchair Car Provider

A) Wheelchair Car Provider 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) Drivers must hold a valid Oregon driver's license. ORS 807.040(2) requires a resident of or domiciled in Oregon to be issued an Oregon drivers license. There is no specific number of days a person must live in Oregon to become a resident.

C) Drivers must be able to read, write, and speak the English language fluently.

400-250 Requirements of All Providers

A) Uniform Requirements:

- 1) Each person staffing an ambulance, wheelchair car or providing pre-hospital emergency medical care is required to display their level of ~~certification~~ licensure and, at a minimum, their first or last name on the outermost garment of their work uniform and shall make reasonable efforts to display this information under other

circumstances. Reasonable exceptions shall be made for clothing used to protect the responder from injury or illness (i.e., turnouts, hazardous materials suits, etc.).

2) Each person staffing an ambulance or providing out-of-hospital emergency medical care is required to wear a standardized uniform as determined by the employing agency. This uniform, at a minimum, shall contain the name of the agency providing the service. This identification can be included on a nametag. Uniforms shall be clean and free of excessive wear and free of blood and/or bodily materials. Reasonable exceptions shall be granted to uniforms soiled during the course of providing service as long as they are reasonably clean and changed at the first opportunity.

3) 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 reasonable effort.

B) Anyone staffing an ambulance or wheelchair car must not have ~~consumed~~ used alcoholic beverages in the eight hours of going on duty, while in an on-call status, or while on duty before working or in any way be impaired by the ~~ingestion~~ use of alcohol. Personnel must not be taking any medications that impair the giving of proper patient care or impair the safe operation of an ambulance or wheelchair car.

C) Employee Screening:

1) An ambulance or wheelchair car provider shall have in-place a pre-employment and for-cause drug and alcohol-screening program. This program shall be on-file with the WCEO.

2) An ambulance or wheelchair car provider shall have in-place a criminal background check program. This program shall be on file with the WCEO. Upon a reasonable request by the WCEO, a criminal background check may be required of any person providing direct patient services.

400-260 Requirements Specific to Air Ambulance

A) An air ambulance must have a minimum staff of a pilot and one ~~EMT~~-Paramedic, RN, non-physician advanced practitioner, or physician having documentation that at least one member of the medical crew successfully completed the current U.S. Department of Transportation's Air Medical Crew National Standard Curriculum or equivalent.

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.

400-270 Requirements Specific to Emergency Ambulance Franchisee

A) At a minimum, the County requires emergency ambulance service to be provided by properly licensed ambulances, staffed with two (2) EMTs, of which one must be ~~certified~~ licensed at the ~~EMT-Paramedic~~ level and possess Senior Paramedic status as defined in the Franchise Agreement for Emergency Ambulance Service. The other member staffing an emergency ambulance shall be, at a minimum, ~~certified~~ licensed at an ~~EMT-Basic~~ level.

B) If the personnel staffing an emergency ambulance consist of only one (1) ~~EMT-Paramedic~~, the ~~EMT-Paramedic~~ shall accompany the patient during transport. An ~~EMT-Basic~~ or EMT-Intermediate may accompany a patient during transport only **if the patient's** care falls within their respective scope of practice.

400-300 Equipment

A) All ambulances shall carry the equipment specified in the Oregon Administrative Rules (OAR) 333-255, respective to the type of ambulance and level of service being provided.

B) In addition, ambulances shall carry the equipment and medications necessary to execute their standing orders/scope of practice as authorized by the County EMS Medical Director or Agency Medical Director. Certain procedures and/or medications may be omitted from a specific agency scope of practice on a case by case basis as requested by the Agency Medical Director and approved by the WCEO.

C) Changes to the standing orders/scope 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. 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 WCEO will work with the provider agencies to facilitate the timely implementation of these changes.

400-310 Requirements Specific to Wheelchair Cars

A) Employee Requirements:

1) Equipment used to provide wheelchair care service must be regularly maintained, in good serviceable condition, clean and sanitary.

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 Reference Inspection Form. The form is subject to amendment and is available on file with the WCEO ~~EMS website at:~~

www.co.washington.or.us/DEPTMTS/cms/pdf/wheelchair_inspect.pdf

3) One (1) fire extinguisher (2A-10BC), five- pound type must be readily accessible to the driver.

B) Vehicles:

1) Vehicles used to provide wheelchair care 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) Vehicles must be equipped with a lap belt and a minimum of a three-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 car, which shall be by ramp or lift 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 points of wheelchair access to the riding compartment; at least one 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.

400-320 Requirements Specific to Air Ambulance

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

400-330 Requirements Specific to Emergency Ambulance Franchisee

Specific equipment required of emergency franchise ambulances in addition to that required by OAR 333-255, shall be addressed 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 those supplies actually used providing patient care at the scene of an emergency call or anytime in the field. The program will address: ordering, delivery/pick-up, rotation of stock, medications and supplies with expiration dates, cost sharing on medications with costs of \$20 or more,

cost control measures – including brand and bulk purchasing, and/or a monetary “in-lieu of” option(s).

C) The franchise holder is not responsible to replace lost or damaged supplies or medications.

