Multnomah County
Health Department

Multnomah County EMS Program

Administrative Rules

DRAFT 3/29/2017

Draft updated consistent with

Updated Ambulance Service Plan

And

Updated Ambulance County Code

Expected implementation date of Sept. 1, 2018

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EMS Program Commentary/Rationale:

Rules that are no longer necessary were removed/deleted. Reasons included issues being addressed in other more appropriate sections of the rule, or no longer relevant or necessary due to changes in the updated Ambulance Service Plan and/or County Code. See specific rules for more detailed commentary/rationale

Specifically revised rules propose removal of sections related to:

EMS-015 Reimbursement of Medical Advisory Board

EMS-210 Bike Medics

EMS-320 Helicopter Ambulance Service

EMS-350 Mass casualty incident (MCI)

Exhibits:

A. Administrative Fines
B. Ambulance equipment checklist
C. Triage guide
D. MCI plan
E. Treatment protocols
F. Ambulance divert system
G. Revocation, suspension, or modification of EMT standing orders

Where possible, we have consolidated references to a location/section of rules or their attachments such as MCEMS Patient Treatment Protocols.

Rule EMS-200 - Fire Districts and Department First Response - was renamed to First Response. This is consistent with the updated Ambulance Service Plan which allows for other entities to potentially provide first response service - i.e., in addition to Fire Departments and Districts.

- EMS-010 Definitions
- ~~EMS-015 Reimbursement for Medical Advisory Board~~
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~~Exhibits:~~

- ~~A Administrative fines~~
- ~~B Ambulance equipment checklist~~
- ~~C triage guide~~
- ~~D MCI plan~~
- ~~E Treatment protocols~~
- ~~F Ambulance divert system~~

~~G Revocation, suspension, or modification of EMT standing orders~~

EMS-010

EMS Program Commentary/Rationale:

No Change

EMS-010 Definitions

Unless the context requires otherwise, or there is a specific definition within the rule, the words used in these rules shall have the meaning provided under MCC 21.400.

EMS-015

EMS Program Commentary/Rationale:

Deletion of rule is necessary as the Medical Advisory Board has been removed from the Ambulance Service Plan.

~~EMS-015 Reimbursement for Medical Advisory Board Memebers~~

~~Each member of the Medical Advisory Board shall be reimbursed at the rate of $20.00 per hour for the time spent at Medical Advisory Board meetings and in activities authorized by the Administrator.~~

EMS-020

EMS Program Commentary/Rationale:

Addition of violation of EMS Code not just violation of a rule may result in a fine.

Clarification that it is the EMS Administrator not just an administrator.

Specific reference added to maximum allowable fine consistent with the existing County Code.

Clarification that fines may be imposed on an individual person, or a public or private agency.

The specified fines are in addition to any other fines or financial penalties allowable in any contract the EMS Program has with other entities, not just the emergency ambulance franchise contract. The EMS Program has numerous contracts, some of which include specific fines and financial penalties. The rule clarifies that individuals and agencies may be liable for fines and financial penalties arising from both rule provisions and applicable contract provisions. .

The fine schedule is directly incorporated into the rule as opposed to being located in an attachment to the rule.

EMS-020 Fines for violations of ordinance or rules and MCC 21.400

In accordance with MCC 21.999 Emergency medical services violations

A. Upon finding that a violation of an EMS Code or administrative rule has occurred, the EMS Administrator may impose an administrative fine in accordance with the schedule that appears in this rule ~~Exhibit A~~, and not more than $10,000.

B. Written notice of the violation and fine shall be provided to the violating person or agency whether private or public~~licensee~~.

C. Individuals or agencies, public or private fined under this rule may appeal the finding in accordance with section MCC 21.442.

D. A fine imposed under these rules shall be paid within ten (10) days of the final order. The Administrator is authorized to prosecute for collection of the fine.

E. The provisions of this rule are in addition to, and not in lieu of, any other procedures and remedies provided by law or as provided for in contract.~~the emergency ambulance service contract.~~

Rule	**Maximum Fine**
A. EMS-025 Patient Records Failure to produce requested patient records.	$100 per requested document per occurrence
B. EMS-100 Ambulance Equipment Vehicles not having the required equipment and~~/or~~ supplies.	$500 per violation and suspension of the unit until the violation is corrected.
C. EMS-105 Ambulance Staffing Vehicle operating with incorrect staffing.~~.~~	$500 first violation $1000 subsequent violations within a 12 month period.
D. 1. EMS-300 Dispatch Failure to triage calls.	$100 per violation.
D. 2. EMS-300 Dispatch Failure to relay emergency call information to BOEC.	$500 per violation.
E. EMS-305 CCT Code-3 responses Unauthorized use of lights and siren.	$500 first violation. $1000 subsequent violations within a 12 month period.
F. EMS-315 Audio recordings Failure to retain call taking and dispatch recordings.	$500 per violation
G. 1. EMS-325 Special Event Failure to notify EMS Program of	$100 per violation

