



**MULTNOMAH COUNTY, OREGON  
EMERGENCY MEDICAL SERVICES**

**ADMINISTRATIVE RULES**

**MCC 21.400**

**EFFECTIVE:**

**JANUARY 1, 2022**

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## About EMS Administrative Rules

EMS administrative rules are promulgated under Multnomah County Code 21.400 and previous codes. These rules are reviewed from time to time or as needed. Contact the Multnomah County EMS (MCEMS) Office to obtain copies of recently enacted and/or revised rules.

## Summary of Recent Rule Revisions

- January 1, 2022: A new fine for stretcher cars performing services which require an ambulance was added to EMS-020 along with general section formatting changes. Significant text changes were made to EMS-120 to include:
- Definitions for health care facility, interfacility transfers, pre-arranged non-emergency transfers, and stretcher cars.
  - That ambulances are required for transporting 911 emergency medical patients, interfacility transfers and pre-arranged non-emergency transfers.
  - An allowance for some non-emergency transportation in stretcher cars under defined circumstances.
  - A statement that EMS rules are not intended to regulate stretcher vehicles; however, Multnomah County EMS will receive and handle complaints related to stretcher car activities that are prohibited under these rules.
- Nov. 17, 2020: EMS-105 revised to issue immediate change to minimum staffing allowance for licensed BLS ground ambulances providing non-emergency medical transportation. Minimum staffing to include one qualified driver and one EMT or above.
- August 1, 2020: EMS-120 revised after 30 day public comment beginning June 2020 to clarify prohibition of stretcher transport by any vehicle other than an ambulance. Added sections *About EMS Administrative Rules* and *Recent Timeline of Rule Revisions*. Made formatting changes overall (consistent font, margins and line spacing and increased font size). Corrected numbering in EMS-515- no change to language.
- Sept 1, 2018: Implementation of EMS Administrative Rules approved on May 25, 2017.
- May 8, 2017: Public hearing on proposed rule changes posted on March 29, 2017. Rules were updated to remove rules no longer necessary, such as those addressed in other sections, or those no longer relevant due to changes in the 2016 Ambulance Service Plan and/or County Code. References were consolidated.
- March 2016: Review of rules by MCEMS.

## **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-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, 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.
- 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.

<b>Rule</b>	<b>Maximum Fine</b>
A. EMS-025 Patient Records Failure to produce requested patient records.	\$100 per requested document per occurrence
B. 1. EMS-100 Ambulance Equipment Vehicles not having the required equipment and supplies.	\$500 per violation and suspension of the unit until the violation is corrected.
B. 2. 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.
C. EMS-105 Ambulance Staffing Vehicle operating with incorrect staffing.	\$500 first violation \$1,000 each subsequent violations within a 12 month period.
D. EMS-120 Stretcher Car performing ambulance transport	Fine amount will be twice the current BLS emergency transport rate for the initial violation. Each subsequent violation by the same violator within the same rolling year shall be double the previously issued fine amount. Each incident violation shall not to exceed \$10,000 per Multnomah County Code 21.999
E. 1. EMS-300 Dispatch Failure to triage calls.	\$100 per violation.

E. 2. EMS-300 Dispatch Failure to relay emergency call information to BOEC.	\$500 per violation.
F. EMS-305 CCT Code-3 responses Unauthorized use of lights and siren.	\$500 first violation. \$1,000 each subsequent violation within a 12 month period.
G. EMS-315 Audio recordings Failure to retain call taking and dispatch recordings.	\$500 per violation
H. 1. EMS-325 Special Event Failure to notify EMS Program of scheduled special event coverage.	\$100 per violation
H. 2. EMS-325 Special Events Failure to notify BOEC of special event coverage.	\$100 per violation
H. 3. EMS-325 Special Events Transport of a patient when conditions of EMS-325 have not been met.	\$1,000 per violation
I. EMS-400 EMS-600 MRH and Trauma Reports Failure to comply with MRH protocols for reporting.	\$200 per violation
J. 1. EMS-410 Medical Supervision Failure to provide required employee information to the Medical Director.	\$500 per violation
J. 2. EMS-410 Medical Supervision Allowing an EMS Provider to practice without valid orders from the Medical Director.	\$500 first violation \$1,000 each subsequent violations within a 12 month period.
K. EMS-515 In-Service Allowing a paramedic to practice without meeting requirements.	\$500 per violation
L. Violation of any ordinance requirement or administrative rule not specifically described above.	Not to exceed \$10,000 per violation in accordance with Multnomah County Code 21.999

