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ENDORSED  
Filed  
9-2 1992  
JOSEPHINE VELTRI  
County Clerk

BEFORE THE BOARD OF COMMISSIONERS  
FOR TILLAMOOK COUNTY, OREGON

In the matter of amending portions of )  
EMS Ordinance No. 41 and the Ambulance )  
Service Area Plan relating to designa- )  
tion of Physician Advisor, ambulance )  
quarters location, ambulance move-ups, )  
Quality Assurance Committee membership )  
and EMS Advisory Council Meetings )

Amendments to  
ORDINANCE NO. 41  
#2 9/2/92

The Board of Commissioners for Tillamook County ordains as follows:

Section 1.

Ambulance Service Area (ASA) plan Section 5.4 shall be amended as follows:

5.4 SYSTEM ELEMENTS - MEDICAL SUPERVISION

To establish a minimum level of medical supervision within Tillamook County, all ASA providers, QRT agencies, and Physician [Supervisors] Advisors shall conform to the following standards:

(A) All agencies that provide QRT units and all ASA providers shall maintain a Physician [Supervisor] Advisor.

(B) The Physician [Supervisor] Advisor shall comply with OAR 847-35-025 and:

(1) meet at least once each calendar quarter for training and case review with QRT, and all EMT 1 and 2 personnel supervised.

(2) meet at least ten times annually for training and case reviews with all EMT 3 and 4 level personnel supervised.

(3) maintain and review annually, standing orders (and on-line protocols, if used) for QRT and all EMT levels supervised.

(C) Maintain unit meeting records for attendance, and minutes for such meetings.

Section 2.

ASA Plan Section 5.7(A) shall be amended as follows:

(A) Tillamook Bay Community College is the primary source of First Responder, EMT 1, EMT 2, and some EMT 3 and EMT 4 level training within Tillamook County. [Currently there is no EMT 4 level training available within Tillamook County.]

EMT I - BASIC  
EMT II - INTERMEDIATE  
EMT III + IV = Paramedic

July 1, 1995

EMT  
@ Basic  
@ QRT

Section 3.

Exhibit D to the ASA Plan concerning EMS Mutual Aid Move-up under routine move-up coverage for Nehalem and the location of the Garibaldi ambulance quarters shall be amended as follows:

Nehalem Coverage: Move up ambulance from [Tillamook] Garibaldi when both Nehalem vehicles are not available.

\* \* \* \* \*

GARIBALDI:

Tillabay Motel

804 Garibaldi Ave. 322-3231

Communications center is in [Apt. # 16] the addition on the south side of the building and has radios and telephone.

Section 4.

ASA Plan Section 7.2(N) concerning the location of ambulances within an ASA shall be amended as follows:

(1) Ambulance Locations

Ambulances will be situated within the service area so that 80% of the population in the service area can be responded to within a response time of [4] 7 minutes or less. [This may be waived if a QRT dispatched with the ambulance can arrive within 4 minutes of dispatch.]

Section 5.

ASA Plan Section 5.8(A), concerning the make up of the Quality Assurance (QA) Committee shall be amended as follows:

The EMS Quality Assurance Committee shall consist of the following:

[(1) A Physician Supervisor to a provider serving a Tillamook County ASA.]

[(2)] (1) A physician whose primary practice is in Tillamook County.

(2) One representative nominated by each ambulance organization providing ambulance service within Tillamook County.

[(3) One hospital emergency department nurse who is Advanced Cardiac Life Support and Trauma Nurse Core Curriculum certified.]

(3) One representative nominated by and from the Tillamook County Fire Defense Board who is actively involved with a QRT/Fire Rescue, but who is not directly associated with any ASA provider.

[(4) One Oregon Certified Emergency Medical Technician 1.]

[(5) One Oregon Certified Emergency Medical Technician 2.]

[(6) One Oregon Certified Emergency Medical Technician 3.]

[(7) One Oregon Certified Emergency Medical Technician 4.]

For position No. (1) of the QA Committee, [T]he Board will announce vacancies, receive applications, screen candidates and make appointments to the QA Committee for a three year period. For positions (2) and (3) of the QA Committee, membership shall become effective upon the filing of a letter by the nominating authority with the Board of Commissioners and with the QA Coordinator. Such memberships shall remain in effect until the member is removed by the Board or replaced by the nominating authority through the filing of a new nomination letter. In the event a member of the QA Committee holding position No. (2) or (3) is unable to attend a meeting, the nominating authority shall cause another representative to attend said meeting by issuance of a letter of proxy. The QA Committee members shall serve at the pleasure of the Board without compensation. [Terms of appointment will be for three years and expire on June 30th.] The members of the Committee will choose their chairperson.

\* \* \* \* \*

The QA Committee shall have the following powers, duties and responsibilities:

\* \* \*

(10) Adopt rules of procedure. A quorum shall [include a physician.] consist of a majority of the membership, unless corrective action is being implemented, then a quorum shall consist of a majority of the membership including the physician.

#### Section 6.

ASA Section 5.8(A) concerning the membership of the EMS Advisory Council shall be amended as follows:

.....The council shall meet at least once a [month] quarter and on the call of the chairman.....

#### Section 7

Exhibit C of the ASA Plan, page 9 of 20, the last paragraph shall be amended as follows:

During large medical emergencies, [triage tagging should be completed during the primary survey of all patients and] the S.T.A.R.T. (Simple Triage and Rapid Treatment) method of triage tagging should be completed on all patients before the secondary survey is initiated. [Only correction of ABC's identified in the Primary Survey should be completed at that time.] More complete patient treatment (splinting, bandaging etc.) may be done in a treatment area location.

Section 8.

Exhibit C of the ASA Plan, page 10 of 20 shall be repealed in its entirety, and replaced as follows:

S.T.A.R.T.  
TRIAGE CRITERIA

		VENTILATION	
NO			YES
Position Airway		> 30 minutes	< 30 minutes
No	Yes		
Non-Salvageable	Immediate	Immediate	Assess Perfusion

		PERFUSION	
		> 2 seconds	< 2 seconds
Control Bleeding			
Immediate			Assess Mental Status

		MENTAL STATUS	
Fails To Follow Simple Commands		Follows Simple Commands	
Immediate		Delayed	

Section 9.

Exhibit C of the ASA Plan, page 11 of 20, the first paragraph shall be amended as follows:

Priority 0 Patients - deceased patients (black tag)

[Priority 0 patients are those persons obviously dead or where wounds are so severe that death appears reasonably certain, even if paramedic level treatment were to be administered. Examples may be:



1. Massive open skull fractures with brain tissue showing
2. Third degree burns of 80% or more of the body
3. Massive crushing injuries to chest, abdomen, and pelvis with very faint vital signs detectable]

Priority 0 patients are those persons who are obviously at or near irreversible death. The S.T.A.R.T. method categorizes priority 0 patients as:

Patients that are not breathing initially, and fail to begin spontaneous breathing effort after a simple head tilt.

Section 10.

This Ordinance Amendment shall become effective 90 days following adoption by the Board.

DATE of First Reading:

DATE of Second Reading:

ADOPTED this 2<sup>nd</sup> day of September, 1992.

ATTEST: Josephine Veltri  
County Clerk

BOARD OF COUNTY COMMISSIONERS  
FOR TILLAMOOK COUNTY, OREGON

BY: [Signature]  
Deputy

[Signature]  
Jerry A. Dove, Chairperson

APPROVED AS TO FORM:

[Signature]  
Ida A. Lane, Vice Chairperson

[Signature]  
William K. Sargent,  
County Counsel

[Signature]  
Kenneth M. Burdick, Commissioner

FILED

APR 4 1 38 PM '91

JOSEPH NEVELTRI  
COUNTY CLERK

DEPUTY

TILLAMOOK COUNTY

AMBULANCE SERVICE AREA PLAN

BY

TILLAMOOK COUNTY

EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

EMERGENCY MEDICAL SERVICES QUALITY ASSURANCE COMMITTEE

MARCH 1991

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BEFORE THE BOARD OF COMMISSIONERS  
FOR TILLAMOOK COUNTY, OREGON

In the Matter of Certifying the )  
Tillamook County Ambulance ) RESOLUTION NO. R-91-10  
Service Area Plan )

This matter coming on to be heard this 3rd day of April, 1991 at which time it appears that Oregon Administrative Rule (OAR) 333-28-110 (2) requires that an Ambulance Service Area (ASA) Plan submitted to the State Health Division for approval shall contain a certification signed by the County governing body that certain subjects or items were addressed and considered in the adoption process, NOW THEREFORE,

BE IT RESOLVED, that the Board of Commissioners for Tillamook County hereby certifies that:

1. Each subject or item contained in the plan was addressed and considered in the adoption of the plan;
2. In the Board's judgement, the ambulance service areas established in the plan provide for the efficient and effective provision of ambulance services; and
3. To the extent that they are applicable, the County has complied with ORS 823.180 (2), (3) and 823.310 and existing local ordinances and rules.

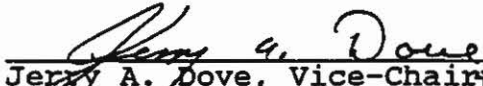
Dated this 3rd day of April, 1991.

BOARD OF COMMISSIONERS FOR  
TILLAMOOK COUNTY, OREGON

  
\_\_\_\_\_  
Kenneth M. Burdick, Chairperson

APPROVED AS TO FORM:

  
\_\_\_\_\_  
William K. Sargent  
County Legal Counsel

  
\_\_\_\_\_  
Jerry A. Dove, Vice-Chairperson

  
\_\_\_\_\_  
Ida A. Lane, Commissioner

## 2. TILLAMOOK COUNTY DEMOGRAPHIC/GEOGRAPHIC OVERVIEW

Tillamook County is located on the north coast of Oregon. It is bordered by Clatsop County on the north, Washington and Yamhill Counties on the east, Lincoln County on the south, and the Pacific Ocean on the west. The entire county is situated on the west-slopes of the Coast Range Mountains; consequently, all rivers in the county drain westward into the Pacific Ocean. The county has an area of 1,125 square miles and a coastline which is 57 miles long. Publically owned land, most of which is forestland, amounts to 65.5 percent of the county, while agricultural land amounts to 9.3 percent.

The topography of Tillamook County is quite varied. There are nine major rivers and five estuaries. The county extends eastward from a relatively straight coastline with broad, sandy beaches. The lower reaches of the major rivers broaden into wide valleys, which are used extensively for agriculture. This narrow coastal strip constitutes approximately 10 percent of the County land area and contains about 90 percent of the County's 21,400 population. The Coast Range Mountains extend from the eastern edge of this coastal strip to the crest of the mountains with peaks that exceed elevations of 3500 feet. The mountain areas are very steep and rugged. The remaining 10 percent of the county population is situated in the foothills of the coast range and along the narrow river canyons in the mountainous areas.

The seven incorporated cities in Tillamook County are, in order of decreasing size, Tillamook, Garibaldi, Bay City, Rockaway Beach, Manzanita, Wheeler and Nehalem. All are situated within the coastal strip either along the beach or estuaries.

Tillamook County has a typical marine climate. The average annual rainfall is over 93 inches, 84 percent of which falls between October and May. The average temperature is 50 degrees F. January is the coldest month with an average temperature of 42.5 degrees F. Snow falls frequently at higher elevations, but does not last throughout the winter. Floods are often caused by a combination of snowmelt and rainfall. It is not unusual for from 4 to 6 inches of rain to fall in one day. Most of the major rivers rise to or above flood stage several times each winter. Because the county is located along the coast, storms are often accompanied by high winds.

Highway 101 is the major transportation corridor along the coast. Only three paved roads provide access over the coast range including the Wilson River Highway (Highway 6) from Tillamook to Portland, Highway 22 in south county from Hebo to Valley Junction, and Highway 53 in north county from Wheeler to its junction with the Sunset Highway in Clatsop County. The three mountain routes are often subject to slides and icy conditions during winter months. County roads provide access to local populations along sloughs, around estuaries and up river canyons. Only a few of these are interconnected in upland areas. As a result, local geography and climate often present a formidable barrier or impediment to transportation and access.

3. DEFINITIONS

**"Administrative Rules"** means the rules adopted by the Oregon State Health Division relating to emergency medical services.

**"Advanced Life Support (ALS) Assist"** means the provision of mutual aid Advanced Life Support services by an ALS provider to a BLS provider.

**"Advanced Life Support Units"** means those units licensed as such by the Emergency Medical Services Section of the Oregon State Health Division and staffed by an Oregon-certified Emergency Medical Technician 3 or 4.

**"Ambulance"** means any privately or publicly owned motor vehicle, aircraft or marinecraft that is regularly provided or offered to be provided for the regular emergency and non-emergency transportation of persons suffering from illness, injury or disability, including any unit registered with the Emergency Medical Services Section of the Oregon State Health Division as a basic life support or advanced life support ambulance. This plan applies only to ground ambulances.

**"Ambulance Services"** includes the transportation of an ill, injured or disabled individual in an ambulance and, in conjunction therewith, the administration of prehospital medical or emergency care, if necessary.

**"Ambulance Service Area"** (ASA) means a geographic area which is served by one ambulance service provider and may include a county, two or more contiguous counties, or a portion of such county(ies).

**"Ambulance Service Area Plan"** means a written document which outlines a process for establishing a county emergency medical services system. A plan describes the need for and coordination of ambulance services by establishing ambulance service areas and by meeting the requirements of law and administrative rules.

**"Basic Life Support Units"** means those units staffed by an Oregon-certified Emergency Medical Technician 1, 2 or 2D.

**"Board"** means the Board of Commissioners for Tillamook County, Oregon.

**"BME"** means the Oregon State Board of Medical Examiners.

**"Communications System"** means two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed.

**"Council"** means the Emergency Medical Services Advisory Council established by the EMS Ordinance.

**"Disaster"**, also known as "Mass Casualty Incident", means any incident or combination of incidents which depletes the resources of any single provider or providers during the normal course of daily operations.

**"Division"** means the Oregon State Health Division of the Department of Human Resources.

**"Effective Provision of Ambulance Service"** means ambulance services provided in compliance with the county ASA plan provisions for boundaries, coordination and system elements.

**"Emergency"** means any non-hospital occurrence or situation involving illness, injury or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition or endanger personal health or safety.

**"Emergency Medical Services"** (EMS) means those prehospital functions and services which are required to prepare for and respond to emergencies, including rescue, ambulance services, patient care and treatment, communications, and evaluation.

BASIC  
INTERMEDIATE  
PARAMEDIC

**"Emergency Medical Technician 1"** (EMT 1) means a person as defined by ORS 823.020 (6).

**"Emergency Medical Technician 2"** (EMT 2) means a person as defined by ORS 823.020 (7).

**"Emergency Medical Technician 3"** (EMT 3) means a person as defined by ORS 823.020 (8).

**"Emergency Medical Technician 4"** (EMT 4) means a person as defined by ORS 823.020 (9).

**"Frontier"** means the areas of the state that are not urban, suburban or rural.

**"License"** means the document issued by the Division to the owner of an ambulance when the vehicle is found to be in compliance with ORS 823.010 thru 823.990 and OAR 333-28-000 thru 333-28-130.

**"Mutual Aid"** means the provision of emergency medical services by one ASA provider to another ASA provider in response to unusual circumstances, which include either a specific request by a provider or an automatic dispatch protocol, including ALS assist.

**"Notification Time"** means the length of time between the initial receipt of the request for emergency medical services by either a provider or the 9-1-1 center and the notification of all responding emergency service personnel.



**"On Line Protocols"** means the direction provided by a physician to EMS providers through radio or telephone communications.

**"Owner"** means the person having all the incidents of ownership in a 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 a vehicle under a security agreement or a lease for a term of ten or more successive days.

**"Patient"** means an ill, injured or disabled person transported in an ambulance.

**"Person"** means any individual, corporation, association, firm, partnership, joint stock company, group of individuals acting together for a common purpose or organization of any kind and includes any receiver, trustee, assignee or other similar representative thereof.

**"Provider"** means any public, private or volunteer entity providing emergency medical services.

**"Provider Selection Process"** means the process established by the Board for selecting an ambulance service provider or providers.

**"R.N."** means a licensed registered nurse in good standing with the Board of Nursing of the State of Oregon.

**"Response Time"** means the length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) on the scene.

**"Rural"** means an incorporated community of 2000-10,000 population which is not urban or suburban, and the area within a radius of 30 miles of that community's center.

**"Scope of Practice"** means the maximum functions that may be assigned to a certified Emergency Medical Technician 1, 2, 2D, 3 or 4 as defined by OAR Chapter 847, Division 35.

**"Standing Orders"** means the written detailed procedures for medical or trauma emergencies to be performed by an EMT 1, 2, 2D, 3 or 4 issued by the supervising physician commensurate with the scope of practice and level of certification of the EMT.

**"Suburban"** means an area contiguous to an urban community which is not urban. It includes areas within a 10 mile radius of that community's center. It also includes areas beyond the 10 mile radius which have a population density of 1,000 or more per square mile.

**"Supervising Physician"** means a medical or osteopathic physician licensed under ORS 677, actively registered and in good standing with the BME, and approved by the BME to direct medical services provided by an EMT 1, 2, 2D, 3 or 4.

**"System Response Time"** means the elapsed time from when the 9-1-1 center received the call until the arrival of the appropriate provider(s) unit(s) on the scene.

**"Urban"** means an incorporated community of 10,000 or more in population.

**"Vehicle"** means an ambulance, Quick Response Team (QRT) vehicle or fire department rescue unit which is used in the provision of emergency medical services, but does not include a fire engine or ladder truck.

#### 4.1 ASA BOUNDARIES

All of Tillamook County is covered by an ASA. The intent of boundary definitions is to limit the effects of artificial and geographic barriers on response times, recognizing that response patterns will change due to local conditions such as road closures and weather. Tillamook County has many natural response barriers, including roads, bays, rivers, and large roadless areas, which were considered when designating ASAs. In addition, boundaries such as highways, nomenclature of county and city address systems, and county and telephone service areas also impacted the ASA designations. The current ASA Boundaries are delineated on Map 4.1.