scheduled special event coverage.	
G. 2. EMS-325 Special Events Failure to notify BOEC of special event coverage.	$100 per violation
G. 3. EMS-325 Special Events Transport of a patient when conditions of EMS-325 have not been met.	$1000 per violation
H. EMS-400; EMS-600 MRH and Trauma Reports Failure to comply with MRH protocols for reporting.	$200 per violation
I. 1. EMS-410 Medical Supervision Failure to provide required employee information to the Medical Director ~~as required~~.	$500 per violation
I. 2. EMS-410 Medical Supervision Allowing an~~d~~ EMS Provider to practice without valid orders from the Medical Director.	$500 first violation $1000 subsequent violations within a 12 month period.
J. EMS-515 In-Service Allowing a paramedic to practice without meeting ~~the~~ requirements ~~of this rule~~.	$500 per violation
K. EMS-100 Ambulance Identification Failure to meet ambulance identification requirements See OAR 333-255-0060.	$100 per violation and suspension of the unit until violation is corrected.
L. Violation of any ordinance requirement or administrative rule not specifically described above.	$500 per violation

EMS-025

EMS Program Commentary/Rationale:

Industry terminology has changed; the term “pre-hospital care” is broader than the regulatory authority of the County EMS Program. Specifically the EMS Program wishes to stay within its scope of authority, and utilize established and updated definitions consistent with that scope.

Change from “tapes” to “audio recordings” is intended to recognize evolving technology.

The terms “data” and “other information” were added to recognize that information necessary for investigation and enforcement by the EMS Program is not confined to traditional records or documents.

Added clarification that the Program is responsible as EMS was fairly broad and not otherwise defined.

The term “pre hospital care” was deleted, consistent with removal of that term from the rules and from MCC 21.400.

EMS-025 Production and handling of patient records

A. When requested to do so pursuant to MCC 21.421 or other provision of law, licensees, hospital medical records departments, medical resource hospital, or other custodians of patient care records pertaining to Emergency Medical Services~~pre-hospital~~ care provided within Multnomah County shall provide the Administrator with copies of such patient care forms, audio recordings~~tapes~~, data, ~~and~~ records, and other relevant documents within ten (10) calendar days following receipt of the request. It shall be presumed that the request has been received not later than four days after mailing of the request.

B. All requests for documents shall be in writing and shall identify the documents or other information to be produced, and state that production of the document or information is required by MCC 21.400.

C. Documents received by EMS Program pursuant to this rule shall be stored in locked files when not in use. Only persons authorized by the Administrator shall inspect these documents. No information obtained from these documents shall be divulged to any persons not authorized to inspect these documents themselves. If the use of such documents is deemed by the Administrator as a necessary part of an enforcement action, the Administrator shall first make a written statement to that effect for the file and then the document may be submitted in the enforcement action, but only insofar as it is submitted under seal and subject to an appropriate protective order.

D. Each making of a separate written request for a document shall constitute a separate occurrence for purposes of enforcement of this rule and MCC 21.400.

E. At the Administrator's discretion, such document may be sought through the issuance of a subpoena, which may be enforced by appropriate court order.

~~F. "Pre-hospital care" is defined as medical care provided to a person, by an Emergency Medical Technician, outside of a hospital or physician's office and provided in conjunction with EMS and/or ambulance services.~~

EMS-100

EMS Program Commentary/Rationale:

Industry standards regarding equipment and supplies have changed over time, and continue to be dynamic. Ambulances are required to carry both disposable supplies and durable equipment. The EMS Program intends to assure that ambulances are appropriately stocked at all times. The rule is intended to clarify equipment and supply requirements and approaches to compliance with the requirements.

The term “Oregon Health Authority” is used, consistent with renaming of the State agency.

The rule recognizes the authority of the EMS Medical Director to set and alter County equipment and supply requirements consistent with State and County descriptions of Medical Director duties.

The rule specifies when and how equipment and supply deficiencies may be immediately corrected.

The rule specifies specific consequences for failure to meet equipment or supply requirements.

The rule recognizes the different levels of ambulance vehicles and their differing equipment and supply requirements, consistent with updates in the County Code 21.400.

The rule requires the EMS Program to notify provider agencies when the County changes equipment and supply standards; this is consistent with the County’s authority to change standards in the future.

The County Medical Director serves as physician supervisor for all EMS Providers working in the County. The Medical Director is required to have a list of providers operating under his or her medical direction. This is consistent with expectations set by the State, and formalizes meeting this expectation.

EMS-100 Ambulance standards and equipment and supplies

A. All ambulances shall meet Oregon Health Authority ~~Division~~ and Multnomah County EMS requirements relating to construction, markings, maintenance, capacity, ~~and~~ sanitation, equipment, and supplies.

1. The EMSMD shall be the authorized representative to approve equipment and supply variances, and set, and approve the County specific equipment and supplies ~~requirments~~requirements.

2. Failure to have required equipment or supplies on an ambulance at the time of a inspection may be corrected at the time of that inspection. If the provider is unable to correct the deficiency(s), verification of correction will be required prior to the issuance of a license.