D) 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 ~~W~~wheelchair ~~E~~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 run.

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.

400-400 Medical Direction/Physician Supervision

A) The County shall employ or contract with a ~~P~~physician, who is board certified in ~~E~~mergency ~~M~~edicine, to serve as the Washington County EMS Medical Director. The EMS Medical Director shall perform all Medical Director/Supervising Physician functions as stated in ORS 682.245(4) and OAR 847-035-0025.

B) Unless granted a written variance by the WCEO, all licensees who use Oregon ~~DHS-~~EMS ~~certified~~ 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 ORS 682.245(4) and OAR 847-035-0025, the WCEO may exempt the provider from using the County EMS Medical Director as their Agency Medical Director.

C) 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 ~~certified~~ licensed EMS providers ~~First Responders and/or Emergency Medical Technicians~~ shall have as their Agency Medical Director the County EMS 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 ~~certified First Responder and/or Emergency Medical Technician~~ licensed EMS provider.

400-500 Patient Care ~~Form~~ Reports

A) All providers of ambulance service shall be required to complete a patient care report form (PCFR) for each instance as required by statute, rule and/or the Documentation of Care Protocol or its subsequent revision. (OAR 333-250-~~0045~~ 0310)

1) Ambulance personnel are responsible for returning the completed PCFR within 12 hours or before going off-duty, whichever occurs first.

2) A PCFR shall contain all data points required ~~by the Oregon Pre-hospital Care Database~~: as defined in the National Highway Transportation Safety Administration NEMSIS data dictionary using a version determined by the Authority and meet all other requirements of OAR 333-250-0310

B) 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 Requirements Specific to Wheelchair Cars

A) A provider of wheelchair car service shall be required to complete a patient care ~~form~~ report (PCFR) **for each instance when a patient's medical condition changes during the rendering of service.** The PCFR shall contain a complete **report of the patient's condition** at the start of transport and changes that occurred during transport.

B) Except for a minor patient, unless a patient is notified, a PCFR may not be destroyed for 10 years after the record or report is made. In the case of a minor patient, the PCFR may not be destroyed until the patient attains the age of majority plus three years or for 10 years after the record or report is made whichever is later, unless the parent or guardian of the minor patient is notified.

C) The notification shall:

1) Be made by certified mail to the last known address of the patient.

2) Include the date on which the record of the patient shall be destroyed.

3) Include a statement that the record or synopsis of the record, if wanted, shall be retrieved at a designated location within 30 days prior to the proposed date of destruction.

400-600 Reportable Incidents/Actions

A) A provider of ambulance or wheelchair car services shall adopt an incident reporting system in addition to the patient care reporting. This reporting system shall be used to report any event that occurs that places the patient safety in jeopardy.

B) The provider and agency shall notify the WCEO 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 42.675 and 42.685.

- 1) At a minimum, an incident report shall be filed for the following situations:
 - A commendable activity by another health care professional.
 - A vehicle is involved in an accident, regardless of fault or extent of damage.
 - Any mechanical failure of a vehicle with a patient on-board which delays service or requires the response of another vehicle to continue service.
 - Failure of any piece of equipment used to load or secure the patient in the vehicle.
 - Deviation(s) from protocol.
 - Questionable patient care by another health care provider.
 - Any other situation the licensee or employee wishes to bring to the attention of the system.

2) A copy of incident reports shall be filed with the WCEO within 10 days of the incident.

400-610 Requirements Specific to Inter-Facility 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 a patient care form.

400-620 Requirements Specific to Wheelchair Cars

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

400-700 Record Requirements

A) 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 ten (10) years per OAR 333-250-~~0045~~0310

B) **Records concerning a vehicle's mechanical operation** must contain dates and mileage of preventative maintenance, and repairs made. The person performing the maintenance or service must sign records. Maintenance records must be kept on file for each vehicle and **available for inspection at the provider's business office**. Retention period shall be seven (7) years per OAR 333-250-~~0043-0250-~~

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 WCEO.

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 WCEO may exempt the disclosure of such information to the extent allowed by law.

400-900 Insurance

A) The provider shall maintain vehicle liability insurance, comprehensive general liability insurance, and professional liability errors and omissions insurance in limits ~~of not less than \$1,000,000.00 combined single limit per occurrence and \$1,000,000.00 in the aggregate.~~ 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. The provider shall purchase the liability insurance on an occurrence basis.

C) The Applicant 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) The Provider is solely liable for all **workers' compensation coverage**. The provider 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**.

C) A Certificate of Insurance in accordance with the above insurance requirements shall be provided to the WCEO 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.

- D) Waiver or exemptions may be granted
- E) Additional requirements for the emergency ambulance provider are detailed in the Franchise Agreement for Emergency Ambulance Services
- F) Additional requirements or exceptions for wheelchair car providers are detailed in the application for licensure

400-910 Requirements Specific to Wheelchair Cars

Provider is solely liable for all workers' compensation coverage. If the provider uses contract workers and/or is not responsible for providing worker's compensation coverage, the WCEO may grant an exemption. It is the provider's responsibility to supply sufficient information to justify such an exemption.