**ASA BOUNDARY & RESPONSE TIME MAP**

(ORIGINAL COPIES OF THIS MAP ARE ON FILE WITH THE OREGON STATE HEALTH  
DIVISION, THE TILLAMOOK COUNTY CLERK, THE TILLAMOOK COUNTY QA COORDINATOR  
AND THE TILLAMOOK COUNTY 9-1-1 CENTER)

#### 4.2(A) Medix ASA Description

Those portions of the community of Falcon Cove, located in the extreme Northwest corner of Tillamook County, that lie within the County; Sections 1-4, 9-16, and 21-24 of Township 3 North, Range 7 West; and those Sections of Township 3 North, Range 6 West lying within Tillamook County.

#### 4.2(B) Nehalem ASA Description

Those portions of Tillamook County bounded as follows: North on Hwy. 101 to the Tillamook/Clatsop county line, just North of Oswald West State Park at approximately MP 36-37; Northeast on Hwy. 53 to the Tillamook/Clatsop county line, at approximately MP 8.5; South on Hwy. 101 to MP 249, located at approximately the Gold Coast Market; South from Hwy. 53 on Miami-Foley Rd. to MP 9, last residence in this ASA is 3-115; East boundary is the Tillamook/Washington county line.

#### 4.2(C) Garibaldi ASA Description

Those portions of Tillamook County bounded as follows: North on Hwy. 101 to MP 249, at approximately the Gold Coast Market; North on Miami-Foley Rd. to MP 9, last residence in this ASA is 29805; South on Hwy. 101 to Alderbrook Road, south of Bay City.

#### 4.2(D) Tillamook ASA Description

North on Hwy. 101 to and including Alderbrook Road, south of Bay City; South on Hwy. 101 to the Tillamook RFPD boundary, approximately MP 76; West on Hwy 131 including all of Netarts, Oceanside and Cape Meares; South on Whiskey Creek Rd. to the crest of Cape Lookout Road, south of Cape Lookout State Park; East on Hwy 6 (Wilson River Hwy.) to Tillamook/Washington county line, approximately MP 33.

#### 4.2(E) Nestucca Valley ASA Description

North on Hwy. 101 to the Tillamook RFPD boundary, approximately MP 76; South on Hwy. 101 to Little Nestucca River Rd., approximately MP 91.5-92; East on Upper Nestucca River Rd. (Blaine Rd.) to Tillamook/Yamhill county line; Southeast on Hwy. 22 to Tillamook/Yamhill county line, approximately MP 10.5, just East of Dolph Junction; West on Sandlake Rd. from Hwy. 101 to MP 2.75; West on Old Woods Rd. from Cloverdale to residence #9000 & higher (high #s start in Cloverdale beginning with 13505).

#### 4.2(F) Pacific City-Woods ASA Description

Sandlake Rd. West from MP 2.75; North on Cape Lookout Rd. to the Crest, just South of Cape Lookout State Park; South on Hwy. 101 from MP 91.5-92/Little Nestucca River Rd. junction to MP 99; Slab Creek Rd. from the junction of Hwy. 101 to the Neskowin Creek Campground. This area includes Meda Loop off of Hwy. 101 and Little Nestucca River Rd.; East on Old Woods Rd. up to and including residence #8999 at approx. MP 2; All of Resort Drive and Brooten Rd. West of Hwy. 101.

#### 4.2(G) Lincoln City ASA Description

Hwy. 101 South from MP 99 to the Tillamook/Lincoln county line; Slab Creek Rd. South from the Neskowin Campground to the Tillamook/Lincoln County line; those portions of Sections 1, 2 and 3 of T6SR9W that lie



within Tillamook County; Sections 7-18 of T6SR9W; those portions of T6SR10W, Sections 5, 6 and 9 that are accessed from Hwy. 101 South of MP 99; Sections 7, 8, and 12-18 of T6SR10W; and Sections 1-3 and 10-15 of T6SR11W.

#### 4.3(A) 9-1-1 DISTRICT BOUNDARIES

"9-1-1" boundaries can be described as encompassing all of Tillamook County. The entire County was served by 9-1-1 as of September 30, 1986. The community of Falcon Cove, located in the extreme Northwest corner of the County, is served by the Seaside Public Safety Answering Point (PSAP). The community of Three Rocks, located in the extreme Southwest corner of the County, is served by the Lincoln City PSAP. Portions of Highway 18 in the extreme southeast corner of Tillamook County are served by the Yamhill County PSAP. The rest of the County is served by the Tillamook County Emergency Communications District from the PSAP located within the City of Tillamook. The Boundaries of the four PSAPs serving Tillamook County are shown on Map 4.3(A).

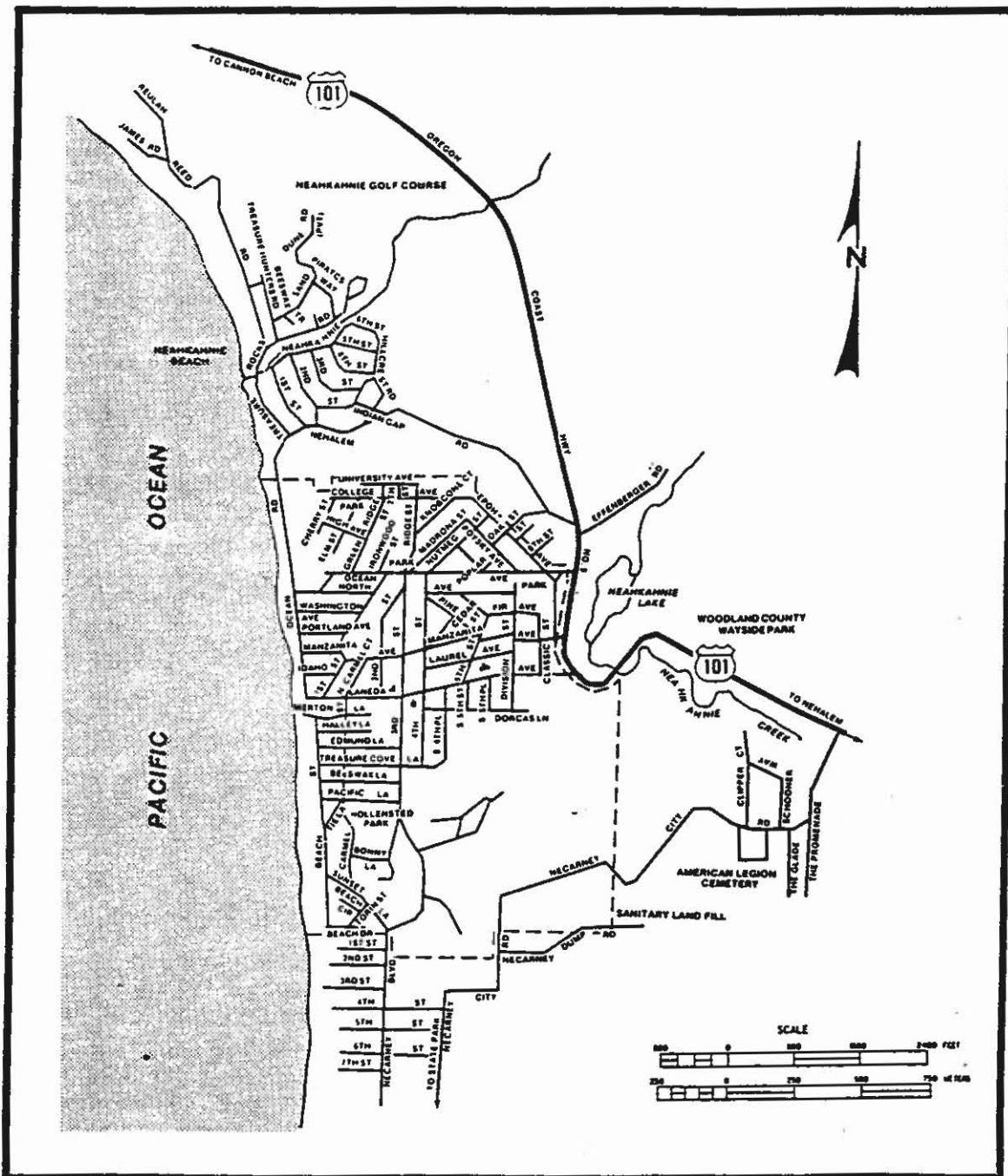
**4.3(A) 9-1-1 Boundary Map**

(ORIGINAL COPIES OF THIS MAP ARE ON FILE WITH THE OREGON STATE HEALTH DIVISION, THE TILLAMOOK COUNTY CLERK, THE TILLAMOOK COUNTY QA COORDINATOR, AND THE TILLAMOOK COUNTY 9-1-1 CENTER)

**4.3(B) MAP OF TILLAMOOK COUNTY FIRE DISTRICTS**

(ORIGINAL COPIES OF THIS MAP ARE ON FILE WITH THE OREGON STATE HEALTH DIVISION, THE TILLAMOOK COUNTY CLERK, THE TILLAMOOK COUNTY QA COORDINATOR AND THE TILLAMOOK COUNTY 9-1-1 CENTER)

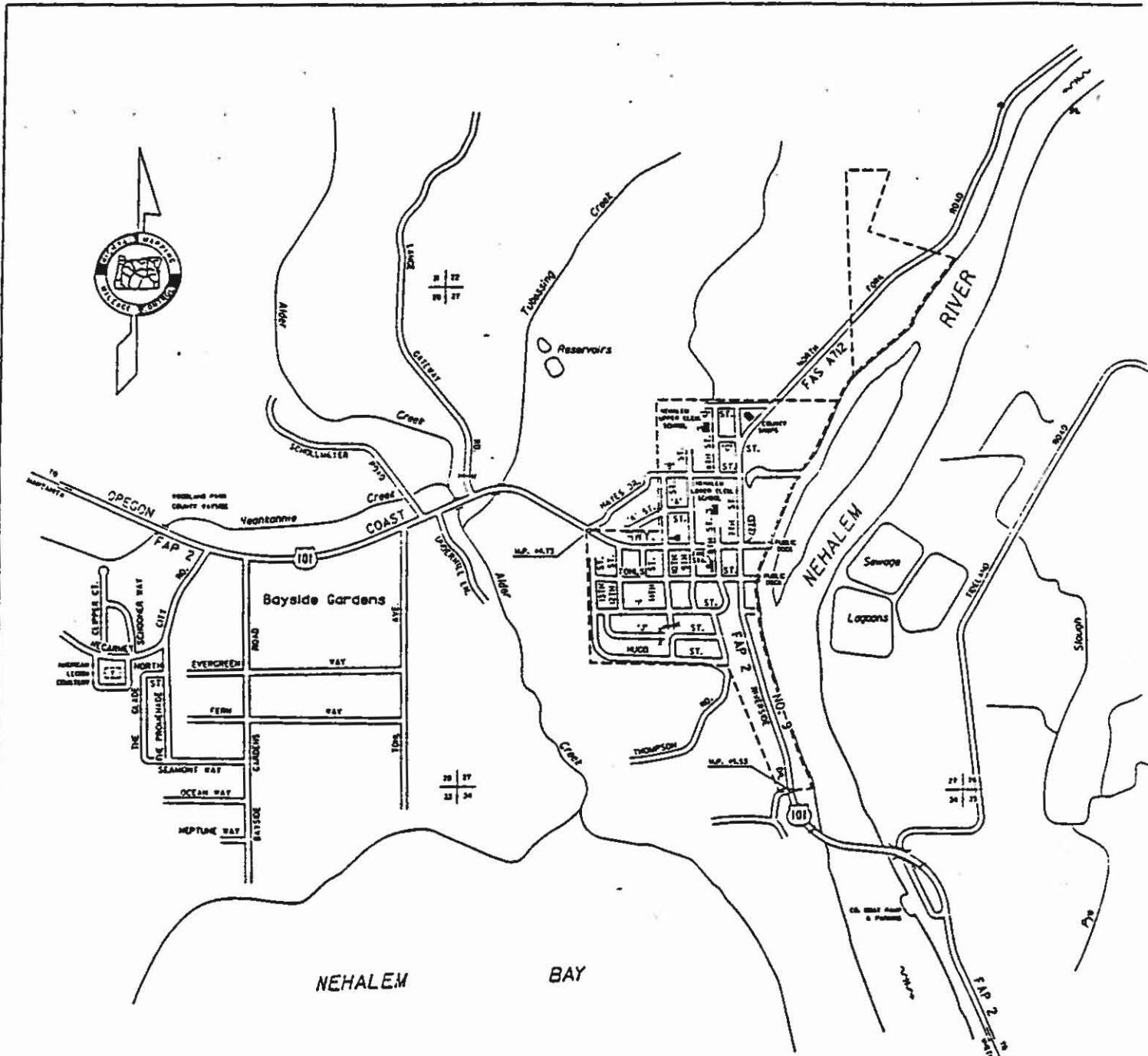
4.3(C)(1) MAP OF INCORPORATED CITIES: MANZANITA



MANZANITA



4.3(C) (2) MAP OF INCORPORATED CITIES: NEHALEM



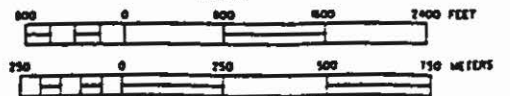
**NEHALEM**

TILLAMOOK COUNTY, OREGON  
Population 250

PREPARED BY THE  
OREGON DEPARTMENT OF TRANSPORTATION  
IN COOPERATION WITH THE  
U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL HIGHWAY ADMINISTRATION

DECEMBER 1985

SCALE

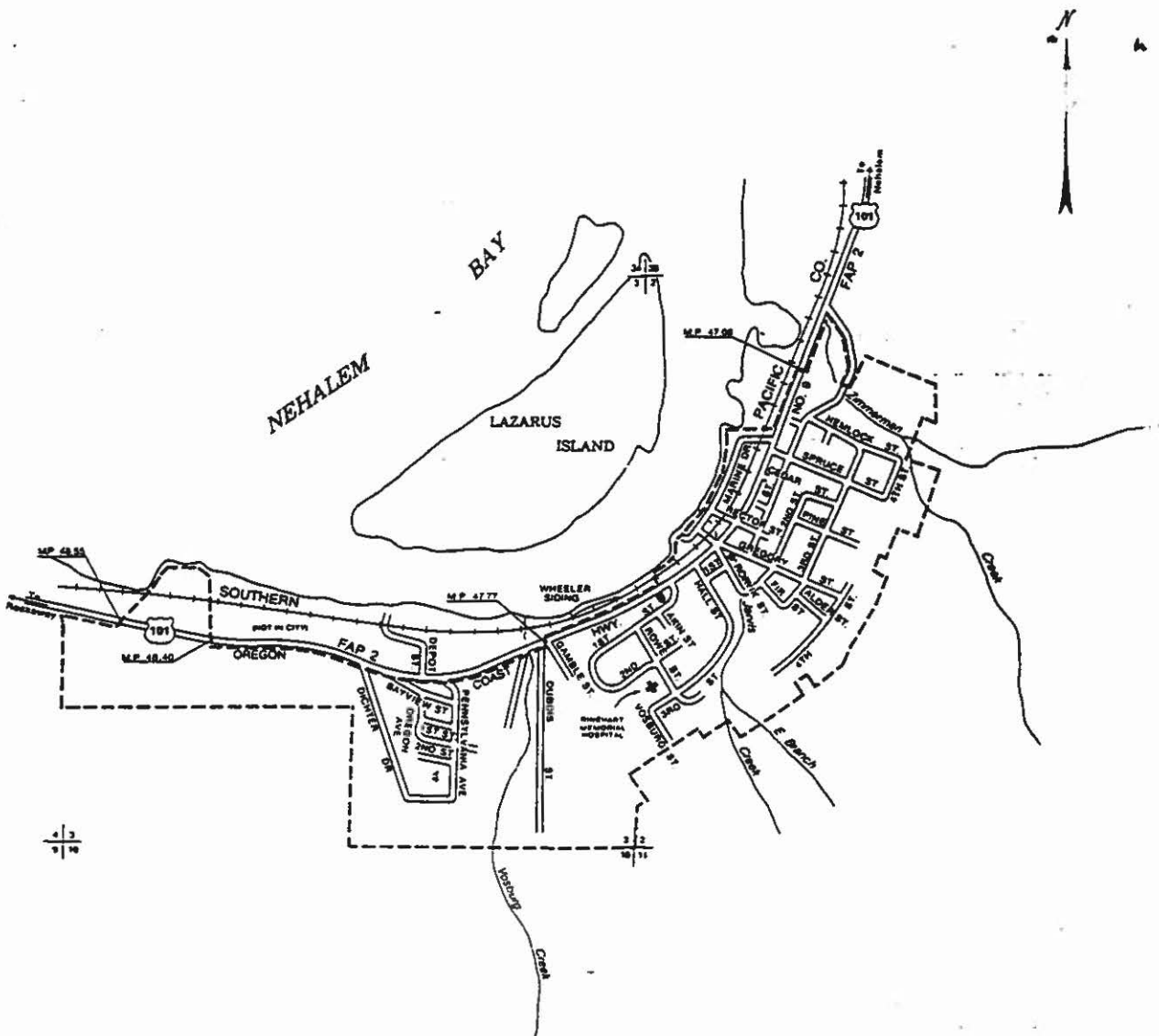


T. 3 N. R. 10 W. W.M.

**LEGEND**

- INTERSTATE NUMBERED ROUTE
- U.S. NUMBERED ROUTE
- STATE NUMBERED ROUTE
- TERMINATION OF FA SYSTEM
- GRADED HIGHWAY
- STREET OPEN FOR TRAVEL
- POST OFFICE
- PUBLIC BUILDING
- SCHOOL
- COURT HOUSE
- LIBRARY
- CITY HALL
- CITY LIMITS
- ARMS

4.3(C)(3) MAP OF INCORPORATED CITIES: WHEELER



4 3  
9 10

**WHEELER**

TILLAMOOK COUNTY, OREGON

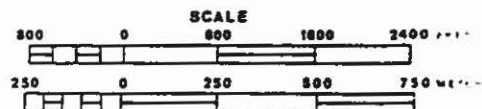
Population 315

PREPARED BY THE  
OREGON STATE HIGHWAY DIVISION  
IN COOPERATION WITH  
U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL HIGHWAY ADMINISTRATION