3. Failure to have required equipment or supplies on an in-service ambulance is a violation of the equipment standards requirement. Each missing piece of equipment is a separate violation.

B. Basic Life Support (BLS). Each BLS ambulance shall be equipped in accordance with the requirements of the Oregon Health Authority ~~Division~~ and Multnomah County EMS's Basic Life Support equipment requirements.

C. Advanced Life Support (ALS). Each ALS ambulance shall be equipped in accordance with the requirements of the Oregon Health Authority ~~Division~~ and Multnomah County EMS's Advanced Life Support equipment requirements.

1. Equipment and supply requirements may vary between 9-1-1 medical emergency response units, and non-emergency interfacility response units.

D. Critical Care Transport (CCT). Each ambulance shall be equipped in accordance with at least the minimum requirements of the Oregon Health Authority and carry additional supplies and equipment specified with Multnomah County EMS to support the specific Critical Care Transport being done.

E. ~~Exhibit B, "~~Ambulance Equipment Checklist~~",~~ provided by the EMS Program specifies the required equipment; the EMS Program shall update the checklist as needed.

1. When a new equipment requirement is added by Multnomah County EMS, a notice shall be sent to each licensed agency whose units are affected.

F. Each licensee shall maintain an up to date equipment checklist for each ambulance indicating equipment, quantity, and location of equipment. Licensee ~~and~~ shall verify that required equipment is on the ambulance and in proper working order prior to placing unit in-service.~~at the beginning of each shift.~~

EMS-105

EMS Program Commentary/Rationale:

The revised rule adds an exception to the staffing standards for mutual aid, and disaster response. This is intended to assure that getting outside help is not hindered by the Code and rules, and that mutual aid agreements can be established and implemented.

The rule updates EMS Provider terminology to be consistent with State terminology, the updated Ambulance Service Plan, and updated County Code.

Rule revisions are consistent with long established protocols allowing advanced practitioners to maintain care of patients in ambulances if they choose to do so. Revisions are consistent with County's lack of authority to apply any additional requirements on appropriately licensed medical practitioners.

EMS-105 Ambulance staffing

County ambulance staffing requirements do not apply to a) mutual aid resources requested by the County through mutual aid agreements with other jurisdictions, or b)EMS resources that are not licensed by the County but are requested and deployed by the County during a declared disaster.

A. Basic Life Support (BLS). Each BLS ambulance shall be staffed, at a minimum, by two (2) Oregon State licensed ~~certified~~ EMT~~-Basic~~ personnel.

B. Advanced Life Support (ALS). Each ALS ambulance responding to 9-1-1 ~~emergency~~ medical calls or any other calls not otherwise specified below, shall be staffed by two (2) Oregon State licensed ~~certified EMT~~ Paramedics.

C. Each ALS ambulance providing an ALS non-emergency interfacility request, originating at a hospital, an acute care hospital, long-term acute care hospital, or skilled nursing facility may be staffed by at least one (1) Oregon State licensed ~~EMT-~~Paramedic and one (1) Oregon State licensed Emergency Medical Technician~~-Basic~~. The Paramedic shall be in attendance with the patient and shall be responsible for all medical care provided the patient while in the provider's care ~~enroute~~.

An ALS ambulance transferring a patient on a ventilator from an acute care hospital, long-term acute care hospital, or skilled nursing facility to another acute care hospital, long-term acute care hospital, or skilled nursing facility shall be staffed with two(2) Oregon State licensed ~~EMT~~ Paramedics or one (1) Oregon State licensed ~~EMT~~ Paramedic and one(1)respiratory therapist(RT)in the patient care compartment during the transport. Staffing must be confirmed at time of request.

This staffing requirement does not apply to the transport of ventilator-dependent patients capable of independent living defined as living with family members without specially trained nurses or respiratory care staff. ~~N~~nor does the requirment~~it~~ apply for the stable ventilator-dependent Skilled Nursing Facility~~NF~~ resident who has a scheduled non-emergency appointment~~"routine clinic appointment"~~ at a hospital or clinic.

D. Only ambulances licensed by Multnomah County as ALS ambulances and staffed in accordance with this rule may provide ALS level patient care.

E. Oregon State licensed EMT-Intermediate, and Advanced EMT's ~~certified persons~~ may provide care in an ambulance only at the level of an EMT-Basic in accordance with the standing orders of the EMS Medical Director.

1. This limitation does not apply to EMS First Responder providers in their capacity to assist in the ambulance and deliver patient care as part of their first response duties.

F. Medical providers administering patient care on a routine basis on a County licensed CCT ambulance shall meet all State requirements to work on an ambulance, and shall be included on the agency list of field EMS personnel.

1. This is not meant to preclude an independent medical provider (e.g. M.D., D.O. or nurse practitioner/ N.P.) from providing/continuing care on scene or during transport of a patient which they are medically responsible.

To support the requirement and necessity for the Medical Director to know who is actively practicing under his/her medical direction, all County licensed Providers are required to have an up to date EMS Provider list on file at all times with the EMS Program. The provider agency shall ensure that its list is updated with new information as it becomes available. This list shall include each EMS Provider's name, state license number, and level of licensure.