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
- 500-300 Open Process for Selection of a New Franchise Provider
- 500-400 Standards of Default
- 500-500 Response Time Areas
- 500-600 Intergovernmental Agreements
- 500-700 Notification of Vacating an Ambulance Service Area
- 500-800 Maintenance of Level of Service
- 500-900 Changes by the Board

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) Washington County CODE 8.32.30 C., states:

The requirements and process by which the franchise agreement is extended or the competitive process by which a new provider(s) is selected shall be established in rule. These processes shall provide for the opportunity for review by petition of a party, by the board or at the direction of the Board. In the event of a competitive process to select a new provider(s) the county retains the right to determine the number of service areas and providers in the county, until after all proposals have been reviewed.

- D) 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 WCEO shall control notwithstanding any provision contrary in the franchise agreement, these rules or the Ambulance Service Area Plan.

500-200 Structure and Term of Franchise Agreement:

- A) The standard which the franchise holder must meet will be set forth in the franchise agreement and shall take into consideration the services and package proposed by the franchise holder in their bid. As well, the franchise agreement will allow for appropriate accommodations (waivers), during the implementation and adjustment phases of significant changes in the EMS system. The written approval for a trial, pilot project, accommodation, exemption or waiver by WCEO shall control notwithstanding any provision contrary in the franchise agreement, these rules or the Ambulance Service Area Plan.
- B) To provide an infrastructure that allows for a mutually beneficial long-term relationship, the County will enter into a 6 year renewable contract which consists of 4, 18 month periods. **At the end of each 18 month period the franchise holder's** performance will be evaluated. If their performance meets or exceeds standard, an additional 18 month period will be added to the contract, thus renewing the 6 year term.
- C) In the event that the franchise holder does not perform at or above the standard, the franchise agreement then becomes a four and one half year term contract. Should a second failure to meet standard occur, bringing the term to three years, this shall be considered a condition of default and will initiate the default and revocation process.
- 1) Reestablishment of a 6 year term may occur at the approval of the EMS Office under the following conditions: After completion of 5 consecutive 18 month periods above standard performance, the 5th 18 month period may be added back to the term reestablishing a 6 year contract term. The definition of **"above standard performance" will be set forth in the franchise agreement.**

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

- A) In the event that the decision is made not to continue the renewable contract with the current franchise holder, the County shall open a process for selection of a new franchise provider. At that time, any provider may apply for an ASA by submitting a proposal utilizing appropriate format and process set forth **in the County's Request for Proposals.**
- 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 WCEO 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 WCEO will be subject to Board approval and current procurement rules and will describe or require:

- 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 exclusive right to provide emergency ambulance service within the ASA and may or may not include exclusive rights to non-emergency services. The structure and term of the franchise agreement shall be as set forth in Section 500-200 of these rules.

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

Unless otherwise allowed for in a written approval by WCEO 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:

- A) 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.
- B) Supplying false or misleading information during the RFP process or information so incomplete as to mislead.
- C) Omitting data or willfully falsifying data supplied to the County during the term of the agreement.
- D) Failure to meet the minimum paramedic employee wage/salary and benefit package as proposed and accepted by the County
- E) Failure to meet the proposed and accepted plan for ambulance coverage of the agreement.
- F) 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.
- G) Failure to furnish key personnel of the quality and experience proposed.
- H) Suspension or revocation of ambulance licenses issued by the State of Oregon or Washington County.
- I) 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.
- J) 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 two (2) - three (3) month 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 of time major default and liquidated damage assessments will be suspended.
- K) “Failure to ~~Respond~~ Dispatch” 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~~ dispatch 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 ~~respond~~ 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 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.

L) Failure to take corrective action in response to repeated assessment of penalties set forth in the Administrative Rules, ASA plan or franchise agreement

M) At the option of the County, termination of insurance coverage, without alternate or comparable County approved coverage.

N) Failure to maintain the performance security or the availability of equipment to the County as provided in the franchise agreement.

O) 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.

P) 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 WCEO 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 Time Areas

A) Unless otherwise allowed for in a written approval by WCEO of a trial, pilot project, accommodation, exemption or waiver The standards for response time performance and response time monitoring of emergency ambulance service are set forth in the Washington County EMS Response Time Zones table map. The table 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 table map is subject to periodic review and amendment, with the current table map being on file posted on the EMS website under Resource Documents. ±

www.co.washington.or.us/DEPTMTS/ems/pdf/AppendixD.pdf

B) The designated emergency ambulance provider shall have 60 seconds from the time of receipt of the call until a unit is dispatched. 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 transfer the call information to the 9-1-1 center is not included in the response time. Actual response times shall be rounded to the nearest minute for purposes of determining compliance.

C) The County shall be divided into four sub-zones as specified in the Response Time Zones table map. Each sub-zone shall be further divided into eight (8) and/or eleven (11) and/or thirty (30) minute zones as specified in the table map. Provider shall meet a response time performance of 88.000% in each zone and a 90.000% overall County average. Performance requirements may be further defined by the Franchise Agreement.

- 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.

D) 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 WCEO 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.