July 1962

T. 2 N. R. 10 W. W.M.

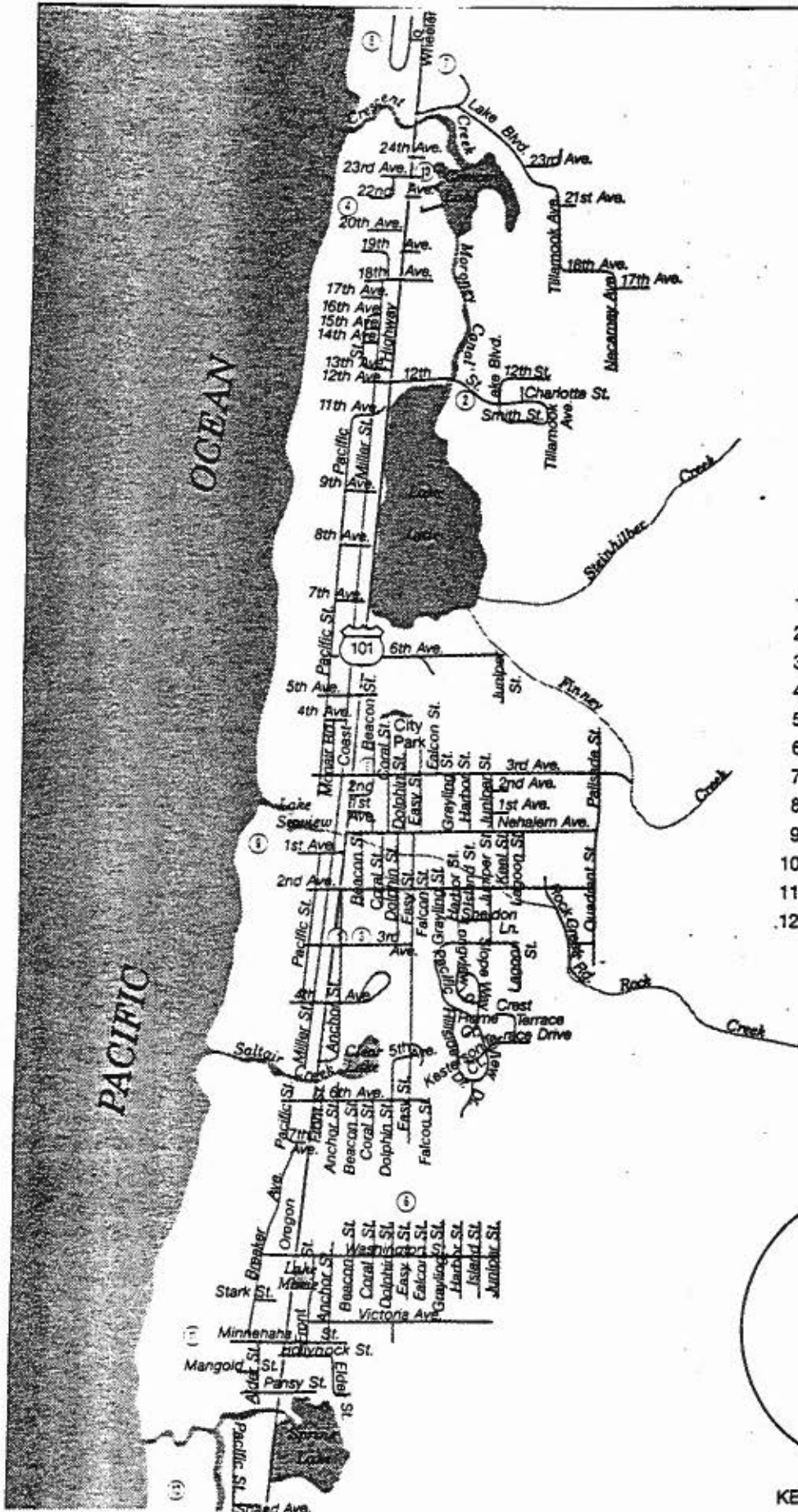
- LEGEND**
- INTERSTATE NUMBERED ROUTE
  - U.S. NUMBERED ROUTE
  - STATE NUMBERED ROUTE
  - TERMINATION OF FA SYSTEM
  - DIVIDED HIGHWAY
  - STREET OPEN FOR TRAVEL
  - POST OFFICE
  - SCHOOL
  - LIBRARY
  - CITY LIMITS
  - PUBLIC BUILDING
  - COURT HOUSE
  - CITY HALL
  - ARMORY



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4.3(C) (4) MAP OF INCORPORATED CITIES: ROCKAWAY BEACH

ROCKAWAY BEACH



POINTS OF INTEREST

- 1 City Hall
- 2 County Boat Ramp
- 3 Fire Station
- 4 Manhattan Beach
- 5 Manhattan Beach State Wayside
- 6 Nature Conservancy
- 7 Neah-Kah-Nie Jr.-Sr. High School
- 8 Post Office
- 9 Rockaway Beach State Wayside
- 10 Senior Citizens Center
- 11 Twin Rocks
- 12 Twin Rocks State Wayside



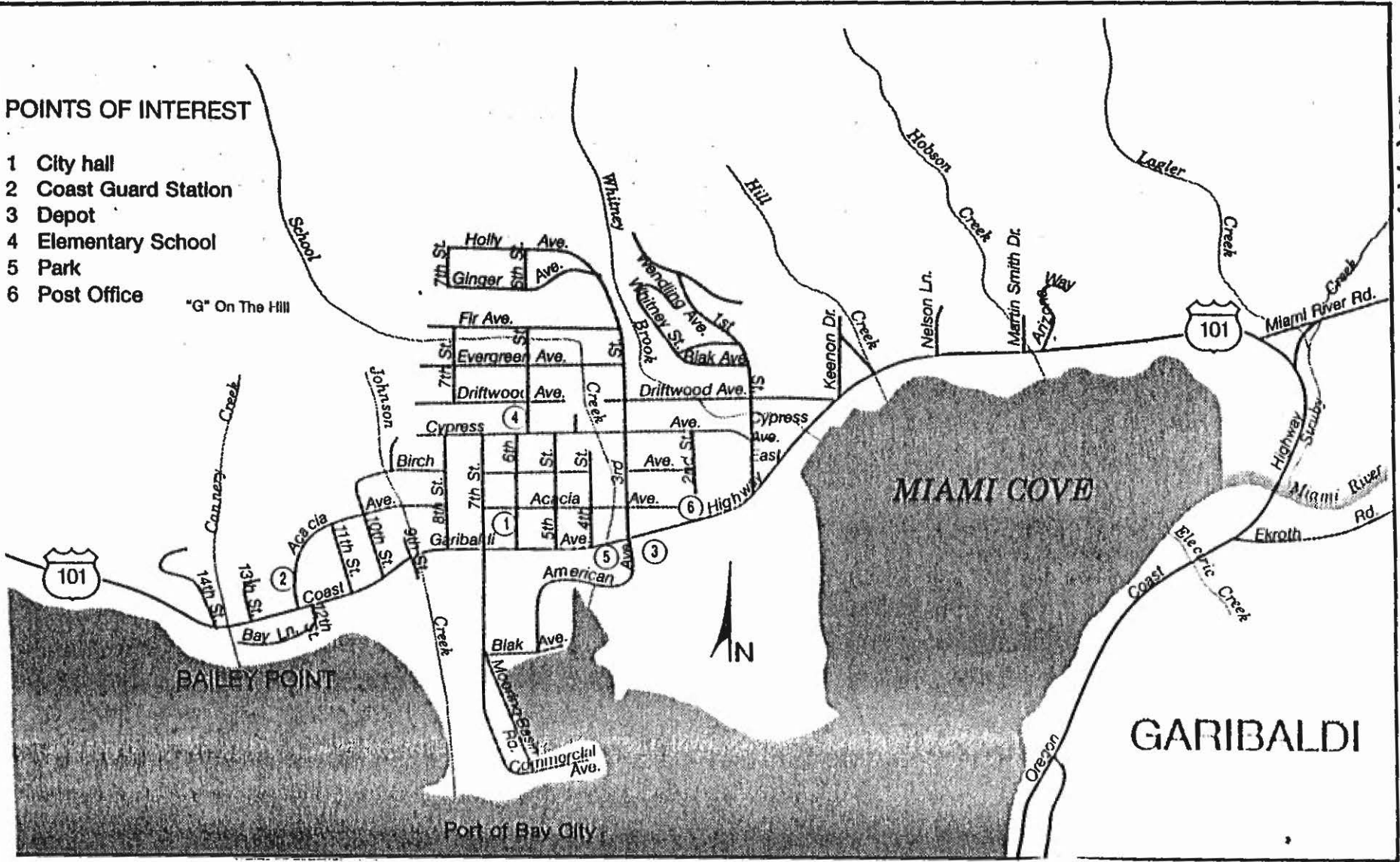
KEY TO STREET PREFIX

4.3(C)(5) MAP OF INCORPORATED CITIES: GARIBALDI

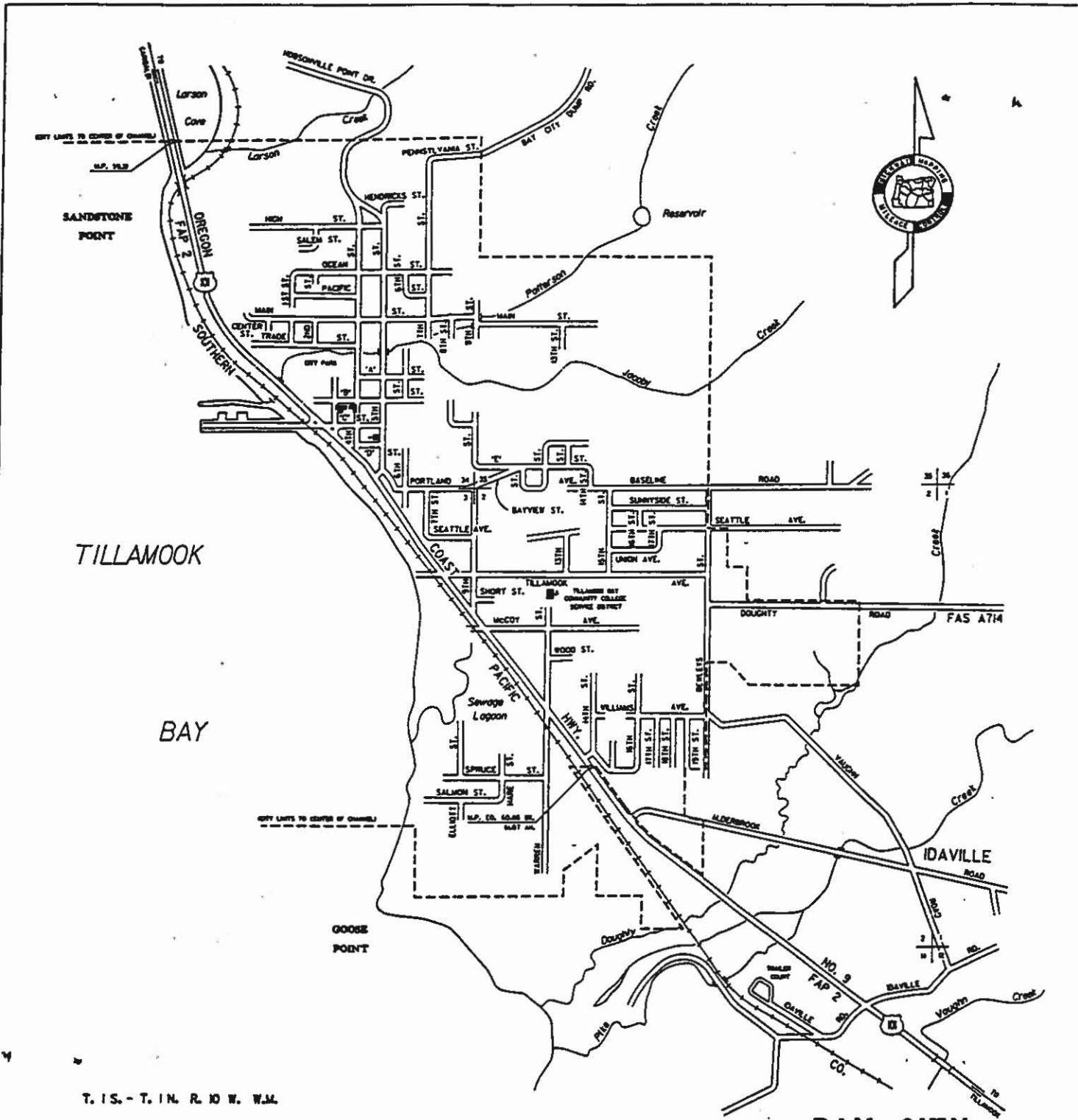
POINTS OF INTEREST

- 1 City hall
- 2 Coast Guard Station
- 3 Depot
- 4 Elementary School
- 5 Park
- 6 Post Office

"G" On The Hill



4.3(C) (6) MAP OF INCORPORATED CITIES: BAY CITY



TILLAMOOK

BAY

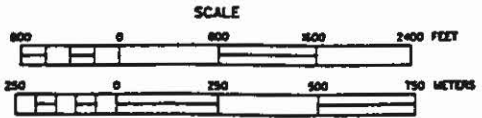
GOOSE POINT

IDAVILLE

T. I. S. - T. I. N. R. I. D. W. W. M.

LEGEND

- INTERSTATE NUMBERED ROUTE
- U.S. NUMBERED ROUTE
- STATE NUMBERED ROUTE
- TERMINATION OF FA SYSTEM
- DIVIDED HIGHWAY
- STREET OPEN FOR TRAVEL
- POST OFFICE
- SCHOOL
- LIBRARY
- CITY LIMITS
- PUBLIC BUILDING
- COURT HOUSE
- CITY HALL
- AIRPORT



**BAY CITY**

TILLAMOOK COUNTY, OREGON

Population 1095

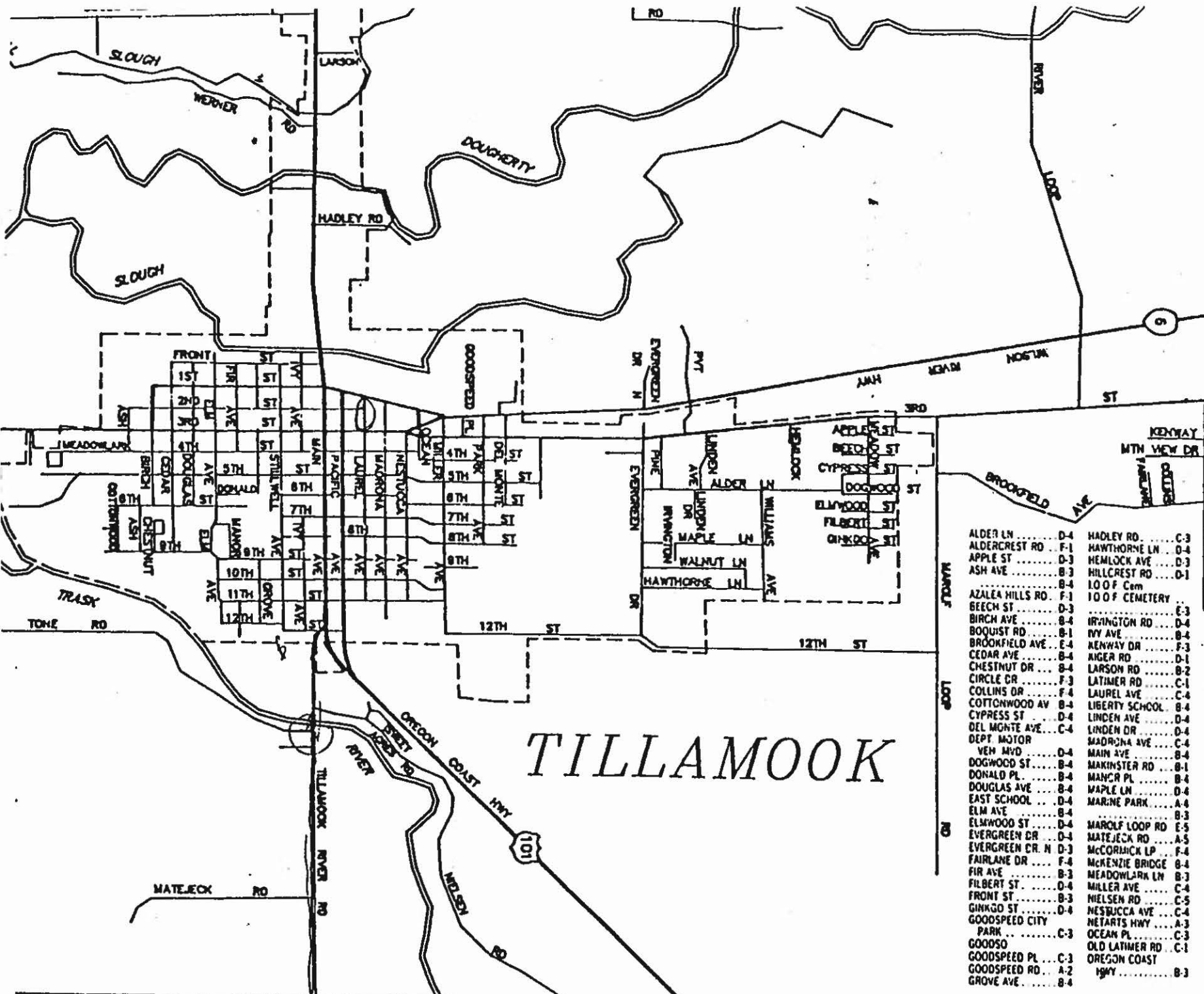
PREPARED BY THE  
OREGON DEPARTMENT OF TRANSPORTATION  
IN COOPERATION WITH THE  
U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL HIGHWAY ADMINISTRATION

NOVEMBER 1985

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4.3 (C) (7) MAP OF INCORPORATED CITIES: TILLAMOOK



ALDER LN	D-4	HADLEY RD	C-3
ALDERCREST RD	F-1	HAWTHORNE LN	D-4
APPLE ST	D-3	HEMLOCK AVE	D-3
ASH AVE	B-3	HILLCREST RD	D-1
	B-4	100 F Cem	
AZALEA HILLS RD	F-1	100 F CEMETERY	
BEECH ST	D-3		
BIRCH AVE	B-4	IRVINGTON RD	D-4
BOQUIST RD	B-1	IVY AVE	B-4
BROOKFIELD AVE	E-4	KENWAY DR	F-3
CEDAR AVE	B-4	KIGER RD	D-1
CHESTNUT DR	B-4	LARSON RD	B-2
CIRCLE DR	F-3	LATIMER RD	C-1
COLLINS DR	F-4	LAUREL AVE	C-4
COTTONWOOD AV	B-4	LIBERTY SCHOOL	B-4
CYPRESS ST	D-4	LINDEN AVE	D-4
DEL MONTE AVE	C-4	LINDEN DR	D-4
DEPT MOTOR		MADRINA AVE	C-4
VEN MYD	D-4	MAIN AVE	B-4
DOGWOOD ST	B-4	MAKINSTER RD	B-1
DONALD PL	B-4	MANCR PL	B-4
DOUGLAS AVE	B-4	MAPLE LN	D-4
EAST SCHOOL	D-4	MARINE PARK	A-4
ELM AVE	B-4		B-3
ELMWOOD ST	D-4	MAROLF LOOP RD	E-5
EVERGREEN DR	D-4	MATEJCK RD	A-5
EVERGREEN CR. N	D-3	MCCORMICK LP	F-4
FAIRLANE DR		MCKENZIE BRIDGE	B-4
FIR AVE	B-3	MEADOWLARK LN	B-3
FILBERT ST	D-4	MILLER AVE	C-4
FRONT ST	B-3	NIELSEN RD	C-5
GINKGO ST	D-4	NEBUCCA AVE	C-4
GOODSPEED CITY		NETARTS HWY	A-3
PARK	C-3	OCEAN PL	C-3
GOODSO		OLD LATIMER RD	C-1
GOODSPEED PL	C-3	OREGON COAST	
GOODSPEED RD	A-2	HWY	B-3
GROVE AVE	B-4		

B C D E 1



#### 4.4 BOUNDARIES - ALTERNATIVES CONSIDERED TO REDUCE RESPONSE TIMES

Since no fire district or governmental agency provides ambulance service in Tillamook County, there are no artificial barriers, (i.e. governmental boundaries) to response times. Tillamook County has many natural (geographic) barriers to response times including bays, rivers, estuaries, limited access (canyon) roads, and roadless areas which were taken into consideration when establishing ASA boundaries. The intent of boundary definitions was to limit the effect of these barriers on response times, recognizing that response patterns will change due to local conditions such as road closures, and weather. As a result there were a number of alternatives that were considered and implemented as part of this plan due to changes in these local conditions. The implemented alternatives include the EMS Move-up protocols which are implemented whenever conditions exist that would affect response times.