### **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 care provided within Multnomah County shall provide the Administrator with copies of such patient care forms, audio recordings, data, 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 the 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.

## EMS-100 Ambulance Standards, Equipment and Supplies

- A. All ambulances shall meet Oregon Health Authority and Multnomah County EMS requirements relating to construction, markings, maintenance, capacity, 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 requirements.
  - 2. Failure to have required equipment or supplies on an ambulance at the time of an 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 or supply item 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 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 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 inter-facility 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. 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 shall verify that required equipment is on the ambulance and in proper working order prior to placing unit in-service.

## 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) Non-Emergency. Minimum staffing shall be one qualified driver meeting the requirements specified in OAR 333-250-0270(6) and one Oregon State Licensed EMT or above or an ambulance based clinician.
- B. Advanced Life Support (ALS). Each ALS ambulance responding to 9-1-1 medical calls or any other calls not otherwise specified below, shall be staffed by two (2) Oregon State licensed Paramedics.
- C. Each ALS ambulance providing an ALS non-emergency inter-facility 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 Paramedic and one (1) Oregon State licensed Emergency Medical Technician. 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.

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 Paramedics, or one (1) Oregon State licensed Paramedic and one (1) respiratory therapist (RT) or one (1) registered nurse (RN) 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. Nor does the requirement apply for the stable ventilator-dependent Skilled Nursing Facility resident who has a scheduled non-emergency 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 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. physician assistant/ P.A. 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 Provider (agencies) are required to maintain 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 see EMS-410. This list shall include each EMS Provider's name, state license number, and level of licensure.

## **EMS-110 Ambulance Communications**

- A. All ground ambulances authorized to be in service with BOEC dispatch, shall be equipped with a 700/800MHz portable radio, a Mobile Data Computer (MDC), a digital pager, and an Automatic Vehicle Locator (AVL); all of these items 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) with channels and frequencies to be determined by EMS Program. These devices shall be used to communicate with BOEC dispatch, Medical Resource Hospital, Regional Hospital, receiving hospitals, and other EMS and public safety 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 Reporting Ambulance Incidents**

Licensees shall report to the EMS Program, within five (5) calendar days, the occurrence of any traffic collision, 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 Ambulance License Criteria

MCEMS regulates licensing and transportation requiring an ambulance. MCEMS does not provide the oversight, regulation or management of vehicles not otherwise defined as an ambulance.

### Definitions related to rule EMS-120:

Health Care Facility: This rule shall use the same definitions as “health care facility” in ORS 442.015.

Interfacility transfer: Transport of individuals on a stretcher both to and from a health care facility.

Pre-Arranged Non-Emergency Transfer: A specific type of interfacility transfer, which is pre-scheduled, without the use of lights or sirens.

Stretcher Car: A stretcher car means any vehicle that is not required to be licensed as an ambulance but is configured and equipped to transport an individual on a stretcher.