E) The WCEO 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 WCEO. Such calls shall be individually examined and, if the circumstances warrant, the WCEO 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 unless such errors are beyond the control of the franchise holder. The process used to assess emergency ambulance response time performance is set forth in the Washington County **EMS's, Response Time Compliance Process**. This process will be periodically reviewed and amended; the current process shall be posted on the EMS web site. ~~at:~~

www.co.washington.or.us/DEPTMTS/cms/pdf/AppendixK.pdf

F) The provider may respond to non-emergency and inter-facility 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 inter-facility ambulance services without interfering with provisions of emergency paramedic ambulance service in compliance with this 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 other ambulance providers in order 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 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:

- 600-100 Operations
- 600-200 Medical Operating Procedures
- 600-300 Dispatch Coordination
- 600-400 Mutual Aid Agreement
- 600-500 Disaster Medical Operations
- 600-600 Trauma System Plan

600-100 Operations

The Washington County EMS System is comprised of both public health and public safety providers. The EMS system provides both prehospital and out-of-hospital care. The WCEO provides system oversight with advisement from the ~~Operations Committee~~ [Advisory Council](#). 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 Washington County Treatment Protocols.

600-200 Medical Operating Procedures

A) Prehospital and out-of-hospital care is provided by State ~~certified~~ [licensed](#) EMT-Paramedics, [AEMT](#), EMT-~~Intermediates~~, EMT-~~Basics~~ and ~~First Responders~~ [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 Agency Medical Director shall be a person licensed under ORS Chapter 677 who provides direction of, and is ultimately responsible for, emergency and non-emergency care rendered by ~~certified~~ [licensed](#) providers under their direction and according to the standing orders (treatment protocols) approved by the Agency Medical Director.

C) The County shall be responsible for developing Treatment Protocols for providers, which shall provide off-line medical control. Approved on-line-medical-control authorities are authorized to vary from treatment protocols as long as the order is within the **provider's** state and local scopes of practice.

D) Treatment Protocols means the written detailed procedures for medical or trauma emergencies and non-emergency care to be performed by a provider issued by the Agency Medical Director commensurate with the scope of practice and level of certification licensure of the provider.

E) Once a protocol has been approved by the Medical Directors, changes may be made to that protocol to correct dosage and/or administration errors, expand or reduce indications and/or contra-indications and other changes without going through the Tri-County Protocol Development Committee process.

F) EMS Treatment Protocols, as may be amended, are posted on the EMS website under EMS Program Regulations, ~~at:~~

www.co.washington.or.us/deptmts/ems/pdf/ems_protocol.pdf

600-210 On-Line Medical Control (OLMC)

~~A) Washington County Code Section 8.32.020 states in part:~~

~~*"The Board of County Commissioners finds that it is required by State law to develop a plan relating to the need and coordination of ambulance services; for the efficient and effective provision of such services and is authorized to provide regulations more stringent than those adopted by the Oregon Emergency Medical Services and Trauma System...The County desires to have a uniform, countywide system for the delivery of emergency medical services and shall work to achieve such a system by promoting mutual policies and procedures that can be effectively utilized by all system participants."*~~

~~B) Since the inception of a formalized Emergency Medical Services (EMS) system in Washington County, On-Line Medical Control (OLMC) has been the responsibility of the receiving hospital. As the EMS system has evolved and matured the need for the standardization of OLMC services and practices became evident. For the mutual benefit of both the patient and the provider, a joint decision with EMS stakeholders was made winter 2015 to centralize OLMC to a single source for Washington County.~~

~~C) The provision of OLMC for Washington County shall be:~~

- ~~1) From a single, centralized call-taking center~~
- ~~2) Standardized medical direction for EMS clinical care 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 provider consultation for EMS clinical care providers when a patient refuses EMS services.~~

~~D) Requirements of OLMC Service Provider:~~

- 1) Provider must establish and maintain a radio and telephone communication system sufficient for two-way communications between EMS field staff and the call-center and:
 - i. Ensure the digital recording of communications into the call center for OLMC purposes and are retained for no less than six (6) months,
 - ii. Voice recording is available for review by WCEO for quality improvement purposes, and
 - iii. Recording must be made available to WCEO 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 physician(s) to the task of OLMC who are emergency physicians, hold current licensed to practice as an emergency physician, in good standing and are immediately available for consultation with EMS field crews.
 - i. Immediately available means that the physician shall be available within 60 seconds of request for services.
- E) 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.
- F) WCEO will be responsible for the following:
- 1) Identify an agency to provide OLMC and administer contract(s) for such services
 - 2) Facilitate quality improvement process for case reviews.