#### 5.1 SYSTEM ELEMENTS - RESPONSE TIMES

5.1(A) Notification times for all responding emergency medical services personnel shall not exceed 2 minutes.

5.1(B) All of Tillamook County lies within the Rural Response Time Zone as shown on the ASA Boundary & Response Time Zone Map. (Section 4.1). Response times for First Responders and ASA providers shall not exceed twenty (20) minutes on 90% of all EMS calls within this zone.

#### 5.2 SYSTEM ELEMENTS - LEVEL OF CARE

To establish a minimum level of EMS care within Tillamook County, all ASA providers and Quick Response Teams (QRT's) shall conform to the following standards:

(A) All QRT's (non-transporting) units shall:

(1) provide a minimum level of basic life support care at the Division's First Responder level.

(B) All ASA providers shall:

(1) provide the minimum level of care as licensed by the Division.

(C) Advanced Life Support (ALS) shall be dispatched as available on all requests for emergency medical services which are triaged as requiring ALS services according to the standards adopted by ATAB rules and the Tillamook County EMS Advisory Council.

### 5.3 SYSTEM ELEMENTS - PERSONNEL

To establish a minimum level of personnel staffing within Tillamook County, all ASA providers and QRT Agencies shall conform to the following standards:

- (A) All QRT (non-transporting) units shall respond with a minimum of one (1) person certified by the Division at the First Responder level.
- (B) All ASA providers shall respond with the minimum number and level of certified person's, as licensed by the Division.
- (C) QRT units may be staffed with in-house or on-call paid, per diem or volunteer personnel.
- (D) ASA providers may be staffed with in-house or on-call paid, per diem or volunteer personnel.

### 5.4 SYSTEM ELEMENTS - MEDICAL SUPERVISION

To establish a minimum level of medical supervision within Tillamook County, all ASA providers, QRT agencies, and Physician Supervisors shall conform to the following standards:

- (A) All agencies that provide QRT units and all ASA providers shall maintain a Physician Supervisor.
- (B) The Physician Supervisor shall comply with OAR 847-35-025 and:
  - (1) meet at least once each calender quarter for training and case review with QRT, and EMT 1 and 2 personnel supervised.
  - (2) meet at least ten times annually for training and case reviews with all EMT 3 and 4 level personnel supervised.
  - (3) maintain and review annually, standing orders (and on-line protocols, if used) for QRT and all EMT levels supervised.
- (C) Maintain unit meeting records for attendance, and minutes for such meetings.

### 5.5 SYSTEM ELEMENTS - PATIENT CARE EQUIPMENT

To establish a minimum standard for patient care equipment within Tillamook County, all ASA providers and QRT agencies shall conform to the following standards:

- (A) All agencies that provide QRT units shall equip in sufficient quantities and maintain in proper working condition

patient care equipment and supplies to provide the minimum level of patient care which they could reasonably expect to provide.

(B) Patient care equipment and supplies, at a minimum, shall include, but is not limited to:

- (1) stethoscope
- (2) blood pressure cuff
- (3) portable oxygen with regulator
- (4) oxygen delivery system for an adult and a pediatric patient
- (5) sterile bandaging material
- (6) any other items specified by the Physician Supervisor

(C) All ASA providers shall maintain on each ambulance, patient care equipment and supplies which conform with the standards, requirements and maintenance provisions of all Division rules pertaining to ambulances, equipment and ORS 823.010 to 823.240.

(D) All ALS ambulances shall be equipped to provide double lock security of all class II through IV controlled substances, independently of vehicular door locks.

#### 5.6 SYSTEM ELEMENTS - VEHICLES

To establish a minimum standard for ambulances within Tillamook County, all ASA providers shall conform to the following:

(A) An ASA providers shall not operate an ambulance unless:

- (1) the ambulance conforms to ORS 823.010 to 823.240 and all rules adopted by the Division.
- (2) the ambulance has a minimum patient transport capacity of two (2) supine patients.
- (3) the ambulances is less than seven (7) years old or, if older than 7 years old, the vehicle is in sound operating condition.
- (4) the ambulance has a current license issued by the Division.

(B) All ASA providers shall maintain each ambulance in conformity with vehicular manufacturer's recommendations and recommendations of the ambulance conversion manufacturer.

(C) All ASA providers shall maintain vehicular equipment which conform to ORS 823.010 to 823.240 and all rules adopted by the Division.

(D) All ASA providers shall maintain all necessary records to demonstrate compliance with (A), (B) and (C) above.

(E) All ASA providers shall operate each ambulance in accordance with applicable motor vehicle codes, rules and statutes, and in a safe manner with due regard for lights, traffic, road and weather conditions.

(F) No vehicle transporting patients shall be operated by any person who has been convicted of two or more moving violations in a prior twelve month period or three or more moving violations within a prior two year period.

#### **5.7 SYSTEM ELEMENTS - TRAINING**

In order to create a consistent level of education and training, the Tillamook County EMS Advisory Council shall cooperate with all agencies and educational facilities to create opportunities for continuing education and training for all EMS personnel.

(A) Tillamook Bay Community College is the primary source of First Responder, EMT 1, EMT 2 and some EMT 3-level training within Tillamook County. Currently there is no EMT 4 level training available within Tillamook County.

(B) Portland Paramedic Training Institute, Oregon Health Sciences University, Linn-Benton Community College or Chemeketa Community College are the closest institutions that offer regularly scheduled EMT 3 and 4 level training.

(C) All ASA providers are responsible to provide necessary in-house training for recertification of EMT 1-4 personnel as specified in Section 5.4 System Elements - Medical Supervision.

(D) Monthly continuing education in-service training is available at Tillamook County General Hospital and North Lincoln Hospital to supplement local efforts.

(E) Training within Tillamook County complies with OAR 333-28-015 through 333-28-045 and ORS 823.010 to 823.990.

(F) All ASA providers shall become familiar with the requirements of the Hazardous Materials Incident Management Plans within their service area and shall participate with local fire departments in training under such plans.

#### **5.8 SYSTEM ELEMENTS - QUALITY ASSURANCE**

In order to ensure the delivery of efficient and effective prehospital emergency care, an EMS Quality Assurance (QA) Program is hereby established.

(A) Quality Assurance Program Structure

The QA program shall be implemented through the establishment and operation of the EMS Advisory Council, the EMS Quality Assurance (QA) Committee, Quality Assurance (QA) Coordinator and the Board of Commissioners.

The EMS Advisory Council shall consist of the following:

- 4 Beverly Wilcox  
Emergency  
District
- 13
- 14 (1) Two representatives nominated by and from each ambulance service area.
  - (2) One representative nominated by and from each Quick Response area.
  - (3) One representative nominated by and from each hospital within Tillamook County.
  - (4) One representative nominated by and from the Tillamook County Office of Emergency Management.
  - (5) One representative nominated by and from the Tillamook County Emergency Communications District.
  - (6) One member of the public not involved with the health care industry or any of the above categories, appointed by the Board.
  - (7) One representative nominated by and from the Tillamook County Medical Society.
  - (8) One representative nominated by and from the Lincoln County Medical Society.
  - (9) One representative nominated by and from the Tillamook County Board of Commissioners.

Membership on the Advisory Council for positions 1-5 and 7-8 becomes effective upon the organization's filing the nomination letter with the Board of Commissioners and the QA Coordinator. Such memberships shall remain in effect until the member is removed by the Board or replaced by the organization through the filing of a new nomination letter. The term of office for position 6 shall be for two years. The term of office for position 9 shall be for one year and shall be determined as part of the Board's annual determination of Liaison positions. All members shall serve at the pleasure of the Board without compensation. The Council shall meet at least once a month and on the call of the chairman. The council shall choose its own chairperson and shall adopt rules of procedure specifying a quorum, meeting times and other procedural matters.

The EMS Quality Assurance Committee shall consist of the following:

- (1) A Physician Supervisor to a provider serving a Tillamook County ASA.
- (2) A physician whose primary practice is in Tillamook County.
- (3) One hospital emergency department nurse who is Advanced Cardiac Life Support and Trauma Nurse Core Curriculum certified.
- (4) One Oregon Certified Emergency Medical Technician 1.
- (5) One Oregon Certified Emergency Medical Technician 2.



- (6) One Oregon Certified Emergency Medical Technician 3.
- (7) One Oregon Certified Emergency Medical Technician 4.

The Board will announce vacancies, receive applications, screen candidates and make appointments to the QA Committee. The QA Committee members shall serve at the pleasure of the Board without compensation. Terms of appointment will be for three years and expire on June 30th. The members of the Committee will choose their chairperson.

There is hereby created the position of QA Coordinator who shall be appointed by the Board and shall be responsible for administering the ASA plan and EMS Ordinance.

(B) Quality Assurance - Process

The EMS Advisory Council shall have the following powers, duties and responsibilities:

- (1) Advise the Board and the QA Committee on all matters relating to prehospital emergency medical care.
- (2) Review and comment to the Board on all proposed changes or amendments to the ASA Plan and EMS Ordinance.
- (3) Annually review and update the ASA Plan.
- (4) Plan, assist and coordinate programs for the improvement of EMS throughout Tillamook County.
- (5) Advise the Board as to the standards for information required of applicants for ASA's.
- (6) Provide an open forum for prehospital care providers and the consumer's representative to discuss EMS.
- (7) Provide a forum for members of the public to comment on or discuss EMS issues.
- (8) Foster cooperation among prehospital care providers and the medical community.
- (9) Serve as the EMS Curriculum Advisory Committee to the Tillamook Bay Community College.
- (10) Facilitate continuing education and training opportunities for all EMS personnel.

The QA Committee shall have the following duties, powers and responsibilities:

- (1) Investigate medically related issues and items.
- (2) Recommend to the Board amendments to the ASA Plan and EMS Ordinance. The Board shall advise the EMS Advisory Council of such recommendations so that they may review and comment on such changes in a timely manner.
- (3) Maintain familiarization with the policies and procedures of facilities in Tillamook County that receive or send patients via ambulance.
- (4) Periodically conduct a random review of 2% of each ASA's cases.



- (5) Perform such other duties as are required to carry out the requirements of the ASA Plan as directed by the Board.
- (6) Attempt to negotiate the correction of substandard prehospital care provided within Tillamook County.
- (7) Follow the guidance set forth in the Quality Assurance Guidelines for the QA Committee.
- (8) Report directly to the Board on all matters coming before the Committee.
- (9) Review and make objections, if any, to the Board as to the QA Coordinator's recommendation(s) for provider selection.
- (10) Adopt rules of procedure. A quorum shall include a physician.

The EMS Advisory Council shall conduct their meetings in accordance with the Oregon Public Meetings laws and comply with the Oregon Public Records law, ORS Chapter 192. Executive sessions closed to the public may be held by the QA committee when conducting investigations and reviews of patient care. Both the records and minutes of executive sessions shall be handled to ensure patient confidentiality in compliance with state and federal laws.

Upon appointment, the QA Coordinator shall have the following duties, powers and responsibilities:

- (1) Act as staff to the QA Committee and EMS Advisory Council.
- (2) Maintain a filing system for the records of the QA Committee.
- (3) Provide for the administration of appeals and hearings to the appropriate government bodies.
- (4) Administer the ASA Plan and EMS Ordinance.
- (5) Review all applications for an ASA and make documented findings and recommendations to the County QA Committee and the Board on provider selection.

#### (C) Quality Assurance - Problem Resolution

- (1) In the event that the QA Committee identifies a problem involving compliance with the ASA Plan, or that fails to conform to established protocols, the QA Committee shall:
  - (a) request any additional information necessary to establish whether a violation or failure occurred.
  - (b) contact the noncompliant provider, individual or organization in writing and identify the specific facts, laws, rules or protocols concerning the violation or failure to conform.
  - (c) request that within thirty days the noncompliant provider, individual or organization submit a written response and a plan to correct the deficiencies.

(2) Upon receipt of the written response, the QA Committee shall:

- (a) review the response to ensure that it responds to all aspects of the facts, laws, rules or protocols.
- (b) review the written plan for resolution of the deficiency.
- (c) upon findings of compliance, continue to monitor the plan for resolution of the deficiencies.
- (d) upon findings of continued noncompliance, serve written notice to comply with the ASA Plan or protocol.
- (e) if compliance is not evident within ten days of receipt of the notice, schedule a meeting within the next 10 days and attempt to gain compliance.
- (f) attempt to obtain voluntary correction or compliance, but if compliance is not obtained, request a hearing on the matter before the Board.

(D) Quality Assurance - Sanctions for Noncompliance

(1) In the event the QA Committee refers any matter or deficiency to the Board of Commissioners, the Board shall:

- (a) conduct a public hearing pursuant to Section 6.2 of the ASA plan.
- (b) consider action authorized by Tillamook County EMS Ordinance # 41, Section 12 Corrective Actions, Suspension or Revocation of Assignment, Section 19 Penalties, or Section 20 Nuisance.
- (c) refer the matter to the Division pursuant to ORS 823.180(7).

6.1 COORDINATION - ADMINISTRATION OF THE PLAN

The Tillamook County ASA Plan shall be administered by the QA Coordinator. In addition to functions delegated under this plan to the QA Coordinator, the EMS Advisory Council and QA Committee, each shall:

- (A) Annually review all aspects of the ASA plan and EMS Ordinance.

(B) recommend changes to the ASA plan and EMS Ordinance designed to:

- (1) remedy identified deficiencies.
- (2) address potential problem areas.
- (3) address ongoing growth and changes in EMS within Tillamook County, state and nation.

## 6.2 COORDINATION - COMPLAINT REVIEW PROCESS

(A) In the event the QA Committee is unable to obtain compliance or correction of a deficiency under the procedures contained in Section 5.8(C) of this plan, a hearing shall be conducted by the Board of Commissioners.

(B) If any provider, individual or organization is dissatisfied with the results of a meeting with the QA Committee, a request for hearing before the Board of Commissioners may be made by filing a written request with the QA Coordinator within 30 days of the meeting, setting forth the reasons for the hearing and the issues to be heard. The Board may prescribe forms for the filing of a request for hearing.

(C) A hearing under this Section shall be conducted by the Board Chairperson or vice-chairperson in accordance with the Attorney General's Model Rules of Procedure.

(D) In the event that the Board is unable to obtain compliance or correction as a result of a hearing, and Board shall petition and request relief from the Emergency Medical Services Section of the Division, or the Board of Medical Examiners or the Tillamook County Circuit Court.

(E) Any decision of the Board may be appealed to the Division or the Tillamook County Circuit Court as appropriate.

## 6.3 COORDINATION - MUTUAL AID AGREEMENT

(A) All ASA providers shall sign a mutual aid agreement with the other providers within the County and respond with needed personnel and equipment in accordance with the agreement.

(B) All requests for Mutual Aid shall be made through the appropriate PSAP.

(C) The Mutual Aid agreement will be reviewed annually and modified as needed by mutual consent of all parties.

(D) Mutual Aid Advanced Life Support (ALS) assists shall be automatically dispatched in accordance with the Emergency Medical Dispatch Protocols established by the Advisory Council.

#### 6.4 COORDINATION - DISASTER RESPONSE

##### (A) County Resources Other Than Ambulances

(1) When resources other than ambulances are required for the provision of emergency medical services during a disaster, a request for additional resources shall be made through the appropriate PSAP to the Director of the Office of Emergency Management

(2) The Director of the Office of Emergency Management shall be responsible for locating and coordinating all county EMS resources any time that the Mass Casualty Incident (MCI) Management Plan is implemented.

(3) The Director shall work directly with local agencies, departments and governments to coordinate necessary resources during any implementation of the MCI Plan.