EMS-110

EMS Program Commentary/Rationale:

Rule revisions are consistent with the updated Ambulance Service Plan which requires radio communications by all licensed ambulances within the county.

EMS-110 Ambulance communications

A. All g~~G~~round ambulances authorized to be in service with BOEC dispatch, shall be equipped with an 800MHz portable radio, a Mobile Data Computer~~Terminal~~ (MDC~~T~~), a digital pager, and an Automatic Vehicle Locator (AVL); all of these items~~which~~ are to be specified and supplied through an agreement with the City of Portland. In addition, each ambulance shall have immediate access to a VHF radio (either mobile or portable) channels and frequencies to be determined by EMS Program. These devices shall be used to communicate with BOEC dispatch, Medical Resource Hospital, Regional Hospital, r~~R~~eceiving h~~H~~ospitals, and other EMS and public safety ~~and EMS~~ providers.

B. All other licensed ambulances shall be equipped with radio communications equipment that enables them to contact their company dispatch and the destination hospitals.

C. Air ambulances licensed in Multnomah County shall supply their own radios.

EMS-115

EMS Program Commentary/Rationale:

Revisions are intended to support the County in its responsibility to have knowledge of the operations of the EMS system, and to monitor the care and transportation of the sick and injured. Revisions require timely reporting of Ambulance Incidents, and clarify the scope of reporting to include traffic collisions, vehicle failures, and equipment failures.

EMS-115 Reporting aAmbulance incidents accidents

Licensees shall report to the EMS Program, within five (5) calendar days, the occurrence of any traffic collisionaccident vehicle failure, or equipment failure (e.g. monitor, ventilator, pump) in which their ambulance has been involved while responding to an emergency call or while transporting a patient.

EMS-120

EMS Program Commentary/Rationale: Revised rule expands definition of ambulance to accept State classification of a vehicle as a ambulance.

In the absence of the State classifying a vehicle a ambulance, the rule sets out criteria that allow the EMS Program to determine whether a vehicle is an ambulance, and if so, enforce applicable requirements.

EMS-120 Ambulance license criteria

The following criteria will be used to determine if a vehicle shall be subject to license as an ambulance:

1. The vehicle is configured as an ambulance:

The Oregon Health Authority has classified the vehicle as an ambulance.

Or the following conditions apply:

A. ~~-~~ It is f~~F~~itted to carry a stretcher, and

B. ~~-~~ It has e~~E~~mergency lights and siren.

and /or

2. The vehicle is supplied to provide medical care~~., including 1,A. above and:~~

A. ~~-~~ It carries a~~A~~ny medical supplies ready for use. (e~~E~~.g. o~~O~~xygen, or ~~EMT level of~~ medical care supplies appropriate for use by an EMT~~.~~).

and /or

3. There is an offering of medical care:

A. - The vehicle is marked with the words "ambulance", "medic", "paramedic", "EMT" or any other marking indicating a level of medical care.

This includes "red cross" or "star of life" markings.

B. - The vehicle is staffed with persons identified as an EMS Provider: EMT, Paramedic, or otherwise medically trained.

C. - The service provided by the vehicle is advertised as medical transportation or other medical response.

EMS-200

EMS Program Commentary/Rationale:

Creates language consistent with the Ambulance Service plan to not limit agreements to public providers. Clearly identifies the EMS Program's responsibility to administer the agreements.

EMS-200 ~~Fire Districts and Departments "~~First Response~~"~~

Multnomah County~~EMS~~ shall enter into agreements with ~~public~~ providers of 9-1-1 medical first response that specify the level and type of response and any obligations on the part of County or the provider for such service, medical supervision, supply reimbursement, and other matters. The EMS Program shall serve as the administrator of these agreements.

EMS-210

EMS Program Commentary/Rationale:

Revised language intends to apply a common set of patient care and transport requirements. Various requirements for patient treatment and transport are covered under other rules. Bike Medics are a deployment strategy, not a unique form of care; each deployment method does not require a separate rule.

~~EMS-210 Bike Medics~~

~~In order to provide effective, rapid response during high-density events where conditions may delay response by conventional units, bicycle units may be deployed. The dispatch criteria, staffing and equipment are found in Exhibit I.~~

EMS-300

EMS Program Commentary/Rationale:

Updates the rule to be consistent with the updated Ambulance Service Plan's goal of a more efficient and effective use of resources with the anticipated adoption of a determinant based triage system.

EMS-300 Ambulance dispatch

The EMS and ambulance dispatch procedures, promulgated by BOEC and approved by the EMS Administrator, and the~~any~~ requirements of~~in~~ this chapter, shall serve as the rules and procedures for EMS and ambulance dispatch as required by MCC 21.400.

A. EMS Dispatch at BOEC shall be the only dispatch for 9-1-1 emergency ambulance response.

B. Licensees may not refuse a dispatch order from BOEC. Refusal of a dispatch order is defined as failing~~ure~~ to go en route and proceed to a call, or terminating a call without direction from BOEC.