~~A) Washington County Code 8.32 is known as the Washington County Emergency Medical and Transportation Services Ordinance. Sections 8.32.020, B, C and F of the Code state:~~

~~"The Board of County Commissioners determines that protection of the health, safety and welfare of persons needing emergency ambulance, non-emergency ambulance and wheelchair car transport services who cannot be transported by regular motor vehicle due to health conditions but must be transported in a special vehicle capable of transporting the person in an ambulance, wheelchair or semi-reclining wheelchair, requires that such services be regulated so as to promote efficient, effective and safe transportation."~~

~~"The Board of County Commissioners finds that it is required by State law to develop a plan relating to the need and coordination of ambulance services, for the efficient and effective provision of such services and is authorized to provide regulations more stringent than those adopted by the Oregon Emergency Medical Services and Trauma System."~~

~~"The County desires to have a uniform, countywide system for the delivery of emergency medical services and shall work to achieve such a system by promoting mutual policies and procedures that can be effectively utilized by all system participants."~~

~~B) Since the inception of a formalized EMS system in Washington County, On-Line Medical Control (OLMC) has been the responsibility of the receiving hospital if the patient is to be transported to a Washington County hospital. Each hospital has been allowed to set its own standards for the orientation and education of the physicians that provide OLMC to the EMTs and Paramedics.~~

~~C) The provision of On-Line Medical Control Washington County shall be:~~

- ~~1) On-Line Medical Control shall be that (those) hospital(s) designated to provide medical direction to EMTs and First Responders providing emergency medical services in Washington County,~~
- ~~2) OLMC for a patient whose destination is St. Vincent, Tuality Hillsboro, Tuality Forest Grove and Meridian Park Hospitals is the receiving facility,~~
- ~~3) For patients transported to hospitals in Multnomah and Clackamas Counties (excluding Meridian Park Hospital,) Multnomah and Clackamas County EMS Offices have designated Medical Resource Hospital as OLMC. Medical Resource Hospital is presently designated as OHSU,~~
- ~~4) OLMC for hospitals outside Clackamas Multnomah Washington Counties shall be determined On by the receiving hospital.~~

~~D) OLMC Physician Requirements~~

- ~~1) A physician must be directly and immediately available for On-Line Medical Control. The base station personnel must:
 - ~~a) Review the care delivered;~~
 - ~~b) Approve the documentation of the assessment and care rendered;~~
 - ~~c) Must testify to the same through signature of the medical record generated for the specific patient.~~~~
- ~~2) The OLMC physician is responsible for the immediate review of the performance of the pre-hospital personnel and must report any discrepancies in care rendered to the County EMS Medical Director and the appropriate Agency Medical Director.~~
- ~~3) OLMC Physicians must be approved directly by the County EMS Medical Director in accordance with predetermined and mutually agreed upon criteria. At a minimum, such personnel must have:
 - ~~a) A working knowledge of the abilities of and the policies and procedures of the pre-hospital emergency medical care services for which on-line control is provided;~~
 - ~~b) Complete a course of instruction using the basic objectives and content outlined by the WCEO;~~
 - ~~c) Participate in regular case reviews with the Agency Medical Director and the associated pre-hospital emergency medical care service personnel~~~~

~~E) An intergovernmental agreement between Washington and Clackamas Counties states that Washington County shall regulate emergency medical services in the portion of the City of Tualatin within Clackamas County, so long as the intergovernmental agreement is in effect. This agreement designates Meridian Park Hospital as a Washington County Hospital for EMS and OLMC purposes.~~

~~F) Designation of Hospitals to provide On-Line Medical Control~~

~~The WCEO shall designate one or more hospitals in Washington County to provide OLMC for patients transported to a Washington County hospital. If a Washington County hospital elects to not provide OLMC for those patients transported to their facility and/or an equal amount of non-transport/refusal of care consultation requests, the WCEO will designate a hospital to provide those functions.~~

~~G) If a Washington County hospital elects to not provide OLMC for those patients transported to their facility and/or an equal amount of non-transport/refusal of care consultations, the hospital shall pay for the costs of providing those services at another facility designated by the WCEO.~~

~~H) Emergency Medical Services Office Responsibilities~~

- ~~1) Designate physicians to provide OLMC.~~
- ~~2) Develop an OLMC orientation program that will provide an overview of Washington County's EMS system and which medications, procedures and events require OLMC contact. EMS Office staff will be available to present the program to each physician group or the physician groups can present the program. All designated physicians will be required to verify that they have reviewed/attended an orientation program.~~
- ~~3) Develop a notification system to be used by EMTs and paramedics that will alert the emergency department that the request for OLMC is urgent, non-urgent or for refusal of care.~~
- ~~4) Support the hospital's case review program by gathering background information.~~
- ~~5) Provide compensation at a rate of \$75 per hour with preparation time included for continuing education presentations approved by the EMS Office.~~
- ~~6) Insure the recording of communications on the hospital channel of the 800 MHz radio system and the OLMC telephone lines.~~

~~I) Hospital Responsibilities~~

- ~~1) Identify a group of physicians who will be responsible for providing OLMC. The physicians must be Board Certified in Emergency Medicine or Board Eligible.~~
- ~~2) Assist Physicians in the completion of an OLMC orientation program.~~
- ~~3) Answer a request for OLMC within forty five (45) seconds for urgent calls, ninety (90) seconds for non-urgent calls and 120 seconds for refusal of care calls.~~
- ~~4) Establish a telephone line for EMT communications.~~
- ~~5) Assure designated physicians are knowledgeable of the treatment protocols used in Washington County.~~
- ~~6) Designate a physician to be the hospital point of contact for OLMC issues.~~