##### (B) Out of County Resources

(1) When resources from outside Tillamook County are required for the provision of emergency medical services during a disaster, a request for those resources shall be made through the appropriate PSAP to the Director of the Office of Emergency Management.

(2) The Director of the Office of Emergency Management shall be responsible for requesting and coordinating all out of county resources any time the MCI Plan is implemented.

##### (C) Mass Casualty Incident (MCI) Management Plan

(1) The plan is intended for use when any single incident or combination of incidents depletes the resources of any single provider or providers during the normal course of daily operations.

(2) The plan identifies the responsibility of the provider concerning:

- (a) coordination
- (b) communication
- (c) move up
- (d) triage
- (e) transportation

(3) The Tillamook County MCI plan, (Appendix C of the ASA Plan) shall be Annex E, Appendix 8 of the Tillamook County Emergency Operations and Management Plan upon adoption of the ASA plan by the Board.

## 6.5 COORDINATION - PERSONNEL AND EQUIPMENT RESOURCES

Under special circumstances, specialized resources may be required for the management of unusual problems and situations:

### Out of County Resources:

Helicopters: Life Flight 1-800-452-7434; 1-280-5433

U.S. Coast Guard 322-3531

304th M.A.S.T. 1-288-5611 ext. 315

Poison Control Center: 1-800-452-7165

CHEMTREC: 1-800-424-8300

OERS (Oregon Emergency Response System) 1-800-452-0311

State of Oregon, Emergency Management Division (access to Civil Air Patrol, National Guard, and National Disaster Medical System)

### Additional Personnel and Equipment Resource:

The following additional personnel and equipment resources are available to support the ASA providers. Current telephone numbers for the manpower resources are maintained in the Tillamook County Warning System Directory.

#### A. Hazardous Materials

1. Title III Emergency Planning and Community Right to Know
2. Hazardous Materials Emergency Response Plan: State of Oregon Emergency Operations Plan, Annex O
3. Tillamook County Hazardous Materials Incident Management Plan

#### B. Search & Rescue

1. Within Tillamook County search and rescue is the responsibility of the Tillamook County Sheriff.
2. References
  - a. ORS 401.066
  - b. Tillamook County Emergency Operations & Management Plan, Annex M
  - c. Search and Rescue Operations Plan - Land Search Operations, Tillamook County Sheriff's Office, 1977

#### C. Specialized Rescue

1. Air Search & Rescue
  - a. Oregon Wing, Civil Air Patrol
  - b. U.S. Coast Guard
  - c. 304th Aerospace Rescue and Recovery Squadron
  - d. Army Aviation, Oregon Air National Guard
  - e. Oregon State Police
  - f. Tillamook County Sheriff's Air Posse
2. Ground Search
  - a. U.S. Forest Service
  - b. U.S. Bureau of Land Management
  - c. U.S. Coast Guard
  - d. Oregon Dept. of Forestry
  - e. Tillamook Emergency Amateur Radio Service
  - f. Local fire departments

- g. Man trackers
- h. Bloodhounds
- 3. Marine Search
  - a. U.S. Coast Guard
  - b. Sheriff's Dive Posse
  - c. Sheriff's Marine Patrol
- 4. Extrication Equipment
  - a. Tillamook Fire Dept.
    - 1) Hurst Tool
    - 2) Air Chisel
    - 3) Generators and Floodlights
    - 4) Air Bags
    - 5) Ropes and climbing belts
  - b. Nehalem Fire Dept.
    - 1) Lucas Tool
    - 2) Generator and Floodlights
  - c. Beaver QRT
    - 1) Hurst Tool
    - 2) Air Chisel
    - 3) Generator and Floodlights
    - 4) Rescue Van
  - d. Blaine QRT
    - 1) Air Bags
    - 2) Shoring
    - 3) Generator and Floodlights
  - e. Bay City QRT
    - 1) Portapower
    - 2) Air Chisel
    - 3) Generator and Floodlights
  - f. Garibaldi Fire Dept.
    - 1) Amkus Tool
    - 2) Portapower
    - 3) Generator and Floodlights
  - g. Cloverdale QRT
    - 1) Air Bags
    - 2) Shoring
    - 3) Generator and Floodlights
    - 4) Rescue Van
  - h. Neskowin QRT
    - 1) Generator and Floodlights
    - 2) Rescue Van
  - i. Pacific City QRT
    - 1) Amkus Tool
    - 2) Generator and Floodlights
    - 3) Rescue Van
  - j. Netarts Fire Department
    - 1) Generator and Floodlights
    - 2) 4 x 4 Crew Cab
    - 3) Air Bags
- 5. Additional Ambulances
  - a. Clatsop County - Medix Ambulance
  - b. Washington County - Metro West Ambulance
  - c. Yamhill County - Task Forces as outlined in Yamhill



County EMS Mutual Aid Plan  
d. Lincoln County - Lincoln City Ambulance

**6.6 COORDINATION - EMERGENCY COMMUNICATIONS AND SYSTEM ACCESS**

(A) Telephone

To establish a single access telephone number throughout Tillamook County, 9-1-1 shall be available to all telephone exchanges within Tillamook County.

- (1) No person shall advertise for or otherwise solicit requests for emergency medical services utilizing any telephone number other than 9-1-1.
- (2) All requests for emergency medical service shall be received by one of the four PSAP's.
- (3) The Tillamook County PSAP answers prefixes 842, 355, 377, 322, 965, 398, 392 and 368. Refer to Section 4.3(A), Boundaries for a map of this PSAP service area.
- (4) The Lincoln County PSAP answers prefixes 994. Refer to Section 4.3(A), Boundaries, for a map of this PSAP Service area.
- (5) The Seaside PSAP answers prefixes 436. Refer to Section 4.3(A), Boundaries, for a map of this service area.
- (6) The Yamhill County PSAP answers prefixes 879. Refer to Section 4.3(A), Boundaries, for a map of this service area.

(B) Dispatch Procedures

To establish a minimum standard for medical dispatch within Tillamook County, all First Response Agencies, ASA Providers, PSAPs and dispatch points shall:

- (1) Follow the established standards for emergency medical dispatch, and follow the protocols and procedures established by the QA Committee, EMS Advisory Council, the 9-1-1 User Board and ATAB Rules.
- (2) Conform to a notification time standard of less than 2 minutes on 90% of all calls. (ref. Section 5.1 System Elements)
- (3) Simultaneously dispatch Advanced Life Support (ALS) Assist according to protocols approved by the QA Committee, EMS Advisory Council and designated in ATAB rules on all EMS calls identified as ALS in nature.
- (4) When dispatch protocols or procedures require amendment, initiate the proposed amendment through the QA Committee, the

9-1-1 Advisory Board and EMS Advisory Council. Upon approval by the Council, the Advisory Board and QA Committee, the 9-1-1 Director shall seek approval of the 9-1-1 District Board and implement the procedure or protocol.

(5) If it is determined by an ASA Provider and the 9-1-1 Director that a procedure or protocol should be amended immediately, the Director shall immediately implement such amendment and then seek the approvals required by subsection 4 of this section at the earliest opportunity.

(C) Radio System

(1) Each PSAP shall:

(a) restrict access to authorized personnel only.

(b) meet State Fire Marshall Standards.

(c) maintain radio consoles capable of communication directly with all First Response Agencies dispatched by them.

(d) maintain radio logs which contain all information required by the Federal Communications Commission and Oregon Revised Statutes.

(e) utilize plain english.

(f) the Tillamook County PSAP shall maintain ambulance intake forms as supplied by the QA Coordinator for all ambulance calls, including non-emergency transports.

(2) All ASA Providers shall:

(a) equip and maintain radios in each ambulance which allows for the transmission and reception on 154.355 MHz (F1).

(b) communicate directly with the receiving hospital, providing the ambulance identification number, age and sex of patient(s), chief complaint and current condition of patient(s), treatment rendered, and estimated time of arrival.

(c) in all those ASA's presently equipped with 463.100/468.100 MHz (Med-5) and 462.950/467.950 MHz (Med-9), the Provider shall continue to maintain such frequencies so long as they are in use within Tillamook County.

(D) Emergency Medical Services Dispatcher Training

(1) All emergency medical services dispatchers shall successfully complete the Emergency Medical Dispatch (EMD) Training Course approved by the Division.

(2) All dispatchers are encouraged to attend any class, course or program which will enhance their abilities and skills.

#### 7.1 PROVIDER SELECTION - INITIAL ASSIGNMENT

(A) Effective December 28, 1988 no person shall provide or allow to be provided ambulance service in Tillamook County unless an Ambulance Service Area has been assigned to that person pursuant to the ASA Plan and the EMS Ordinance # 41.

(B) The initial assignment of ambulance service areas was made by the Board effective December 28, 1988.

(C) The initial assignments shall be valid until July 1, 1996. Subsequent assignments shall be for a period of three years.

(D) Upon an order of the Board, duly made and entered, the initial assignment of ambulance service areas may be extended for five years.

#### 7.2 PROVIDER SELECTION - REASSIGNMENT/APPLICATION

(A) Not less than sixty (60) days prior to the expiration of an assignment of an ambulance service area, any person desiring to renew an existing assignment or desiring a new assignment of an ambulance service area, shall submit an application to the Tillamook County Quality Assurance (QA) Coordinator requesting said assignment or reassignment.

(B) Each applicant for the contested assignment or reassignment of an ASA shall pay a non-refundable fee at the time of filing application, in the amount of \$00.75 per call according to the prior annual call volume within the ASA for which application is made, except ASA's of less than 51 annual calls where there shall be no fee.

(C) The QA Coordinator shall review all applications and make documented findings and a recommendation based on conformity with the requirements of Oregon law for providing ambulance services, the general and specific criteria of this Section, and the need for effective and efficient ambulance services within Tillamook County.

(D) Upon completion of the findings and recommendation, the QA Coordinator shall schedule a public hearing on such findings and recommendation before the Board.

(E) Not less than 30 days prior to the date set for hearing, the QA Coordinator shall file with the Board, the applicants and the QA

Committee, a copy of the applications, the findings and recommendation.

(F) Prior to the date set for hearing the QA Committee or any applicant may file with the Board an objection to any portion of the QA Coordinator's findings and recommendation. Any such objection shall cite the specific finding(s) and recommendation objected to, and shall be based on the application of a specific section(s) of Oregon law, administrative rule, the ASA Plan or EMS Ordinance # 41.

(G) At the time and date set for hearing, the Board shall conduct a hearing for the purpose of receiving testimony and making such additional findings as may be required on each application for which no objection has been filed

(H) At the time and date set for hearing on an application for which an objection has been filed, the Board shall announce that an objection has been filed and state the basis for that objection. At that time the Board shall also schedule a contested case hearing to consider the objection and other relevant matters to be held not less than 30 days nor more than 45 days thereafter.

(I) The Board shall cause public notice of the time, date and place for a contested case hearing to be published in a newspaper of general circulation not less than 15 days prior to the date set for hearing.

(J) At the time and date set for a contested case hearing, the Board shall receive testimony and take evidence concerning the objections and any other relevant matters, and shall thereafter make such other findings as might be required.

(K) Following a hearing or contested case hearing on provider selection, the assignment of an ASA shall be made by an Order of the Board.

(L) In the event that an assignment of an Ambulance Service area may expire during the provider selection process for such service area, the Board may continue the existing provider until completion of the provider selection process.

(M) An application for assignment or reassignment of an ASA shall include the following:

(1) The name and address of the person making application.

(2) The ASA the person desires to service, the location(s) from which ambulance service shall be provided, and whether the level of service will be Basic Life Support (BLS) or Advanced Life Support (ALS).

(3) A statement as to whether or not the provider will be subcontracting for any service to be provided. If some service will be provided by subcontract, a copy of the subcontract shall be provided.

(4) A list of vehicles to be used in providing ambulance services, including the year, make and model, as well as verification that each vehicle is certified by the Division as a ALS or BLS vehicle.

(5) A list of personnel to be used in providing ambulance service and their current Oregon EMT certificate number.

(6) Proof of public liability insurance in the amount of not less than \$200,000 per person and \$500,000 per accident for bodily injury, and not less than \$50,000 for property damage, in the form of a certificate of insurance or letter from the carrier.

(7) Such additional information deemed necessary by the QA Coordinator, the QA Committee or the Board.

(O) The following is the General Criteria for assignment or reassignment of an ASA:

(1) Improve ambulance response time, quality and level of service to the ASA without adversely affecting the existing first response system.

(2) Demonstate that the call volume is sufficient to financially justify the service provided or otherwise demonstrate financial soundness.

(3) Does not jeopardize the financial ability of other ambulance service providers to provide efficient service to the remainder of the County.

(N) The following are the Specific Criteria for the assignment or reassignment of an ASA:

(1) Level of Care - There shall be at least one of the following levels of care:

- a. Advanced Life Support Services
- b. Basic Life Support Services
- c. Advanced Life Support/Basic Life Support Services

(2) All persons shall be in compliance with OAR Chapter 847, Division 35.

(3) Equipment

- a. Vehicles - to meet OAR 333-28-055 unless a variance from this specification has been granted by the Administrator of the State Health Division.
- b. Equipment carried on vehicles will meet current OAR 333-28-050.

Response Time

(1) Ambulance Locations



Ambulances will be situated within the service area so that 80% of the population in the service area can be responded to within a response time of 4 minutes or less. This may be waived if a QRT dispatched with the ambulance can arrive within 4 minutes of dispatch.

(2) Staffing

- a. Sufficient staff will be maintained, either on duty at the ambulance location or on call, to permit standard B-1 to be met.
- b. Secondary (backup) ambulances will be manned and in service in the service area within 15 minutes of request.

(3) Percent Immediate Availability

- a. ASAs served by one or two ambulances will have an ambulance immediately available for response in and for that ASA 90% of the time.
- b. ASAs served by three or more ambulances will have an ambulance immediately available for response in and for that ASA 95% of the time.

Business Practice Standards

(1) Management Structure

- a. An organizational chart will be maintained that accurately reflects the service's organizational structure, including lines of administration authority and operational supervision, and training officer.
- b. Job descriptions will be maintained for the positions (as appropriate) of First Responder, EMT 1, EMT 2, EMT 2D, EMT 3, EMT4, manager/supervisor/administrator that provide the following minimum information:
  - 1) Job Title
  - 2) Salary
  - 3) Benefits
  - 4) Work Schedule
  - 5) Immediate Supervisor and Title
  - 6) General Statement of Duties
  - 7) Supervision Received
  - 8) Supervision Exercised
  - 9) Typical Examples of Work
  - 10) Desirable Qualifications for Employment
    - a) Knowledge
    - b) Skills
    - c) Experience
  - 11) Experience Required
  - 12) Training Required

(2) Vehicle and Equipment Maintenance

- a. A vehicle maintenance schedule will be maintained.
- b. Vehicle inventory check lists signed and dated by the person making the inventory will be regularly maintained.
- c. Inspection, maintenance, and replacement schedules will be maintained for equipment carried on ambulances.

- (3) Insurance Coverage - To Meet or Exceed the Following:
  - a. Personal Liability and Property Damage
    - 1) \$200,000/person
    - 2) \$500,000/accident
    - 3) \$50,000 property damage
  - b. Vehicle Replacement - Actual Cash Value
  - c. Equipment Replacement - Actual Cash Value or a cash reserve in an equal amount.
  - d. Malpractice
- (4) Billing Practices  
Services will demonstrate and document a system for billing that is well-documented and easy to audit and addresses third parties, private and public parties, collection policies and write-off policies.
- (5) Employee Benefits
  - a. Workers Compensation will be carried for each employee based on a wage of \$800/month or actual salary from the ambulance service, whichever is greater.
  - b. Malpractice/errors and omissions coverage shall be provided.

#### Communications Standards

- (1) Licenses - All radio equipment subject to FCC licensure will be licensed in accordance with current FCC Rules and Regulations.
- (2) Operation - All radio equipment subject to FCC licensure will be operated in accordance with current FCC Rules and Regulations.
- (3) Coordination
  - a. Communications will be coordinated with the Tillamook County 9-1-1 Communications Center (T-COM).
  - b. Times kept by T-COM will be the times of record.
  - c. T-COM will be advised of vehicles out of service and returning to service.

#### Continuing Education

- (1) A continuing education program that meets or exceeds the requirements of the Oregon State Health Division and the Board of Medical Examiners will be documented.
- (2) Procedure for identifying and correcting quality of care problems within the provider service will be documented.

#### Quality Assurance

- (1) The ASA provider will establish a procedure to provide the Tillamook County EMS QA Committee the necessary information for case reviews, screens and investigations.
- (2) The ambulance service provider will cooperate with the Tillamook County EMS QA Committee.

#### Mutual Aid

- (1) The ASA Provider will be a signatory to the Tillamook County EMS Mutual Aid Agreement.



- (2) The ASA provider will be a signatory to EMS mutual aid agreements for adjacent counties, as appropriate.
- (3) The ASA provider will participate in disaster planning, training and response as coordinated by the Tillamook County Office of Emergency Management.

#### **7.3 PROVIDER SELECTION - NOTIFICATION OF VACATING AN ASA**

(A) An ASA provider shall not voluntarily discontinue service to the assigned ambulance service area without giving one hundred twenty (120) days written notice to the Board of Commissioners.

(B) As soon as practical after receiving notice of a vacation of an ASA, the Board shall advertise the ASA vacancy, request proposals, and conduct review and reassignment under the procedures contained in Section 10 of the EMS ordinance and Section 7.2 of the ASA Plan.

#### **7.4 PROVIDER SELECTION - MAINTENANCE OF LEVEL OF SERVICE**

(A) Upon vacation of an ASA, if necessary, the Board will negotiate with other providers for interim coverage of the vacated ASA until reselection and reassignment can be completed.

(B) Each ASA applicant will provide a written procedure for ensuring continuity of service should any of the following occur:

- (1) Decreased personnel levels
- (2) Financial failure
- (3) Revocation of contract due to noncompliance

BEFORE THE BOARD OF COMMISSIONERS  
FOR TILLAMOOK COUNTY, OREGON

In the Matter of Establishing Ambulance )  
Service Areas; Setting Application Fees )  
Assigning Ambulance Service Providers; )  
Creating an Emergency Medical )  
Services Advisory Council; Providing )  
for Administration, Enforcement )  
and Penalties; and Prescribing Effective )  
Dates; )

ORDINANCE NO. 41  
AMENDMENT

The Board of Commissioners for Tillamook County ordains as follows:

Section 1. Title

This ordinance shall be known as the "Tillamook County Emergency Medical Service Ordinance", and it may be cited and pleaded, and shall be cited herein as "this ordinance."