C. EMS dispatch shall send the most appropriate ~~nearest~~ ambulance to each call. Most appropriate is ~~Nearest ambulance~~ is defined as that ambulance identified by the BOEC computer or by the BOEC dispatcher as being closest to the call by time.

D. Under unusual circumstances, in-county licensed f~~F~~ire department ambulances.~~,U~~ fire department rescue units, in-county non-contracted ambulances, or out-of-county ambulances may be used as emergency ambulances in accordance with BOEC procedures. It is the responsibility of EMS dispatch to determine when the conditions require ~~meet the criteria for~~ the use of ~~fire~~ the non-standard resources described in this sub-section.

E. Only EMS dispatch may cancel or revise a dispatch order. Ambulances canceled by dispatch shall terminate the call and return to service with EMS dispatch.

F. Self-dispatch

1. No ambulance may respond to an emergency medical call unless dispatched by EMS dispatch.

2. If an ambulance comes upon a seriously ill or injured person, that ambulance may treat and transport the patient if, after notifying EMS dispatch, it is determined that an ambulance has not been dispatched to that patient. Otherwise, the ambulance may provide treatment until the dispatched ambulance arrives on ~~the~~ scene.

EMS-305

EMS Program Commentary/Rationale:

No change

Continues CCT use and response to facilities with lights and siren under specified parameters.

EMS-305 Critical Care transport team response

A. A "critical care transport team" is defined as physicians, nurses, EMT, and other medical care providers that respond to, provide specialized care to, and transport unstable patients who meet the criteria for such care as defined by the team.

B. Ambulances may respond to a hospital code-3 with a team, without a patient in the ambulance, under the following conditions:

1. The team has written criteria defining unstable patients, approved by the EMSMD.

2. The response is to provide care and/or transport to unstable patients.

3. A method is in place to monitor and review all code-3 responses.

4. All code-3 responses are reported to MCEMS as requested.

C. Ambulance responses as described above shall be considered "dispatched by BOEC" and considered "appropriate" as defined in MCC 21.400. Should BOEC so request, the ambulance will notify BOEC when driving code-3.

EMS-310

EMS Program Commentary/Rationale:

Reorders previous rule language to a more logical order, providing a definition of qualified medical professional prior to its use in requirements.

Removes Hospice EMS ID number which no longer exists.

EMS-310 Non-emergency calls from qualified medical professionals

A. "Qualified medical professional" means any MD or DO licensed to practice in Oregon.

BA. Licensees may treat as a non-emergency, a call so designated by a qualified medical professional who is at the scene of the call.

~~B. "Qualified medical professional" means any MD or DO licensed to practice in Oregon.~~

C. Calls for ambulance service from Hospice organizations can be treated as non-emergency at the request of the Hospice. The individual making the request must provide the following information:

1. The caller's name

2. The Hospice program name

~~3. The Hospice EMS ID number~~

34. That the patient is a Hospice patient

45. The request is for non-emergency transport.

D. Hospice requests that ask for transport "as sSoon aAs possible" or other words or phrases that could be construed as urgent or an emergency must be treated as an emergency ambulance request.

EMS-315

EMS Program Commentary/Rationale:

Revised rules updated to reflect use of an EMS triage system instead of a guide, and updated terminology. These changes are consistent with the updated Ambulance Service Plan.

to current technology.

EMS-315 Emergency call determinations- triage

A. Requests for medical assistance shall be classified by EMS dispatch as emergency and coded to the appropriate category, or non-emergency, in accordance with an ~~the~~ approved EMS Triage system~~Guide~~. ~~(Exhibit C)~~

B. All licensees receiving calls for service directly at their place of business shall use a~~athe~~ approved EMS Triage system~~Guide~~ specified above to determine the emergency or non-emergency status of these calls.

C. Information regarding calls that were determined to be emergencies by an ~~the~~ approved EMS Triage system~~Guide~~ shall be immediately relayed to 9-1-1 medical ~~EMS~~ Dispatch~~ed~~ at BOEC.

D. All calls for service to a licensee shall be audio recorded ~~taped~~ and these recordings ~~tapes~~ shall be retained by the licensee for a period of six (6) months and made available to EMS by request.

EMS-320

EMS Program Commentary/Rationale:

Rule deleted.

Revision removes helicopter guidelines. Air ambulance issues are addressed through Patient Treatment Protocols and are specifically within the purview of the Medical Director to alter and change if and when outcome evidence supports such a change.

~~EMS-320 Helicopter ambulance service~~

~~A. Helicopter ambulance transport may be used when it is determined that the total time from the scene to the hospital, for a seriously ill or injured patient, by helicopter will be at least ten (10) minutes faster by helicopter than by ground ambulance.~~

~~B. Trauma Patient Identification Guidelines may be used to aid in identifying seriously injured patients.~~

~~C. Dispatch Procedure:~~

~~1. The helicopter must be requested through BOEC dispatch~~

~~2. Police officers, fire fighters, and EMTs may request the helicopter.~~

~~3. ALS staffed units may cancel the helicopter if, upon arrival of the ALS unit, it is determined that the patient does not meet the criteria for helicopter transport~~

EMS-325

EMS Program Commentary/Rationale:

Clarifies the expectation that an ambulance be County licensed, consistent with established practice.