~~J) Designated Physician Responsibilities~~

- ~~1) Once every two (2) years, designated physicians will be strongly encouraged to complete one of the following:
 - ~~a) Ride along with the County's designated emergency ambulance provider for a minimum of 4 hours.~~
 - ~~b) Conduct a continuing education presentation for EMS personnel.~~~~

- ~~e) Participate in a continuing education presentation for EMS personnel.~~
- ~~d) Attend a meeting of the County EMS Operations Committee or the Tri-County Protocol Development Committee.~~

~~2) Based on past EMS system experience, these requirements may be waived as determined by the WCEO.~~

~~K) Refusal of Care~~

~~1) Paramedics and EMTs must understand that OLMC does not have the authority to require a patient seek medical attention or ambulance transport. OLMC is a resource for the paramedic or EMT to access assistance to assure that a complete and thorough assessment has been completed and to report to the patient that the assessment has been discussed with a physician. The final decision regarding treatment and/or transport is always left to the conscious, alert and informed patient or guardian.~~

~~2) The EMT/Paramedic will report OLMC recommendations to the patient and will record these recommendations in the Patient Care Form and on the Refusal of Care Form.~~

~~3) Physicians will be required to answer a call for consultation on a patient refusing care within 120 seconds. Paramedics and EMTs will provide the following information when connected with the physician:~~

- ~~➤ Unit calling and caller identification (paramedic/EMTs name and agency)~~
- ~~➤ The reason for the consultation request (i.e. patient is refusing pre-hospital medical care and/or transport.)~~
- ~~➤ Age and sex of patient~~
- ~~➤ Chief Complaint or Mechanism of Injury~~
- ~~➤ Assessment~~
- ~~➤ Treatment given~~

~~4) Physician will assure that a complete assessment has been provided and will offer to the paramedic/EMT suggestions for further assessment, if needed, and any recommendation the physician feels is appropriate.~~

~~L) Refusal of Care Catchment Areas~~

~~1) Washington County and that portion of the City of Tualatin within Clackamas County shall be divided into the following catchment areas for the purposes of refusal of care:~~

- ~~a) Meridian Park Hospital: That portion of the County served by TVF&R that is South of Scholls Ferry Road.~~
- ~~b) St. Vincent Hospital: That portion of the County served by TVF&R that is North of Scholls Ferry Road.~~
- ~~c) Tuality Hospital - Hillsboro: That portion of the County that is served by Hillsboro Fire and Rescue and Washington County Fire District #2.~~

~~d) Tuality Hospital – Forest Grove: That portion of the County served by Forest Grove Fire and Rescue, Gaston Fire District, Cornelius Fire Department and Banks Fire District #13.~~

~~2) These catchment areas will be reviewed on an annual basis and adjusted to assure that the County is divided into proportional areas so no one facility receives a disproportionate number of refusal of care consultations.~~

600-300 Dispatch Coordination

EMS dispatch plays an essential role 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 adopted by Washington County.

B) No Washington County receiving hospital, to include Meridian Park Hospital, 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 from time to time in cooperation with the Portland Area Emergency Department Managers Group, EMS Providers and the WCEO. These rules contain the most recent version and the WCEO shall assure that members of the ~~Operations Committee~~ Advisory Council are provided with the most recent version. The system is reviewed on a regular basis with changes and corrections not subject to the Administrative Rule process unless they are of a substantive nature in the determination of the WCEO. The current ADS Guidelines, as periodically amended, are posted on the EMS website under Resource Documents.

www.co.washington.or.us/DEPTMTS/cms/pdf/AppendixA.pdf

600-320 Communication/Control Center Protocols

A) The WCEO, in conjunction with licensed ambulance and wheelchair car providers, shall develop and maintain dispatch protocols.

B) These protocols, as periodically amended, are available on the EMS website at:

www.co.washington.or.us/deptmts/cms/pdf/control_center_protocols.pdf

600-330 Emergency Medical Dispatch (EMD) Cards

- A) Requests for medical assistance shall be dispatched in accordance with the Dispatch Priority Card System adopted by the WCEO.
- B) Equipment response shall be according to EMD card 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.
- D) The process for making revisions to the APCO cards shall be established by policy and incorporate review and approval of the ~~Operations Committee~~ Advisory Council and the WCEO.

600-400 Mutual Aid Agreement

The County's designated 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 WCEO.

600-500 Disaster Medical Operations

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

- Major Emergency Dispatch Guidelines
 - See Ambulance Coordination During Major Emergencies in the Communications Center Protocols
www.co.washington.or.us/deptmts/ems/pdf/control_center_protocols.pdf
- Mass Casualty Incident (MCI)
 - See MPS/MCI section of the current Treatment Guidelines
www.co.washington.or.us/deptmts/ems/pdf/ems_protocol.pdf
- Multiple Patient Scene (MPS)
 - See MPS/MCI section of the current Treatment Guidelines
www.co.washington.or.us/deptmts/ems/pdf/ems_protocol.pdf
- School Terrorism Plan
 - See School Terrorism Incident in the Communications Center Protocols
www.co.washington.or.us/deptmts/ems/pdf/SchoolTerrorismIncident.pdf
- Scoggins Dam Failure
 - See the Scoggins Dam Failure/Tualatin River Flooding in the Communications Center Protocols
www.co.washington.or.us/deptmts/ems/pdf/ScogginsDamFailure.pdf