### Ambulance licensing

A vehicle is subject to licensure as an ambulance if one or more of the following applies:

- A. The Oregon Health Authority has classified the vehicle as an ambulance;
- B. It is a privately or publicly owned motor vehicle, aircraft, or watercraft, configured and equipped to carry a stretcher, that is regularly provided or offered to be provided for emergency transportation of persons, or for the non-emergency transportation of persons, who are ill or injured or who have disabilities and can reasonably be expected to require medical assessment, observation, care or monitoring and also including the following:
  - a. Interfacility transfers (See EMS-010); or
  - b. Pre-arranged non-emergency transfers (See EMS-010).
- C. It otherwise appears to be an ambulance because it is configured and equipped to carry a stretcher and:
  - a. It is staffed with EMS personnel, equipment and supplies regularly used by EMS personnel;
  - b. The services rendered by the personnel onboard are consistent with services provided by EMS personnel; or
  - c. The vehicle contains any markings giving an impression it is used for ambulance services.

A vehicle is not subject to licensure as an ambulance if the following applies:

- A. Transportation is provided in other types of vehicles, including for-hire taxis, sedans, buses, vans, comfort cars, and wheelchair transports, when they do not otherwise meet the criteria specified in subsections A, B, or C of this rule; or
- B. Transportation is provided in a stretcher car, so long as it does not otherwise meet the criteria specified in subsections A, B, or C of this rule.

### **EMS-300 Ambulance Dispatch**

The EMS and ambulance dispatch procedures, promulgated by BOEC and approved by the EMS Administrator, and the requirements of 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 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 ambulance to each call. Most appropriate 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 fire department ambulances, 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 the use of the non-standard resources described in this subsection.
- 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 scene.
  - 3. It shall not be a violation of EMS-300 F. for an ambulance on Special Event Standby to transport a patient from the special event as long as all provisions of EMS-325 F. are met.

## **EMS-305 Critical Care Transport Team Response**

- A. A "critical care transport team" is defined as physicians, nurses, EMS Providers, 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 Non-emergency Calls from Qualified Medical Professionals**

- A. "Qualified medical professional" means any MD, DO, Nurse Practitioner, or Physician's Assistant licensed to practice in Oregon.
- B. Licensees may treat as a non-emergency, a call so designated by a qualified medical professional who is at the scene of the call.
- 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. That the patient is a Hospice patient
  - 4. The request is for non-emergency transport.
- D. Hospice requests that ask for transport "as soon as 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 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 the County-adopted system, or a County specified alternative triage system that is aligned with the nationally-validated system.
- B. All licensees receiving calls for service directly at their place of business shall use an approved EMS Triage system 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 approved EMS Triage system shall be immediately relayed to 9-1-1 medical Dispatch at BOEC.
- D. All calls for service to a licensee shall be audio recorded and these recordings shall be retained by the licensee for a period of six (6) months and made available to EMS by request.

### **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 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 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. Care and transport by this ambulance may be provided only to participants of the covered event.
- D. If an 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 prior to the date of the event. They must provide the following information:
  - 1. The identification of the ambulance,
  - 2. The start and stop times of the standby,
  - 3. The level of care at the standby,
  - 4. The location of the standby, and
  - 5. Whether the ambulance will be dedicated 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 eventOR
  - 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.g. 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.
- J. When an event participant is under treatment by the crew of an ambulance providing special event coverage and a Multnomah County 9-1-1 EMS emergency ambulance provider is dispatched to the incident, the crew of the 9-1-1 ambulance is to assume all patient care upon arrival at the patient's side, and provide care and transport if necessary.

## EMS-330 Ambulance Cancellation and Patient Refusal

- A. The purpose of the 9-1-1 medical system is to respond to calls for emergency medical care, to provide necessary care to the patient, 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 9-1-1, stated the call was a mistake, or denied making a request for medical assistance.
  3. A person was encountered but refused treatment and/or ambulance transport.
  4. A 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 Paramedic, a first response paramedic, or a first response EMT-Basic. To avoid unnecessary or inappropriate use of resources and to avoid duplication of effort the following policy will apply:
1. Cancellations:
    - a. An ambulance that arrives at a call first may cancel the medical first response.
    - b. First response paramedics may cancel the ambulance if:
      - I. No person was found.
      - II. The person denied calling.
      - III. Only basic first aid is needed.
      - IV. The person refused ambulance transportation.
      - V. Death in the field
    - c. A First Response EMT-Basic, Intermediate, or Advanced EMT may only cancel the ambulance if:
      - I. No person was found.
      - II. The person denied calling.
      - III. Only basic first aid is needed.
      - IV. Death in the field
    - 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, and who do not deny calling 911, state the call

was a mistake, or deny a request for medical assistance shall be offered ambulance transportation.