Adds specific timeline for submission of patient care records from transport from Special event.

EMS-325 Ambulance coverage for special events

"Special Events" are defined as locations where large numbers of people are congregated on an occasional basis. (e.g. sporting events, parades, concerts)

A. Licensees may provide ambulances for special events at the request of ~~the~~ event organizers.

B. Coverage for events shall be classified as either "dedicated", meaning the assigned ambulance is not available for other emergency dispatches, or as "non-dedicated", meaning the ambulance is available for emergency dispatch. Only ambulances under contract with the County may provide "non-dedicated" coverage.

C. If an~~the~~ ambulance has been requested by the event to provide emergency patient care and transport, it must be County licensed, and staffed~~,~~ and equipped as an ALS ambulance. ~~This c~~Care and transport by this ambulance may be provided only to participants of the covered event ~~covered~~.

D. If an~~the~~ ambulance is to provide first aid/first response only (but not transport), it may be either a BLS or ALS ambulance.

E. The licensee must notify the EMS office that they are providing coverage at a special event~~of the stand-by~~ prior to the date of the event ~~that they are providing coverage at a special event~~. They must provide the following information:

1. The identification of the ambulance,

2. The start and stop times of the stand-by,

3. The level of care at the stand-by,

4. The location of the stand-by, and

5. Whether the ambulance will be d~~D~~edicated or non-dedicated.

F. An ALS ambulance standing by at a special event may transport a patient under the following conditions:

1. The patient is part of the covered event

OR

2. Access to the patient is such that a responding ambulance from outside the event would experience delays in reaching the patient,

AND

3. BOEC dispatch is notified of the time of the transport.

G. It is the responsibility of the ambulance standing by at an event to make the necessary communication plans with the event if they intend to transport patients at the request of the event. Should EMS Dispatch be notified of an incident they will dispatch an ambulance in accordance with their dispatch rules unless the stand-by ambulance has notified EMS Dispatch that they are transporting as allowed above.

H. For events where the dispatch of an ambulance will be through EMS Dispatch, only ambulances under contract to the County may provide such coverage (e~~E~~.g. a~~A~~ public parade).

I. Any ambulance engaged in a standby and transporting a patient must provide Multnomah County EMS with a patient care record for the transport within seven calendar days of the transport.

EMS-330

EMS Program Commentary/Rationale:

Clarifies the purpose and role of the 911 medical system. Allows for destinations other than hospital consistent with existing County Code, the updated Ambulance Service Plan, and health care in general.

Minor revisions to cancelations consistent with current practice.

Terminology around first response updated to be consistent with revised Ambulance Service Plan and County Code.

EMS-330 Ambulance cancelation and patient refusal

A. The purpose of the 9-1-1~~emergency~~ medical system is to respond to calls for emergency medical care, to provide necessary care to the patient~~at the scene of the call~~, and to transport patients to appropriate destinations including hospital emergency departments. Not all calls will result in a patient transport. The following situations may occur:

1. No person or location was found.

2. A person was encountered but denied calling 911, stated the call was a mistake, or denied a request for medical assistance.

3. A person was encountered but refused treatment and/or ambulance transport.

4. Person died in the field prior to treatment and/or transport (death in the field)

B. The above situations may be encountered by either an ambulance P~~p~~aramedic, a first response~~fire~~ paramedic, or a first response~~fire~~ EMT-Basic. To avoid unnecessary or inappropriate use of resources and to avoid duplication of effort the following policy will apply:

1. Cancellations:

a. A first arriving ambulance may cancel the medical ~~fire~~ first response.

b. ~~Fire~~First response ~~-~~paramedics may cancel the ambulance if:

1. no person was found.

2. the person denied calling.

3. only basic first aid is needed.

4. the person refused ambulance transportation.

5. Death in the field

C~~c~~. First Response~~Fire~~ EMT-Basic may only cancel the ambulance if:

1. no person was found.

2. t~~T~~he person denied calling.

3. only basic first aid is needed.

4. Death in the field

D~~d~~. If the ambulance is canceled prior to the ambulance paramedic making contact with the patient, the ambulance is to return to service with BOEC without continuing on the call.

2. Refusal of treatment and/or transportation:

a. All persons encountered, not denying calling 911, stating the call was a mistake, or denying a request for medical assistance shall be offered ambulance transportation.

b. Any person may refuse transportation as defined in the ~~ALS~~ MCEMS Patient Treatment protocols.

EMS-335

EMS Program Commentary/Rationale:

Identifies the keeper of the Ambulance Diversion Procedure.

EMS-335 Ambulance diversions from hospitals

A. The Ambulance Divert System (ADS) shall be used to notify ambulances of a hospital's ability to receive ambulance patients.

B. ADS definitions and procedures are found in the Ambulance Diversion procedure maintained and updated by the ED/EMS Managers work group ~~Exhibit F~~.