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

SECTION 700 CONTENTS:

- 700-100 Administration
- 700-200 Licenses
- 700-300 Controlled Substances Security
- 700-400 Data Requirements
- 700-500 Procedure for Acting on Complaints
- 700-600 Violation of Administrative Rules

700-100 Administration

The **regulatory oversight of Washington County's EMS System is administered by the** Washington County EMS Office. The EMS Office resides within the Public Health Division of the Department of Health and Human Services. The WCEO provides regulatory oversight with advisement from the EMS ~~Operations Committee~~ **Advisory Council**. Policy and practices are established collaboratively. The administrative direction provided here is at the Administrative Rule level. Other administrative directives are set forth in the County Code – Chapter 8.32, the ASA Plan, the Washington County Franchise Agreement and the Washington County Treatment Protocols.

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 Washington County Code (WCC), Chapter 8.32 shall be made on forms provided by the WCEO and shall contain such information, as the WCEO finds necessary.

B) Application(s) for license(s) shall include, at a minimum, the following information:

- The name and mailing address of the business.
- The names of the owner(s) of the business.
- The name, address, telephone number and e-mail address of the principal contact for the business. This person shall have the authority to speak for the business and shall be the point of contact for the WCEO. (The business shall

maintain an e-mail address for the term of the license. This address must be able to receive attachments.)

- The training and experience of the applicant in the transportation and/or care of patients if applicant has not been licensed in the past year.
- A description of each vehicle to be used, including the make, model, year of manufacture, vehicle identification number and the color scheme, insignia, name or monogram, or other distinguishing characteristics.
- The geographical area to be served, and the location of the place or places from which the service intends to operate.
- A listing of employees who will be providing direct patient/client services.

This shall include a copy of the employees' Oregon Department of Motor Vehicles Driving Record which shall not be more than 60 days old.

700-220 Established Licenses

A) The following licenses have been established and are recognized in Washington County:

- Wheelchair car service provider.
- Wheelchair car vehicle.
- Inter-facility EMT-~~B~~ ambulance provider.
- ~~Inter-facility EMT-I ambulance provider.~~
- Inter-facility EMT-~~B~~ Paramedic ambulance provider.
- Inter-facility EMT-~~B~~ ambulance vehicle.
- ~~Inter-facility EMT-I ambulance vehicle.~~
- Inter-facility EMT-~~B~~ Paramedic ambulance vehicle.
- Non-emergency EMT-~~B~~ ambulance provider.
- ~~Non-emergency EMT-I ambulance provider.~~
- Non-emergency EMT-~~B~~ Paramedic ambulance provider.
- Non-emergency EMT-~~B~~ ambulance vehicle.
- ~~Non-emergency EMT-I ambulance vehicle.~~
- Non-emergency EMT-~~B~~ Paramedic ambulance vehicle.
- Emergency Ambulance (Limited to Franchisee only).
- Air Ambulance.

B) 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 on an ambulance stretcher.

C) **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 on an ambulance stretcher.**

D) If a call-taker determines that the request for first aid service is an emergency or for ambulance transportation, the request must be handled and/or referred in accordance with these rules.

E) 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 WCEO. Any response under this program must be reported to the WCEO 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 Period

A) Licenses shall be valid for a twelve-month period unless revoked or suspended. The licensing period shall correspond with the County's **fiscal year**.

B) If a Licensee is continuously licensed for a minimum of five (5) years without administrative action, a license may be issued for a two (2) year period. If a license is issued for a two (2) year period and the licensee is subject to administrative action, the licensing period may be reduced to a one (1) year license

C) Renewal applications shall be filed with the WCEO as directed. If an application for renewal is filed as directed, the license shall not be deemed expired, despite any stated expiration date, unless the WCEO has issued an order denying such renewal.

700-240 Inspections

A) Annual inspections will be conducted to assure compliance. Inspection forms shall be provided with licensing applications, so the applicant knows the inspection standards to be followed. Current inspection forms are posted on the Washington County EMS website, as periodically amended, under Resource Documents.

www.co.washington.or.us/DEPTMTS/ems/pdf/ambulance_inspect.pdf

www.co.washington.or.us/DEPTMTS/ems/pdf/wheelchair_inspect.pdf

B) Initial inspections shall be scheduled with the applicant. In the event an applicant fails an inspection, the WCEO 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 WCEO 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 WCEO as long as the minimum standards reflected in the current inspection forms are met.

E) The WCEO may conduct as many unannounced inspections as necessary to enforce the Code.

700-250 License Fees

A) A fee structure for the licensing of service providers and vehicles has been established by the WCEO. 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: www.co.washington.or.us/DEPTMTS/ems/pdf/amblicfee.pdf.

www.co.washington.or.us/DEPTMTS/ems/pdf/amblicfee.pdf

- 1) Each year on July 1st license fees shall be increased by adding the percent change in the CPI-U Portland Metropolitan Area to the preceding year's fee.
- 2) Licensing fees are due and payable 30-days from invoicing. Fees not paid by the due date shown on the invoice will double.
- 3) A wheelchair car provider shall not be required to pay licensing fees so long as each of its base and mileage fees are no more than fifty (50%) percent of the highest of each such fee charged by any other licensee.