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

### **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.

## **EMS-355 Regional Hospital**

There shall be a communications function known as Regional Hospital. This function is located at the Medical Resource Hospital.

## 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.
- 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,
  - 4. Maintain a written and audio 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 Treatment protocols, 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 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 Medical Resource Hospital Designation**

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

## EMS-410 Medical Supervision Requirements

- A. All licensees and first responders shall provide the EMS Medical Director the following information for each EMS Provider employed by the licensee or first responder:
  - 1. Name.
  - 2. Current licensure level.
  - 3. License number.
  - 4. License expiration date.
  - 5. Hire date.
  - 6. Termination date, if applicable.
- B. Each EMS provider agency must maintain current above-specified information for each EMS Provider it employs or utilizes as a volunteer. The provider (EMS Agency) shall immediately notify the EMS Medical Director of any of the following changes in status of any of its EMS providers:
  - 1. Change in name.
  - 2. Change in employment status with the provider.
  - 3. Any actions affecting the EMS Provider's licensure.
  - 4. Failure to re-certify in a timely manner.
- C. Each provider (agency) must supply the above information to the County EMS office using an approved spreadsheet that includes all the data elements required in A. and B. above.
- D. Only EMS providers 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 having valid medical orders from the EMS Medical Director may practice in Multnomah County. EMS Providers 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 suspension or modification of standing orders of any EMS Provider.

## **EMS-500 Patient Treatment Protocols**

- A. The patient treatment protocols promulgated by the EMS Medical Director shall be the treatment protocols for emergency medical service provided by licensees under MCC 21.400. Licensees shall ensure that all EMS Providers 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 based on variations or deficiencies in the Provider's knowledge, skills, abilities or professional behavior.
- C. Private or public agencies which provide "first response" service to 9-1-1 medical calls, and which contract for medical supervision with MCEMS, shall use these County patient treatment protocols.
- D. The MCEMS Patient treatment protocols may be amended from time to time by the EMS Medical Director. 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 Provider a copy of the patient treatment protocols and will provide copies of any amendments to those protocols as they are approved.
- B. Each provider agency licensed by the County shall provide it's employed EMS Providers a copy of the appropriate protocols.
- C. Each responding vehicle shall have a copy of the protocols available on the vehicle-at all times.

### **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 an alternate method approved by the EMSMD.
- C. Prior to the implementation date of protocols to be addressed in an in-service training, each EMS provider agency employing paramedics shall provide to the EMS Program a list of all paramedics in its employ at the time of the in-service. This list shall indicate which paramedics attended an in-service session or completed training by an alternate approved method. The list of Paramedics completing training by an approved alternate method must be reviewed and validated by the EMSMD. Paramedics who have neither attended required inservice sessions nor completed training via an approved alternate method are not eligible to receive practice orders from the EMS Medical Director until they have completed training.
- D. EMS provider agencies may allow only paramedics who have met the requirements of this rule to practice within that provider agency's organization.

## **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. Hospitals that provide trauma services shall notify TCC, via HOSCAP (and by telephone when applicable) of their resource availability.
- D. Ambulances shall contact TCC whenever an EMS Provider determines that a patient requires trauma system services.
- E. Upon notification by an EMS Provider, TCC shall immediately notify the appropriate hospital, that a trauma patient is en-route to that hospital. The EMS Provider shall provide the following information to TCC which shall relay the information to the 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