Section 2. Authority

This ordinance is enacted pursuant to ORS 823.180, 823.220 and ORS 203.035.

Section 3. Policy and Purpose

The Board of Commissioners finds:

A. That ORS 823.180 requires Tillamook County to develop and adopt a plan for the county relating to the need for and coordination of ambulance services and to establish Ambulance Service Areas consistent with the plan to provide efficient and effective ambulance services.

B. That this ordinance, which establishes Ambulance Service Areas, the methods for selecting ambulance providers for each Ambulance Service Area (ASA), and which establishes the Tillamook County Emergency Medical Services Advisory Council and Quality Assurance Committee, together with the document known as the Tillamook County Ambulance Service Area Plan (ASA Plan), attached hereto as Exhibit "A" and incorporated herein by this reference, make up the complete plan for ambulance service within Tillamook County and its incorporated cities.

Section 4. Definitions

A. For the purpose of this ordinance, words used in the present tense include the future, the singular number includes the plural, the word "shall" is mandatory and not directory, and the term "this ordinance" shall be deemed to include all amendments hereafter made to this ordinance.

B. The words and phrases in this ordinance shall have the meaning provided elsewhere in this ordinance, (the ASA Plan), in ORS Chapter 823 and in OAR Chapter 333, Division 28, unless specifically defined in this section to have a different meaning.

C. Other specific definitions include:

Annual Call Volume. The number of emergency responses dispatched by the Tillamook County PSAP during the prior calendar year.

Section 5. Exemptions

This Ordinance shall not apply to:

A. Ambulances owned by or operated under the control of the United States Government.

B. Vehicles being used to render temporary assistance in the case of a major catastrophe or emergency with which the ambulance service of the surrounding locality are unable to cope, or when directed to be used to render temporary assistance by an official at the scene of an accident.

C. Vehicles operated solely on private property within the confines of institutional grounds, whether or not the incidental crossing of any public street, road or highway through the property or grounds is involved.

D. Ambulances or vehicles transporting patients from outside the County to a health care facility within the County, or which are passing through without a destination in the County.

Section 6. Compliance

A. Upon the effective date of this ordinance, no person shall operate or allow to be operated an emergency ambulance in Tillamook County unless an Ambulance Service Area has been assigned to that person pursuant to this ordinance.

B. Upon the effective date of this ordinance, no person shall provide or allow to be provided emergency ambulance services in violation of this ordinance or the Tillamook County Ambulance Service Area Plan.

Section 7. Ambulance Service Areas

For the efficient and effective provision of ambulance services in accordance with the Tillamook County Ambulance Service Area Plan, the ambulance service areas shown on the map in Section 4.1 of the ASA Plan, are hereby adopted as the Ambulance Service Areas for Tillamook County. The Board of Commissioners, by the adoption of an Order, may adjust the boundaries of the Ambulance Service Areas from time to time as necessary to provide efficient and effective ambulance services.

Section 8. Existing Ambulance Service Providers

Persons who meet the requirements of Section 7.2 of the ASA Plan and who were providing service on the effective date of this ordinance shall be authorized to provide ambulance service for the ASA they were serving on the effective date of this ordinance and may continue providing such service until such time as the Board completes the provider selection process and assigns a provider for that ASA.

Section 9. Application for Ambulance Service Area

A. Any person desiring to provide ambulance services within Tillamook County beginning July 1, 1996 shall submit an application to be assigned an Ambulance Service Area not less than 60 days prior to July 1, 1996. The applications shall be submitted to the Tillamook County QA Coordinator who shall review the applications, make documented findings and recommend the assignment of Ambulance Service Areas to the Board. The provider selection and application process shall be as set forth in Section 7.2 of the ASA Plan.

B. In the event that a person assigned an Ambulance Service Area discontinues service before the expiration of the assignment, the Board of Commissioners shall set a time by which applications must be submitted for reassignment of the Ambulance Service Area and publish notice of such vacancy and the due date for applications. The review of the application and assignment of the Ambulance Service Area shall be in accordance with Section 7.2 of the ASA Plan and the assignment shall be for the remainder of the term unless otherwise specified by the Board of Commissioners.

C. Not less than fifteen (15) days prior to the date for a public hearing before the Board on an assignment or reassignment of an Ambulance Service Area, the Board shall cause notice of such date, time and place of the public hearing to be published at least once in a newspaper of general circulation in Tillamook County.

Section 10. Application for Reassignment of Ambulance Service Area.

In addition to the requirements and procedures contained in Section 7.2 of the ASA Plan, any person desiring to make application for reassignment of an ASA shall also provide the following:

- A. A detailed summary of how the proposed change will improve patient care, including but not limited to ambulance response time, and the quality and level of services to the ASA. It shall include an assessment of how the proposed change will impact the existing first response system.
- B. Evidence that the call volume in the ASA is sufficient to financially support the service to be provided or evidence additional funding sufficient to support the required level of service.
- C. Evidence that the proposed change does not jeopardize the financial ability of other providers to serve the remaining ASAs in Tillamook County.
- D. Information, in the form of run logs, medical records, physician advisory correspondence, audit reports, training records, policy and procedure manuals an equipment records and inventories, and any other records or materials requested.

Section 11. Duties of Ambulance Service Provider

Upon assignment of an Ambulance Service Area to a person in accordance with this ordinance, the person providing ambulance service:

- A. Shall conduct its operations in strict compliance with all applicable State and Federal laws and regulations and the terms of this Ordinance, the Tillamook County Ambulance Service Area Plan and dispatch protocols.
- B. Shall not fail or refuse to respond to an emergency call for service if the person's ambulance is available for service.
- C. Shall not respond outside its assigned Ambulance Service Area except:
  - 1. when a request for a specific ambulance service provider is made by the person calling for the ambulance and the request does not indicate an emergency response.



2. when the ambulance service provider assigned to the Ambulance Service Area is unavailable to respond and the person is requested by the other provider or 9-1-1 dispatch to respond; or

3. when the response is for supplemental assistance or mutual aid.

D. Shall not transfer the assignment of an Ambulance Service Area without written notice to and approval of the Board of Commissioners. The written notice shall include an application for reassignment of the Ambulance Service Area submitted by the transferee.

E. Shall not voluntarily discontinue service to the assigned Ambulance Service Area without giving one hundred twenty (120) days written notice to the Board of Commissioners.

F. Shall comply with the requirements for ASA boundaries, coordination of ambulance services and standards for service. Compliance with these requirements will be determined as part of the provider selection process, the application of Quality Assurance standards and the execution of mutual aid agreements.

G. Shall comply with the standards for effective delivery of pre-hospital care at a reasonable cost to the consumer. Compliance with these requirements will be determined as part of the provider selection process and may also be determined for existing providers by Board review. The rates for Ambulance charges to patients are subject to review by the Board, and upon request of the Board the provider shall submit documentation to support such rates. In the event the Board finds such rates to be inequitable and the provider fails or refuses to moderate such rates to the Board's satisfaction, the Board may open the service area for reassignment under the procedures established in Section 7.2 of the ASA Plan.

H. Shall not permit or allow an RN to perform pre-hospital emergency care in conjunction with an ambulance or quick response team unless the RN is certified at the EMT level at which the RN wishes to perform, or the RN is currently certified in Advanced Cardiac Life Support and has completed a Prehospital or Basic Trauma Life Support course, a Pediatric Advanced Life Support course and be certified by the physician advisor for the ambulance service for which the RN wishes to perform. This subsection does not apply to emergency inter-hospital patient transport.



I. Shall Cooperate with the QA Committee and QA Coordinator. Such cooperation shall include but is not limited to, appearance before the committee when requested, submitting ambulance run sheets to the QA Coordinator on a monthly basis, and providing such other information as requested as part of a QA review. Failure to provide such cooperation may be taken into account when considering renewal of an existing ASA.

J. Shall provide to the QA Committee a written system for 24 hour coverage that includes a procedure for notifying 9-1-1 when the ambulance is not available for service.

Section 12. Corrective Actions, Suspension or Revocation of Assignment

A. Upon a recommendation by the Tillamook County QA Committee, QA Coordinator or upon its own motion, the Board of Commissioners may suspend or revoke the assignment of an Ambulance Service Area upon a finding that the holder thereof has:

1. willfully violated provisions of this Ordinance, the Tillamook County Ambulance Service Area Plan or provisions of State or Federal laws and regulations; or
2. materially misrepresented facts or information given in the application for the assignment of an Ambulance Service Area or as part of the review of the performance of the service furnished by the provider.

B. In lieu of the suspension or revocation of the assignment of Ambulance Service Area, the Board may order that the violation be corrected and make the suspension or revocation contingent upon noncompliance with the order within the period of time stated therein. Notice of the Board action shall be provided to the holder of the assignment which shall specify the violation, the action necessary to correct the violation and the date by which the action must be taken. If the holder of the assignment fails to take corrective action within the time required, the Board shall notify the holder that the assignment is suspended or revoked upon receipt of the notice.

C. At such time that the QA Committee finds that there is evidence that a provider is not in compliance with minimum standards, the QA Committee may transmit its documented findings to the QA Coordinator, who shall present the findings to the Board together with the QA Committee's recommended corrective actions.

D. Upon a revocation or vacation of an assigned ASA, the

Board will negotiate with adjoining providers for interim coverage of the vacated ASA until reselection and reassignment can be completed.

E. As soon as practical, the Board shall advertise the ASA vacancy and request proposals and conduct review and reassignment under the procedures contained in Section 10 of this ordinance and Section 7.2 of the ASA Plan.

Section 13. Appeal

A person receiving a notice of the assignment, denial, suspension, revocation or contingent suspension of an Ambulance Service Area may request a hearing before the Board of Commissioners by filing with the Board of Commissioners a written request for hearing within fourteen (14) days of the decision, setting forth the reasons for the hearing and the issues proposed to be reviewed. The filing of a hearing request shall stay the action pending the hearing and final determination by the Board of Commissioners unless the Board of Commissioners makes a written finding that prompt implementation of the decision is required due to an immediate hazard to the public safety. The Board of Commissioners shall set a time and place for a hearing which shall be de novo on the record or a full de novo hearing, as determined by the Board. Within fourteen (14) days after the conclusion of the hearing, the Board shall affirm, reverse or modify its original decision.

Section 14. Emergency Medical Services Advisory Council

A. There is hereby created a Tillamook County Emergency Medical Services Advisory Council, the membership of which is set forth in Tillamook County ASA Plan Section 5.8. The membership, powers, duties and authority shall be as set for in Section 5.8.

Section 15. Emergency Medical Services Quality Assurance Committee

A. There is hereby created a Tillamook County Emergency Medical Services Quality Assurance (QA) Committee. The membership, terms of office, powers, duties and authority of the Committee shall be as set forth in ASA Plan Section 5.8.

B. The QA Committee shall develop and implement a quality assurance program to ensure compliance with the Tillamook County ASA Plan. As part of this program, the QA Committee shall develop, promulgate and periodically update as required, Quality Assurance Standards for adoption by the Board of Commissioners as a part of the ASA Plan.

Section 16. Initial Responder

A. Nothing in this Ordinance prohibits a 9-1-1 agency responsible for the dispatching of emergency services from

dispatching an initial responder to the scene of a medical emergency in addition to dispatching an ambulance service provider. Such initial response shall only be in accordance with this Section.

B. The initial responder shall be a municipal corporation or a special district within Tillamook County that provides emergency services within its jurisdiction and requests to be dispatched to medical emergencies.

C. Upon the arrival of the ambulance service provider at the location of the medical emergency, the ambulance service provider shall be responsible for, the continuation of emergency medical services.

Section 17. Right of First Refusal on Inter-Hospital Emergency Transports

The Board finds and declares as follows:

A. Whenever any patient is transported to a medical facility by an ambulance service other than the provider for the ASA within which the medical facility is located, and it then becomes necessary for further emergency transport of that patient to another medical facility, such further transport is hereby declared to be a continuation of the original transport.

B. All persons providing ambulance service under a Tillamook County ASA shall permit a right of first refusal to the originating ambulance service for further transport of any patient as described in Section 17(A) above, provided that the originating ambulance service is able to provide the appropriate level of care in the continuation of transport.

C. Any such continuation of transport shall not incur additional billing of a new base rate.

Section 18. Regulation of Non-Emergency Transfers

The Board finds and declares:

A. In order to insure the delivery of effective and efficient pre-hospital care at reasonable rates within certain ASAs, it is necessary to regulate non-emergency ambulance services; and

B. In those ASAs where the income from ambulance service,  $(X \times Y \times Z)$ , is less than 5% above the cost of operation,  $(A \times B)$ , the ASA applicant may apply for and receive the exclusive right to non-emergency transports within the ASA for which application is made, where:

A = Cost per ambulance (projected cost to run one ambulance per year, including personnel, administrative operations, vehicle, equipment and insurance costs)

B = Number of ambulances needed to meet response time goals.

X = Number of transports per year

Y = Cost of service charged to consumer

Z = Collection rate

C. Nothing in this section is intended to negate the right of any patient to request and receive a non-emergency transfer by an ambulance service of the patient's choosing.

Section 19. Penalties

A. Any person who violates any of the provisions of this Ordinance is guilty of a violation. Failure from day to day to comply with the terms of this Ordinance shall be a separate offense for each such day. Failure to comply with any provision of this Ordinance shall be a separate offense for each such provision.

B. Violations of the provisions of this Ordinance are punishable, upon conviction by a fine of not more than Five Hundred (\$500) Dollars for a non-continuing offense, i.e., an offense not spanning two (2) or more calendar days. In the case of a continuing offense, i.e., an offense which spans two (2) or more consecutive calendar days, violation of the provisions of this Ordinance is punishable by a fine of not more than Five Hundred (\$500) Dollars per day up to the maximum of One Thousand (\$1,000) Dollars as provided by law.

Section 20. Nuisance

In addition to penalties provided by Section 19, violation of any of the provisions of this Ordinance is declared to be a nuisance and may be regarded as such in all actions, suits and proceedings unless the Ordinance is declared invalid by a Court of competent jurisdiction. Pursuant to ORS 823.180(5), this Ordinance shall be enforceable by the Health Division of the State of Oregon, Department of Human Resources in a proceeding in Circuit Court for equitable relief.

Section 21. Repeal of Inconsistent Ordinances

All other Tillamook County Ordinances or orders that are inconsistent herewith are hereby repealed.

Section 22. Severance Clause

If any section, subsection, provision, clause or paragraph of this Ordinance shall be adjudged or declared by any court of competent jurisdiction to be unconstitutional or invalid, such judgment shall not affect the validity of the remaining portions of this Ordinance; and it is hereby expressly declared that every other section, subsection, provision, clause or paragraph of this Ordinance enacted, irrespective of the enactment or validity of the portion thereof declared to be unconstitutional or invalid, is valid.

Section 23. Effective Date of Ordinance.

This Ordinance shall become effective 90 days following adoption by the Board.

Adopted the 3<sup>rd</sup> day of April, 1991.

THE BOARD OF COMMISSIONERS  
FOR TILLAMOOK COUNTY, OREGON

Kenneth M. Burdick  
Kenneth M. Burdick, Chairman

Jerry A. Dove  
Jerry A. Dove, Vice-Chairman

Ida A. Lane  
Ida A. Lane, Commissioner

APPROVED AS TO FORM:

William K. Sargent  
William K. Sargent,  
County Counsel



EXHIBIT B

TILLAMOOK COUNTY EMS MUTUAL AID AGREEMENT

This agreement is made and entered into by and between the undersigned Ambulance Service Area (ASA) providers within Tillamook County, acting by a through their duly elected officers.

WITNESSETH

In order to provide optimum pre-hospital care to all persons in need of emergency medical service, it is the intent of the parties to this agreement to share resources among ASA providers upon request of a provider or upon dispatch by T-COM to meet unusual emergency circumstances; NOW THEREFORE,

IN CONSIDERATION of the mutual covenants contained herein it is agreed between the parties as follows:

1. To provide EMS mutual aid in unusual emergency circumstances upon request of another ASA provider or T-COM so long as it is prudently feasible to do so, and so long as an ASA is not left unprotected during the time when mutual aid might be rendered.
2. Procedures for EMS Mutual Aid are governed by Emergency Medical Dispatch Protocols, the County EMS Move-up Plan and the Mass Casualty Incident (MCI) Management Plan, which may be amended as necessary without affecting the provisions of this agreement.
3. Each party waives any and all claims against any other party to this agreement for personal injury or property damage resulting from the negligent performance of this agreement.
4. All services performed under this agreement shall be rendered without reimbursement to any other party to this agreement.
5. This agreement becomes effective upon execution by two or more of the parties and is obligatory upon the other parties upon the date of execution by such parties. The original agreements shall be deposited with the Tillamook County QA Coordinator.
6. This agreement shall continue in full force and effect until and unless terminated by all parties. Any party may withdraw by giving thirty (30) days written notice of intention to withdraw to all other parties. Any party may initiate a change to this agreement by presenting and processing the change through the Tillamook County EMS Advisory Council or its successor.





## Standard Operating Procedures

## MASS CASUALTY INCIDENT PLAN

Tillamook County Office  
of Emergency Management

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## INTRODUCTION

This plan outlines the response policies and procedures for Emergency Medical Service providers, Law Enforcement Agencies, Fire Departments, 9-1-1, and the Office of Emergency Management in the event of a Mass Casualty Incident.

Situations calling for this action are those in which the number of patients involved and/or severity of their injuries requires coordination with several hospitals, and situations in which complex extrication, treatment or patient transportation problems are encountered. Examples include: major transportation accidents; fires or explosions with multiple injuries; hazardous materials incidents with exposure victims; and structural collapse incidents.

Additionally, this plan establishes a standard structure and guideline for the management of operations in any multiple patient situation and will be used routinely in such incidents.

During any emergency medical situation, personnel safety will be assured throughout incident. EMS provider agencies will conduct operations to provide immediate resources; to minimize the loss of life through prompt medical treatment in the field; and to coordinate field medical services and activities with existing medical facilities and other support services and resources.