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.

700-260 Decal

Each vehicle licensed to provide service shall display on the rear window of the vehicle a licensing decal established by rule. The WCEO 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.

700-270 Exemptions

A) ORS 221.485 cited in 8.32.010(A) states that vehicles for hire operate in the Washington County transportation system and provide services to residents. The safety and reliability of the vehicles and the stability of the owners and operators are a matter for public concern. Therefore, the legislature authorized local governments to regulate the operation of these privately-owned vehicles for hire. Merriam Webster Collegiate Dictionary defines for hire as, "available for use or service in return for payment."

- B) The following services and/or vehicles are exempt from licensing:
- Vehicles owned by or operated under the control of the United States Government or the State of Oregon;
 - Vehicles operated solely on private property or within the confines of institutional grounds, regardless of whether the incidental crossing of any public street, road or highway serving the property or grounds is involved;
 - Vehicles operated solely for the transport of lumber industry employees from lumber industry activities;
 - Transport services provided for on-duty fire department personnel;
 - Private vehicles not used for hire;
- Wheelchair car vehicles operated by a mass transit district. The scope of this exemption may be further delineated by rule as necessary to further the intent to exclude related mass transit district programs.

C) Vehicles exempted under this provision remain subject to the prohibitions set forth in Section 8.32.420. In addition to prosecution as provided in Section 8.32.430, the WCEO may revoke or suspend this exemption if the WCEO 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.

700-280 Ownership/Management Change

- A) Upon change of ownership or management, the new owner or operator shall be required to notify the WCEO within ten business days of acquisition. The WCEO 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 WCEO 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.

700-290 Suspension/Revocation/Denial

If the WCEO refuses to issue or renew a license or revokes or suspends a license, the WCEO 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 8.32.130.

700-300 Controlled Substances Security

A) Each agency authorized by the Agency Medical Director to administer controlled drugs shall have on file with the WCEO a current copy of their Controlled Substance Program which must be approved by the WCEO.

B) One or more of the following shall dictate control, storage, security and use of controlled substances:

- 21, USC, Section 827,
- Controlled Substance Act of 1970,
- OAR 333-255-0070 (1)(7)(c),
- Washington County Treatment Protocols ~~for EMTs.~~

700-400 Data Requests

A) The WCEO may request and an EMS Provider shall provide copies of patient care forms 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 192.410.

C) At the discretion of the WCEO 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 Washington County Code, Chapter 8.32 and is punishable by fines as established by Administrative Rule 700-600, B.

700-500 Procedure for Acting on Complaints

A) The Board of County Commissioners finds that the County is authorized to regulate emergency and non-emergency ambulance and wheelchair car services provided by vehicles for hire pursuant to the County Charter and ORS 221.485-221.495.

B) The Board of County Commissioners determines that protection of the health, safety and welfare of persons needing emergency ambulance, non-emergency ambulance and wheelchair car transport services who cannot be transported by regular motor vehicle due to health conditions but must be transported in a special vehicle capable of transporting the person in an ambulance, wheelchair or semi-reclining wheelchair, requires that such services be regulated so as to promote efficient, effective and safe transportation.

C) The Board of County Commissioners finds that it is required by State law to develop a plan relating to the need and coordination of ambulance services, for the efficient and effective provision of such services and is authorized to provide regulations more stringent than those adopted by the Oregon, Department of Human Services – Emergency Medical Service Section.

D) ORS 41.675 and ORS 41.685 limit access to information provide for peer review. ORS 41.675 and ORS 41.685, as may be amended periodically, are incorporated into these (Washington County) rules.

E) Complaint Process

Complaints originating from the general public, public safety provider or a public health provider will be processed in the same manner.

- 1) Upon receipt of a concern/complaint regarding the delivery of ambulance or wheelchair service, the WCEO 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 WCEO.
- 2) The WCEO shall interview as many individuals as necessary to obtain sufficient information about the complaint. The WCEO 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.
- 3) Upon completion of the investigation, the WCEO may issue a written report and shall inform the complainant of the conclusions and any action taken by the WCEO, within the legal limits of the law.
- 4) The WCEO shall report those conditions as set forth in OAR 333-265-0160 to the ~~Oregon Department of Human Services~~ the Authority – Emergency Medical Service Section within five (5) working days of issuing a final report.

700-600 Violation of Administrative Rules

A) Process

The following process shall be used if the WCEO determines there is substantial evidence of an administrative rule violation that may result in the issuance of a fine or corrective action.

- 1) Investigation is conducted, and a draft report issued to the party(s)/licensee(s) involved.
- 2) The WCEO 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.
- 3) A final report is issued with recommendations for corrective action.

4) 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 WCEO within fourteen (14) days, the findings shall become final.

5) If a request for reconsideration is filed, the WCEO 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.

6) The party(s)/licensee(s) have the right to appeal the decision of the WCEO 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 WCEO may impose a penalty. The WCEO 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.

2) 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.

3) At the discretion of the WCEO, 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).

4) 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

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.