EMS-350

EMS Program Commentary/Rationale:

Rule was deleted.

Removes MCI from rule as it is clearly addressed in MCEMS Patient Treatment Protocols, and is under the direction of the EMS Medical Director.

~~EMS-350 Multiple (Mass) Casualty Incident (MCI)~~

~~A. The MCI plan attached to these rules as Exhibit D and the MCI protocols found in Exhibit E shall govern the response to medical emergencies in which there are multiple casualties.~~

~~B. There shall be an MCI committee which shall advise the EMS Administrator on matters pertaining to MCI. This committee shall be comprised of persons representing all providers and agencies involved in MCI response and shall, to the extent that participation is available, be a regional committee.~~

EMS-355

EMS Program Commentary/Rationale:

Updates with language consistent with Ambulance Service Plan and County Code; changes based in regional hospital having other roles in addition to MCI communications.

EMS-355 Regional Hospital

~~As specified in the MCI plan, t~~There shall be a communications function known as Regional Hospital. This function is located at the Medical Resource Hospital.

EMS-400

EMS Program Commentary/Rationale:

Updates language consistent with Ambulance Service Plan and Code. The term “EMS Provider” replaces “EMT”.

EMS-400 Medical Resource Hospital (MRH)

A. MCC 21.418 requires that there be a medical resource hospital authorized to provide on-line radio or telephone advice and control to EMS Providers~~EMTs~~.

B. To qualify as a medical resource hospital, the hospital must meet the following criteria:

1. Be licensed and fully accredited by the Joint Commission on the Accreditation of Healthcare Organizations,

2. Maintain 24-hour radio and telephone communications with EMS central dispatch and with ambulances in service with dispatch,

3. Have an emergency department physician available to answer the radio or telephone and to provide advice to EMS Providers~~EMTs~~,

4. Maintain a written and audio ~~taped~~ record of each call, and

5. Enter into a written agreement with Multnomah County EMS which specifies the requirements, policies, and performance criteria for the provision of MRH services.

C. The MCEMS Patient T~~t~~reatment protocols ~~adopted in these rules~~, to the extent the protocols are applicable, shall be the basis for the advice given by the physician answering the call.

D. Calls to MRH.

1. When MRH is contacted, the following information shall be provided to the physician:

a. Unit number and EMS Provider~~EMT~~ name,
b. Protocol being used,
c. Purpose of call,
d. Age and sex of patient,
e. Chief complaint,
f. Brief history, medications, allergies,
g. Vital signs,
h. Pertinent physical findings,
i. Treatment at the scene, and
j. Hospital destination and ETA.

EMS-404

EMS Program Commentary/Rationale:

Updates name of Medical Resource Hospital with actual name of facility.

EMS-404 Medical Resource Hospital designation

~~The University Hospital of the~~ Oregon Health & Science University is designated the Medical Resource Hospital for Multnomah County through an intergovernmental agreement between OHSU and Multnomah County.

EMS-410

EMS Program Commentary/Rationale:

Updates language from “certification” to “licensure” consistent with revised terminology used by the Oregon Health Authority, and language used in the updated Ambulance Service Plan and County Code.

EMS-410 Medical Supervision requirements

A. All licensees and participating first responders shall provide the EMS Medical Director the following information for each EMS Providers~~EMT~~ employed by the licensee or first responder:

1. Name.

2. Current ~~certification~~ licensure level ~~(EMT-B,I,P)~~.

3. ~~Certification~~ License number.

4. ~~Certification~~ License expiration date.

B. The above information must be current for all EMS Providers~~EMTs~~. The provider (EMS Agency) shall immediately notify the EMS Medical Director of any of the following:

1. Change in name.

2. Change in employment status with the provider.

3. Any actions affecting the EMS Provider's licensure~~certification~~.

4. Failure to re-certify in a timely manner.

C. The above information shall be provided by sending a copy of the Oregon Health Authority~~Division~~, Personnel Action Report, EMS Form E-4 to the County EMS office. This is to be accompanied by a Security File Change Form for all paramedics planning to staff contract ambulances in service with 9-1-1. ~~(Exhibit H)~~.

D. Only persons for whom the EMS Medical Director has the current information required above shall be deemed to have valid medical orders from the EMS Medical Director.

E. Only EMS Providers ~~EMTs~~ having valid medical orders from the EMS Medical Director may practice in Multnomah County. EMS Providers~~EMTs~~ providing service in the County under an EMS Program approved Intergovernmental Agreements (IGA) or by mutual Aid are exempt from this requirement.

F. The EMS Medical Director will utilize "due process" protections when considering~~for the~~ suspension or modification of standing orders of any EMS Provider. ~~EMTs covered by MCC 21.4006.33 and these rules is found in Multnomah County protocols Exhibit G.~~

EMS-500

EMS Program Commentary/Rationale:

Updates language for MCEMS Patient Treatment Protocols to language consistent with the Ambulance Service Plan and Code; changes terminology to be consistent with established definitions.