### ARRIVAL

The first arriving unit at a serious, multiple patient medical incident will assume Command and begin an initial size-up of the situation. The type of situation and the approximate number and condition of patients should be reported to 9-1-1 as soon as possible.

Command should immediately request assistance as the need is indicated. 9-1-1 will begin to notify other agencies based on the amount of assistance requested at the scene and the reports from Command. The initial reports should indicate the scale of the incident to structure an appropriate response from other agencies.

9-1-1 will automatically notify the Emergency Management Duty Officer of any Mass Casualty Incident.

9-1-1 will automatically notify Tillamook County General Hospital of any Mass Casualty Incident.

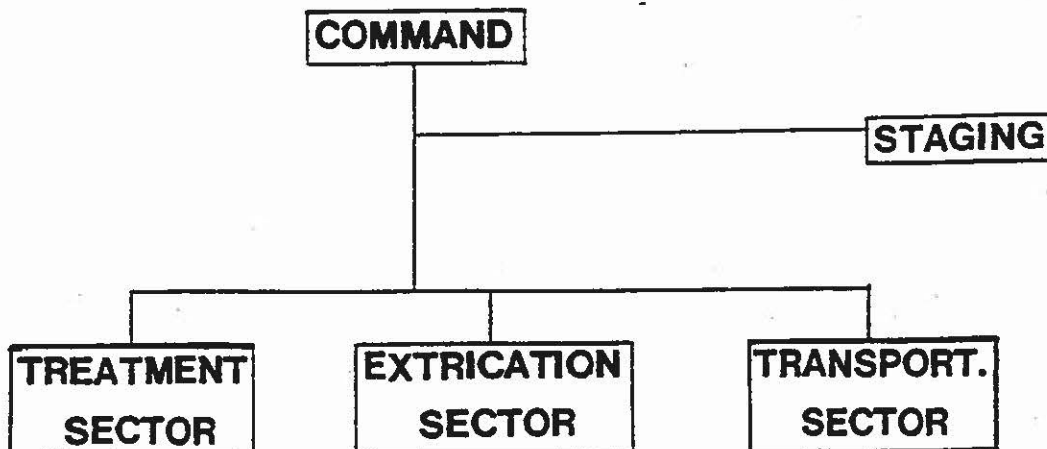
COMMAND RESPONSIBILITIES

The individual assuming Command of a medical incident is responsible for the management and control of the following functions:

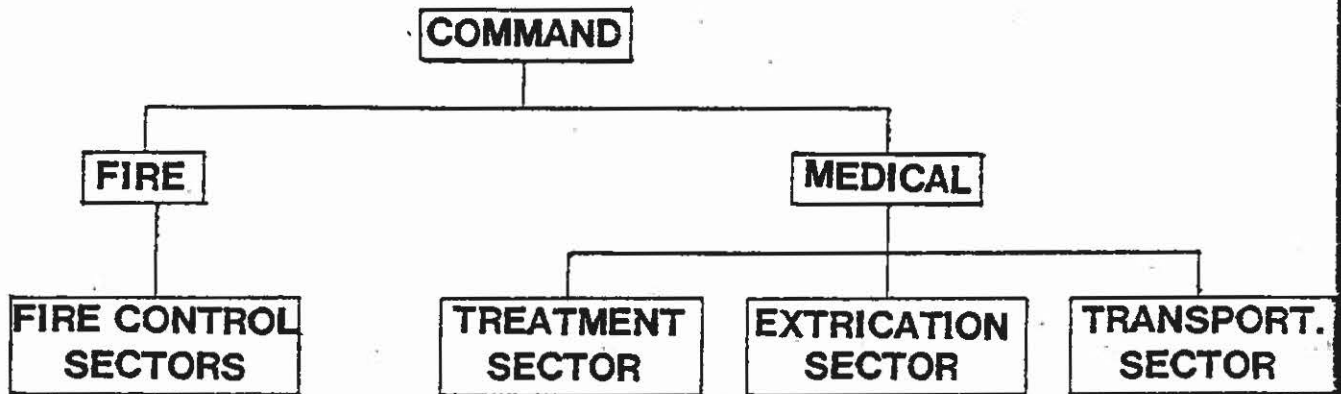
1. Establishment of appropriate command structure.
2. Determination of resources needed to accomplish objectives.
3. Extrication of trapped patients and movement of patients to appropriate treatment areas.
4. Triage of patients.
5. Field treatment, stabilization and preparation of patients for transportation.
6. Transportation and distribution of patients to appropriate medical facilities.
7. Provision of medical supplies needed at the scene.
8. Liaison with other departments and agencies involved in the incident.
9. Communication of regular progress reports to 9-1-1.

These overall Command responsibilities may be assumed by the individual in Command of the entire incident or may be delegated to an operation or sector level, depending on the size and complexity of the situation. In most cases, the responsibilities will be further delegated to individual sectors.

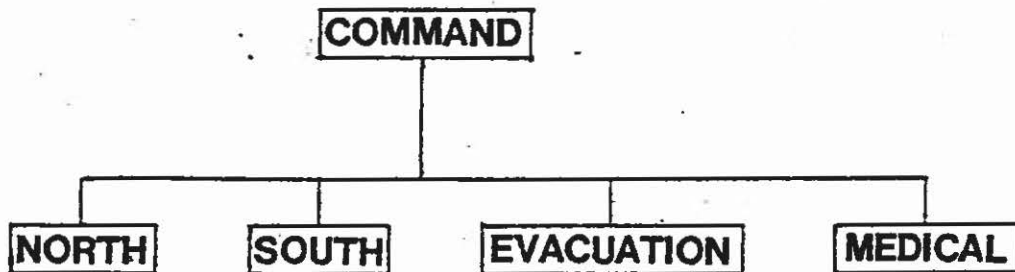
A. The responsibilities would be retained by Command at an incident which is primarily of a medical nature, with sectors reporting directly to Command.



B. The responsibilities would be assigned to an Operational level designated "MEDICAL" at an incident involving significant firefighting or other operations. In this case, a separate radio channel may be designated for units assigned to the "MEDICAL" Operations Officer by Command.



C. The responsibilities may be assigned to a Medical Sector Officer in incidents where the medical functions are a small part of the overall operation and one unit can effectively manage the responsibilities.



MASS CASUALTY INCIDENT PLAN

TACTICAL PLAN

This tactical plan is intended to deal with incidents involving significant numbers of patients in need of emergency medical care. This could range from five or ten patients to hundreds of patients in a major disaster. The same basic approach should be employed in either case, adjusting operations to the scale of the incident.

The first priority is to locate the patients, assess the emergency care they will need, and remove them from any immediate physical danger. This may require forcible extrication of trapped patients. Ambulatory (Priority 3) patients should be removed immediately to an "Assembly Area" where limited medical care is available. Priority 1 and 2 patients should be moved to Treatment Areas for more intensive medical care.

Treatment areas should be established for Priority 1 (life threatening) and Priority 2 (non-life threatening) patients in safe and convenient locations, preferably prior to patient arrival. The objective is to concentrate medical resources to provide effective field stabilization and treatment. Patients should be moved from Treatment Areas to medical facilities according to their triage priorities and the availability of transportation. Advanced Life Support is provided in Priority 1 Treatment Areas and Basic Life Support in Priority 2 Areas.

Patients are transported from the scene to hospitals and other medical facilities by ambulances, helicopters and other vehicles when appropriate. As transportation becomes available, patients must be allocated to medical facilities according to their ability to receive patients of various priorities and categories. Patients should be treated and transported in priority order:

- First: Priority 1 patients who cannot be stabilized in the field
- Second: Stable Priority 1 patients
- Third: Priority 2 patients
- Fourth: Priority 3 patients

Treatment provided in Treatment Areas should be governed by the number of patients relative to the personnel and equipment available.



## BASIC OPERATIONAL APPROACH

### STAGING

The objective of Staging procedures is to provide a standard system of initial placement for responding apparatus, personnel and equipment prior to assignment at tactical incidents.

Effective utilization of these procedures will:

- \* Prevent excessive apparatus congestion at the scene.
- \* Allow time for Command to evaluate conditions prior to assigning responsibilities.
- \* Place apparatus in an uncommitted location close to the immediate scene to facilitate more effective assignment by Command.
- \* Allow Command to formulate and implement a plan without undue confusion and pressure.

Staging involves two levels: Level I and Level II.

Level I Staging is automatically in effect for all incidents involving three or more units.

Level II Staging supersedes Level I when ordered by Command

### Level I - Staging

Level I Staging will automatically apply to all multiple unit responses unless otherwise ordered by Command. Level I Staging involves the following:

- \* The first arriving fire unit, the first arriving law enforcement unit, and the first arriving ambulance service provider will respond directly to the scene and will place themselves to operate to best advantage.

All other units will stage in their direction of travel, uncommitted, approximately one block from the scene until assigned by Command. A position providing a maximum of possible tactical options with regard to access, direction of travel, water supply (for fire department units), etc., should be selected.

Standard Operating Procedures

**MASS CASUALTY INCIDENT PLAN**

Tillamook County Office  
of Emergency Management

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Staged units will, in normal response situations, report unit designation, standing by and their direction from the scene; it may be necessary to be more specific when reporting standby positions in extraordinary response situations.

Units should continue response to the scene until a company reports on the scene. When a first arriving company reports on the scene, Level I Staging will begin within these guidelines.

Level II - Staging

Level II Staging is used when an on-scene reserve of companies is required. These companies are placed in a Staging Area at a location designated by Command. When going to Level II, Command will give an approximate location for the Staging Area. Units which are already staged (Level I) will stay in Level I Staging unless advised otherwise by Command. All other responding units will proceed to the Level II Staging Area.

The Staging Area should be away from the Command Post and from the emergency scene in order to provide adequate space for assembly and for assembly and for safe and effective apparatus movement.

When calling for additional resource, Command should consider Level II Staging at the time of the call. This is more functional than calling for Level II Staging while units are enroute. The additional units will be dispatched to the Staging Area.

Command may designate a Staging Area and Staging Officer who will be responsible for the activities outlined in this directive. In the absence of such an assignment, the first unit to arrive at the Staging Area will automatically become the Staging Officer and will notify Command that staging is established.

In some cases, Command may ask the Staging Officer to scout the best location for the Staging Area and report back to Command.

The radio designation for the Staging Officer will be: "Staging". All communications involving Staging will be between Staging and Command. All responding units will stay off the air, respond directly to the designated Staging Area, and report in person to the Staging Officer. They will standby their unit with crew intact.

When directed by Command, the Staging Officer will verbally assign units to report to specific sectors, telling them where and to whom to report.

TRIAGE

Triage is a function which is performed primarily during extrication and treatment of patients. It is simply a system of identifying patient injuries and classifying these patients according to the severity of injuries and their priority needs for treatment and transportation. Triage is an ongoing process of patient evaluation which continues throughout the incident. The means of identifying these different patients is by the use of a Triage Tagging System.

Triage tags should be used at those EMS incidents where the number of patients and/or the severity of their injuries exceeds the capabilities of the on-scene personnel to provide effective extrication, treatment, transportation, and standard patient documentation. Under these or similar circumstances, it may be appropriate to use triage tags at an EMS incident with as few as two or three patients. Triage tags shall be used any time there are more than two priority 1 patients or more than six patients of any priority being transported to the hospital.

The decision to use triage tags should be made as early as possible during the incident operations.

During large medical emergencies, triage tagging should be completed during the Primary Survey of all patients and before the Secondary Survey is initiated. Only correction of ABC's identified in the Primary Survey should be completed at that time. More complete patient treatment (splinting, bandaging, etc.) may be done in a treatment area location.

Triage priorities should follow the guidelines listed below.

Priority 1 Patients - immediate paramedic level treatment (Red Tag)

1. Uncorrected respiratory problem.
2. Cardiac arrest (witnessed).
3. Severe blood loss.
4. Unconscious.
5. Severe shock.
6. Open chest or abdominal injuries.
7. Burns involving the respiratory tract.
8. Severe medical problems induced by the accident (heart attack, etc.)
9. Major fractures - of pelvic, flail chest, etc.

Priority 2 Patients - delayed treatment of lower urgency (Yellow Tag)

1. Severe burns
2. Moderate blood loss
3. Multiple fractures
4. Spinal column injuries
5. Injuries that do not allow the patient to walk

Priority 3 Patients - ambulatory patients, who can walk and/or treat themselves (Green Tag)

1. Minor fractures
2. Minor burns
3. Other minor injuries
4. Psychological or emotional problems

Priority 0 Patients - deceased patients (black tag)

Priority 0 patients are those persons obviously dead or where wounds are so severe that death appears reasonably certain, even if paramedic level treatment were to be administered. Examples may be:

1. Massive open skull fractures with brain tissue showing
2. Third degree burns of 80% or more of the body
3. Massive crushing injuries to chest, abdomen, and pelvis with very faint vital signs detectable

There is a fine line between the obviously mortally injured (dying) patient and a seriously injured patient, who may survive if paramedic level treatment is administered. If the medical incident involves only a single patient who appears mortally injured, enough trained manpower and equipment normally is available to totally commit crews to that patient. However, as the number of seriously injured patients at the medical incident increase, trained manpower and equipment may become extremely limited. Under these circumstances, mortally injured patients may need to be black tagged as Priority 0, with no treatment administered, while available resources concentrate on treating a large number of salvageable patients.

Once tagged, Priority 0 patients should not be moved unless it is necessary to treat other patients. Those that must be moved should be covered and placed in an out of the way location. If possible, mark the position of the body before moving.

Triage tags should be secured preferably to the patient's uninjured ankle or wrist. When securing tags to the wrist, leave the attachment line loose enough so that it can be moved up or down the arm to accommodate an IV line infusion, but tight enough so that it will not slide off the wrist. Do not secure triage tags to belts or clothing.



## SECTORS

Three specific sector assignments are normally used in medical incidents. These are Extrication, Treatment, and Transportation. Additional sector assignments may be made, depending on the situation.

EXTRICATION SECTOR is Responsible for locating, extricating and removing patients to treatment areas. Triage and initial treatment of patients may or may not take place within the Extrication Sector, depending on the stability of the area where patients are located. The Extrication Officer is responsible for making this determination.

TREATMENT SECTOR is responsible for establishing and managing Treatment Area(s) in a safe location to provide field stabilization and continuing medical supervision of patients awaiting transportation to medical facilities.

TRANSPORTATION SECTOR is responsible for the allocation of patients to appropriate medical facilities and for the coordination of patient transportation to those locations.

In situations which involve a large geographic area, it may be necessary to assign more than one Extrication Sector and to establish Treatment Sectors in more than one location. There should be only one Transportation Sector Officer to manage patient allocation from the different Treatment Areas to medical facilities, although patients may be transported from each Treatment Area.

SUPPORT SECTOR is responsible for the procurement, delivery and stockpiling of medical supplies needed at the scene. This sector should be established when the demand for supplies exceeds those carried on responding apparatus and/or when a pool of supplies is needed to fulfill the needs of the Treatment Sector.

### EXTRICATION

The Extrication Sector is utilized in multi-patient medical incidents and in situations which require physical extrication of trapped victims. The Extrication Sector is responsible for locating, removing and transporting patients to appropriate treatment areas. The Extrication Sector is also responsible for any patient treatment which is necessary prior to removal of the patient.

An important decision must be made whether to provide triage at the actual site or to move the patients quickly to a separate treatment area. This will depend on the safety of the site and the arrangement of the patients. It may be necessary to remove the patients on backboards after only a brief examination (ABC's), if they are located in an unsafe area.

The Extrication Sector responsibilities may be summarized as follows:

1. Determination of location, number and condition of patients.
2. Determination whether triage is to be conducted "on site" or at a treatment area.
3. Evaluation of resources needed for extrication of trapped patients and removal of patients to the Treatment Area.
4. Evaluation of resources needed for triage and preliminary treatment of patients.
5. Communication of resource requirements to Command
6. Allocation of assigned resources.
7. Supervision of assigned personnel.
8. Establishment of Assembly Area for Priority 3 patients to await delayed transportation.
9. Reporting of progress to Command and "all clear" when all victims have been removed.
10. Coordination with other sectors as required.

The Extrication Officer should assign personnel to help size-up the situation. An evaluation of the number of patients involved and the complexity of extrication requirements is an immediate priority.

The Extrication Officer should be positioned in readily visible location which is accessible to arriving companies and has a view of the scene. Face-to-face communications should be used within the sector. The sector officer shall wear an orange vest for identification purposes.

Ambulatory (Priority 3) patients who do not need urgent medical assistance should be removed from the scene as soon as possible to reduce confusion. This may require the assignment of one or more personnel to assemble these patients and remove them to an area where they will receive medical attention if needed. These patients will initially be gathered together at an "Assembly Area." A bus may be used to transport these people from the assembly area to a suitable location.

If the patients are spread out in a large area, a unit should be assigned to a specific area or group of patients. The unit assigned will have to determine the immediate needs of those patients and request assistance if necessary. The unit has responsibility for all those patients until they are delivered to a treatment area. This unit would then become available for reassignment and report back to the Extrication Sector.

When the scene is stable, patients should be triaged and tagged in the Extrication Sector. The first priority for removal to the Treatment Area will be "Priority 1" patients followed by "Priority 2" patients. "Priority 1" patients should be moved to a Treatment Area without delay.

All non-ambulatory patients should be moved on backboards, with cervical collars if indicated. Personnel may be assigned as "litter bearers" to assist in this movement. Pickup trucks, rescue vehicles, baggage carts or similar conveyances may also be used.

Trapped patients requiring prolonged extrication should be triaged by paramedics and provided ALS treatment if needed during extrication.

If the extrication requires specialized equipment (i.e. wreckers, cranes, cutting torches) these must be requested through Command.

The Extrication Officer is responsible for assuring the safety of the area where patients are being extricated. This will require the commitment of personnel with protective lines and extinguishing equipment where a fire risk exists. If fire is involved, coordination with firefighting sectors will be required. The safety of patients and fire department personnel must be a primary concern.

If the incident site involves a large area, it may be necessary to create more than one Extrication Sector. Responsibility should be divided geographically.

### TREATMENT

A Treatment Sector is established to provide and manage a site for the treatment of multiple Priority 1 and 2 patients at medical incidents.