EMS-500 Patient treatment protocols

A. The patient treatment protocols ~~attached to these rules as Exhibit E,~~ promulgated by the EMS Medical Director ~~and the EMT-Intermediate protocols promulgated by the State Health Division~~ shall be the treatment protocols for ~~pre-hospital~~ emergency medical service provided by licensees under MCC 21.400. Licensees shall e~~i~~nsure that all EMS Providers~~EMTs~~ in their employ are familiar with and can properly use, these protocols.

B. The EMS Medical Director reserves the right to modify the standing orders of any EMS Provider~~EMT~~ based on variations or deficiencies in the Provider's knowledge, skills, abilities and professional behavior.

C. Private or public agencies~~Fire districts and departments~~ which provid~~e~~~~i~~~~ng~~ "first response" service to 9-1-1 medical ~~emergency~~ calls, and which contract for medical supervision with MCEMS, shall use these County patient treatment protocols.

D. The~~se~~ MCEMS Patient treatment protocols may be amended from time to time by the EMS Medical Director. ~~MCEMS shall notify each licensee, fir district or department, and other interested parties of each amendment to the protocols..~~ The EMS Medical Director will review the protocols at least annually and shall validate the protocols by signing them at least annually.

EMS-510 Protocol distribution

A. From time to time, the EMS Program will provide each licensee and EMS Pprovider a copy of the patient treatment protocols and will provide copies of any amendments to those protocols as they are approvedoccur.

B. Each provider agency licensede by the Countyand EMS provider shall provide its employed EMS Providers EMTs a copy of the appropriate protocols for their level of certification.

C. Each responding vehicle unit shall have a copy of the protocols available on the vehicle unit at all times.

D. Other than those identified in section A. of this rule, copies of the protocols will be available from EMS at a cost of $10.00 per copy. Computer disk copies of the protocols are available at a cost of $5.00 per copy or provision of a replacement disk. The protocols will be available on-line at the EMS WEB page.

EMS-510

EMS Program Commentary/Rationale:

Updates language for MCEMS Patient Treatment Protocols to language consistent with the Ambulance Service Plan and Code; changes terminology to be consistent with established definitions.

Removes rule provisions regarding purchase of hard copy of protocols.

EMS-515 Annual mandatory in-service training

A. The EMS Program shall provide for an annual in-service training program to be made available to paramedics. The dates shall be set by EMS Program.

B. This in-service training shall be required for all paramedics who practice within Multnomah County. The requirement may be fulfilled either by attendance at one of the in-service sessions or by a method approved by the EMSMD~~viewing a video tape of the session and taking and passing a test covering the material~~.

~~C. The video tape will be provided by EMS.~~

~~D. The test is to be developed by the EMS Medical Director and shall specify a passing score. The test and passing score used shall be the same for all paramedics.~~

E. Prior to the implementation date of protocols to be addressed in an in-service training, each~~The~~ EMS provider agency~~organization~~ employing ~~the~~ paramedics shall provide to the EMS Program~~, prior to the implementation date of the in-serviced protocols,~~ a list of all paramedics in its employ at the time of the in-service. This list shall indicate ~~and~~ which paramedics~~of those~~ attended an in-service session or completed training by an alternate approved method~~and a list of which paramedics viewed the video and completed the test~~. This second list, of Paramedics completing alternate approved training must be approved by the EMSMD ~~physician supervisor.~~ Paramedics who do not attend a session or who do not complete training via an approved method~~view the video and complete the test~~ shall not receive practice orders from the EMS Medical Director until they have completed the training~~video and passed the test~~.

F. ~~No~~ EMS provider agencies may allow only~~a~~ paramedics~~,~~ who have~~s not~~ met the requirements of this rule~~,~~ to practice within that provider's~~s~~agency's organization.

EMS-515

EMS Program Commentary/Rationale:

Revisions clarify requirements around Mandatory Annual In-service training. They also

update the rule to be consistent with practice of makeup alternativesapproved by Medical Director.

EMS-600 Trauma communications

A. A Trauma Communications Center (TCC) shall be located at MRH.

B. The TCC shall monitor the status of hospitals that provide trauma care.

C. Trauma hospitals shall notify TCC, via HOSCAP~~CHORAL~~ (and by telephone when applicable) of their resource availability.

D. Ambulances shall contact TCC whenever an EMS Provider~~EMT~~ determines that a patient requires trauma system services.

E. Upon notification by an EMS Provider, TCC shall immediately notify the appropriate trauma hospital~~, upon notification by EMT~~, that a trauma patient is en-route to that hospital. The EMS Provider~~and~~ shall provide the following information to TCC which shall relay the information to the trauma hospital:

1. Unit ID
2. Location of incident
3. Number of patients
4. Age and sex of patient
5. Trauma entry criteria
6. Injuries
7. Vital Signs
8. ETA to trauma center
9. Destination trauma center.
10. Trauma band number
11. GCS
12. Priority of transport

EMS-600

EMS Program Commentary/Rationale:

Updated to recognize the HOSCAP as the system currently in place (replacing CHORAL).

Updates rule with language consistent with Ambulance Service Plan and Code changes from “EMT” to “EMS Provider”.