The Treatment Sector is responsible for the establishment of the Treatment Area in a suitable location. The Treatment Area must be in a readily accessible location for patient entry and transportation loading but away from any dangerous conditions associated with the incident.

The function of the Treatment Area is to provide stabilization and continuing care of patients until they can be transported to a medical facility.

The Treatment Area should be established and prepared for the arrival of patients from the Extrication Sector. The Treatment Sector should first establish a "Priority 1" Treatment Area where paramedic level treatment will be given. A "Priority 2" Treatment Area should be established if there is a need to hold non-critical patients until transportation is available. The Treatment Sector shall advise command when ready to receive patients.

The Treatment Sector is responsible for:

1. Evaluation of resources required for treatment (and/or triage) and reporting needs to Command.
2. Identification and establishment of suitable "Priority 1" and "Priority 2" Treatment Areas.
3. Assignment and coordination of resources to provide suitable treatment for all patients.
4. Triage of arriving patients and continuing evaluation of patient conditions.
5. Determination of transportation priorities for patients.
6. Reporting of progress to Command.
7. Coordination with other sectors.

The Treatment Area should have a readily identifiable entrance. Traffic cones or other markers should be used to make this entrance obvious and the location should be announced. Personnel should be assigned to meet and direct arriving litter-bearers on the placement of patients in "Priority 1" and "Priority 2 " Areas.

Patients arriving at the Treatment Area without triage tags must be triaged at the entrance and tagged. A Triage Team should be located at the entrance for this purpose.

Patients in the Treatment Areas should be arranged in rows with 5 feet between them and heads toward the aisles to provide working room.

Advanced life support treatment will be given only in the "Priority 1" Treatment Area. Less intensive patient monitoring and treatment will be given to the "Priority 2" Treatment Area with fewer personnel assigned to this area.

Treatment Sector personnel must continue to assess patient condition on an ongoing basis to maintain appropriate triage classifications and to set treatment and transportation priorities.

If the condition of a patient changes significantly (better or worse) it may be necessary to transfer the patient to a higher or lower priority area.

Firefighting personnel, paramedics, medical staff and others may be assigned to the Treatment Sector. The Treatment Sector Officer must have specific assignments for these varied personnel to patients in need of treatment and provide the necessary level of support.

If the number of Priority 1 patients exceed the treatment capability at the scene, Priority 1 patients should be transported immediately. Helicopters with paramedic capability should be assigned to treat and transport these patients as quickly as possible.

The Treatment Sector Officer is responsible for determining the need for additional medical supplies at the scene and requesting their delivery through Command. A supply pool should be established within the Treatment Area.

The Treatment Sector Officer shall wear an orange vest for identification purposes.

If the incident scene is very large, it may be advantageous to establish more than one Treatment Area or Sector in different locations.



### TRANSPORTATION

The Transportation Sector is responsible for the management of patient transportation from multiple patient medical incidents. The Transportation Sector also allocates patients to appropriate medical facilities in consultation with the Treatment Sector.

Transportation Sector responsibilities include:

1. Determination of patient transportation requirements and availability of ambulances and other transportation.
2. Reporting of resource requirements and progress to Command.
3. Identification of ambulance staging and loading areas and helicopter landing zones.
4. Communication with 9-1-1 dispatcher to obtain medical facility status.
5. Coordination of patient transportation and allocation with Treatment Sector.
6. Transportation of patients from the Treatment Area to ambulance and helicopter loading areas.
7. Coordination with other sectors.

The Transportation Sector Officer receives hospital status information from the Tillamook County General Hospital on Med 5. This indicates the capacity of each hospital to receive patients, by triage categories.

The Treatment Sector advises Transportation when each patient is ready to be transported to a medical facility. The Transportation Sector Officer allocates those patients to medical facilities according to hospital capacity, availability of transportation, and when possible, hospital specialty.

Transportation Sector personnel pick up patients from the Treatment Sector when they are ready to be transported. Patients should not be removed from the Treatment Area until transportation is available for them.

Transportation and Treatment personnel should consult together to determine the most appropriate allocation for each patient when options are available.

The Transportation Sector Officer should be located close to the Treatment Area since frequent coordination and communication is necessary between these sectors. Management of this function may require several personnel to assist the Sector Officer. The Transportation Sector Officer shall wear an orange vest for identification purposes.

Ambulances should be staged and brought in one at a time to load. It may be necessary to establish a separate ambulance staging area close to the Treatment Area. Each ambulance should be loaded with patients for one hospital only. When other options are available, not more than one Priority 1 patient should be loaded in each ambulance.

QRT vehicles and/or rescue trucks may be used as extra ambulances if necessary by assigning drivers and attendants. Supplies and equipment which may be needed at the scene should first be unloaded.

If helicopters are to be used, a Landing Zone must be identified at a safe distance from the scene. Transportation Sector personnel must be assigned to the Landing Zone to coordinate patient loading. Helicopters should be used to provide immediate treatment and transportation to unstable patients.

It may be necessary to use ambulances or other vehicles to carry patients to the Landing Zone.

The Transportation Sector shall keep track of the number of patients sent utilizing the tear-off portion of the triage tag.

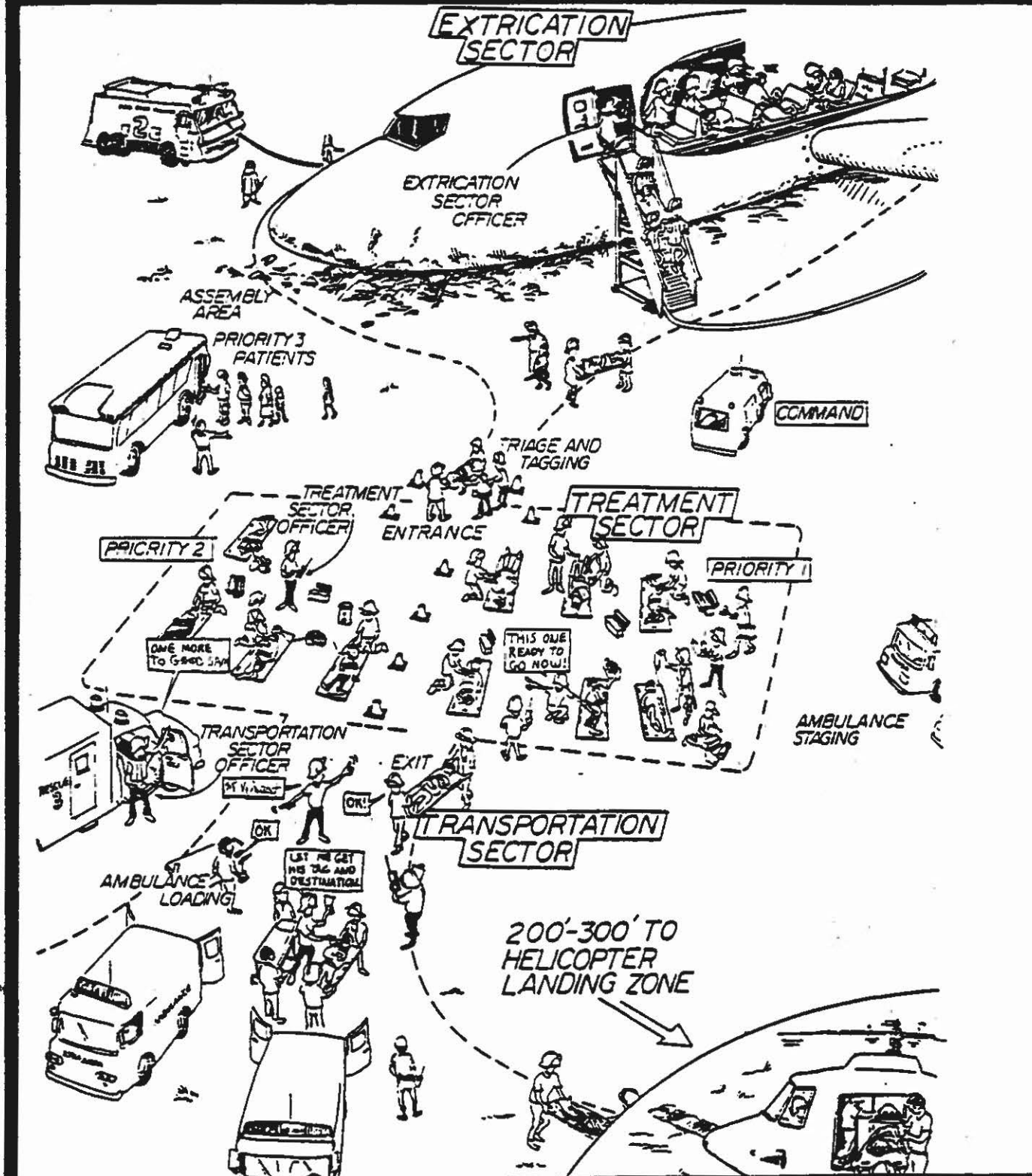


EXHIBIT D

EMS MUTUAL AID MOVE-UP

Mutual aid will be implemented whenever an ASA provider is unable to provide service and is based on the number of ambulances normally located within each ASA. Tillamook Ambulance and Lincoln City Ambulance provide ALS for designated portions of other ASA's. The vehicles available for routine coverage are as follows:

Nehalem	two ambulances
Garibaldi	two ambulances
Tillamook	three ambulances
Pacific City	one ambulance
Nestucca Valley	one ambulance
Lincoln City	two ambulances

ROUTINE MOVE-UP COVERAGE

NEHALEM Coverage: Move up ambulance from Tillamook when both Nehalem vehicles are not available.

GARIBALDI Coverage: Move up ambulance from Tillamook to Garibaldi when both Garibaldi vehicles are not available. Tillamook to move an ambulance to Bay City if only one ambulance is available in Tillamook. Move one Nehalem ambulance to Jetty Fishery.

TILLAMOOK Coverage: Move up ambulance from Garibaldi to Tillamook if all Tillamook vehicles are not available. Garibaldi to move an ambulance to Bay City if Garibaldi has only one vehicle available. Move one Nehalem ambulance to Jetty Fishery.

PACIFIC CITY Coverage: Nestucca Valley is to cover for Pacific City if Pacific City is not available. If Nestucca Valley is not available, Tillamook or Lincoln City is to move an ambulance to Cloverdale for stand-by.

NESTUCCA VALLEY Coverage: Pacific City ambulance to cover Nestucca Valley if Nestucca Valley is not available. If Pacific City is not available, Tillamook or Lincoln City is to move an ambulance to Cloverdale for stand-by.

**LOCATION TO REPORT TO WHEN PROVIDING COVERAGE**

**NEHALEM:**

Nehalem Fire Hall  
9th & Tohl 368-5600  
Radio room is behind the first bay on the left, and has  
radios and telephones.

**GARIBALDI:**

Tillabay Motel  
804 Garibaldi Ave 322-3231  
Communications center is in Apt. #16 and has radios and  
telephone.

**TILLAMOOK:**

Tillamook County General Hospital  
1000 Third St 842-4444  
Report to ER desk; has radios and telephone.

**PACIFIC CITY-WOODS:**

Pacific City-Woods Ambulance Building  
35005 6th St 965-6100  
Building located at T-intersection to the east of red blinker  
light. No communications unless you have access to the office  
area.

**NESTUCCA VALLEY: (Cloverdale)**

Nestucca Valley Ambulance Building  
34550 Parkway Drive 392-3110  
Building across from the Nestucca Presbyterian church and  
west of St Josephs Catholic church. No communications unless you  
have access to the building.

## EMERGENCY PROGRESSIVE MUTUAL AID

Any ambulance Service that has committed, or expects to commit all of its available ambulances at the scene of an emergency may request mutual aid. The aid requested will normally follow the steps outlined in this section. Although the requesting service may ask for a specific unit, in most cases it is very important to follow this plan so that no community is left without coverage.

- A. The department requiring assistance shall request Station 800 to initiate the required level of mutual aid moveup.
- B. Station 800 will follow the move-up plan using the procedures for that department found on the following pages, based on the number of ambulances requested by the department.
- C. Station 800 will initiate any request for ambulances from outside the county when the request for mutual aid is greater than available local resources.
- D. The mutual aid move-up described in this portion of the plan represents a guideline for use by Station 800, but dispatchers may use their discretion for dealing with varying conditions. Departments without the regular number of available units will require dispatching the next closest unit as well as dispatching other move-ups required to maintain county wide coverage. Emergency scenes at the borders of an ASA may also justify a move-up outside of these guidelines.



PROGRESSIVE MOVE-UP

NEHALEM ASA EMERGENCY

<u>Number of Ambulances Requested by Nehalem</u>	<u>Stations To Be Dispatched</u>	<u>Message To Be Dispatched</u>
ONE	31 Garibaldi..... 75 Tillamook.....	One unit to scene One unit to cover in  Nehalem ASA
TWO	31 Garibaldi..... 75 Tillamook..... ..... .....	Two units to scene One unit to cover at Jetty Fishery One unit to cover at Bay City
THREE	31 Garibaldi..... 75 Tillamook..... ..... 300 Medix.....	Two units to scene One unit to cover at Jetty Fishery One unit to cover at Bay City One unit to scene
FOUR	31 Garibaldi..... 75 Tillamook..... ..... ..... 300 Medix..... 81 NVA or 82 PC..... 82 NVA or 82 PC..... Medic 11 .....	Two units to scene One unit to scene One unit to cover at Jetty Fishery One Unit to cover at Bay City One unit to scene One unit to cover at Sandlake Junction On Alert On Alert

PROGRESSIVE MOVE-UP

GARIBALDI ASA EMERGENCY

<u>Number of Ambulances Requested by Garibaldi</u>	<u>Station To Be Dispatched</u>	<u>Message To Be Dispatched</u>
ONE	75 Tillamook.....	One unit to scene
	.....	One unit to cover at Bay City
	13 Nehalem.....	One unit to cover at Jetty Fishery
TWO	75 Tillamook.....	One unit to scene
	.....	One unit to cover at Bay City
	13 Nehalem.....	One unit to scene
	.....	One unit to cover at Jetty Fishery
THREE	75 Tillamook.....	Two units to scene
	.....	One unit to cover at Bay City
	13 Nehalem.....	One unit to scene
	.....	One unit to cover at Jetty Fishery
	81 NVA or 82 PC.....	One Unit for cover at Sandlake Junction
	81 NVA or 82 PC.....	On Alert
	Medic 11.....	On Alert
FOUR	75 Tillamook.....	Three units to scene
	13 Nehalem.....	One unit to scene
	.....	One unit to cover at Jetty Fishery
	81 NVA.....	One unit to cover at Bay City
	82 PC.....	One unit to cover at Sandlake Junction
	Medic 11.....	One unit to cover at Cloverdale
	Medic 12.....	On Alert

PROGRESSIVE MOVE-UP

TILLAMOOK ASA EMERGENCY

Number of Ambulances Requested by Tillamook	Station To Be Dispatched	Message To Be Dispatched
ONE	31 Garibaldi.....	One unit to scene
	.....	One unit to cover at Bay City
	13 Nehalem.....	One unit to cover at Bay City
	81 NVA or 82 PC.....	One unit to cover at Sandlake Junction
	81 NVA or 82 PC.....	On Alert
	Medic 11.....	On Alert
TWO	31 Garibaldi.....	Two units to scene
	13 Nehalem.....	One unit to cover at Bay City
	.....	One unit to cover at Jetty Fishery
	81 NVA or 82 PC.....	One unit to cover at Sandlake Junction
	81 NVA or 82 PC.....	On Alert
	Medic 11.....	On Alert
THREE	31 Garibaldi.....	Two units to scene
	13 Nehalem.....	One unit to scene
	.....	One unit to cover at Jetty Fishery
	81 NVA .....	One unit to cover at Bay City
	82 PC.....	One unit to cover at Sandlake Junction
	Medic 11.....	One unit to cover at Cloverdale
	Medic 12.....	On Alert
FOUR	31 Garibaldi.....	To units to scene
	13 Nehalem.....	One unit to scene
	.....	One unit to cover at Rockaway Beach
	81 NVA.....	One unit to scene
	82 PC.....	One unit to cover at Tillamook
	Medic 11.....	One unit to cover at Sandlake Junction
	Medic 12.....	One unit to Cloverdale

**PROGRESSIVE MOVE-UP  
NESTUCCA VALLEY ASA EMERGENCY**

Number of Ambulances Requested by NVA	Station To Be Dispatched	Message To Be Dispatched
ONE	82 PC.....	One unit to scene
	Medic 11.....	One unit to cover at Cloverdale
	Medic 12.....	On Alert
	75 Tillamook.....	One unit to cover at Sandlake Junction
TWO	82 PC.....	One unit to scene
	Medic 11.....	One unit to cover at Cloverdale
	Medic 12.....	On Alert
	75 Tillamook.....	One unit to scene
		.....One unit to cover at Sandlake Junction
THREE	82 PC.....	One unit to scene
	Medic 11.....	One unit to cover at Cloverdale
	Medic 12.....	On Alert
	75 Tillamook.....	Two units to scene
		.....One unit to cover at Sandlake Junction
	31 Garibaldi.....	One unit to cover at Tillamook
	.....One unit on Alert	
	13 Nehalem.....	On Alert
FOUR	82 PC.....	One unit to scene
	Medic 11.....	One unit to scene
	Medic 12.....	One unit to cover at Cloverdale
	75 Tillamook.....	Two units to scene
		.....One unit to cover at Sandlake Junction
	31 Garibaldi.....	One unit to cover at Tillamook
	.....One unit on Alert	
	13 Nehalem.....	On Alert
FIVE	82 PC.....	One unit to scene
	Medic 11.....	One unit to scene
	Medic 12.....	One unit to cover at Cloverdale
	75 Tillamook.....	Three units to scene
	31 Garibaldi.....	One unit to cover at Sandlake Junction
		.....One unit to cover at Tillamook
	13 Nehalem.....	One unit to cover at Garibaldi
		.....One unit on Alert

**PROGRESSIVE MOVE-UP**  
**PACIFIC CITY-WOODS ASA EMERGENCY**

Number of Ambulances Requested by PC-Woods	Station To Be Dispatched	Message To Be Dispatched
ONE	81 NVA.....	One unit to scene
	Medic 11.....	One unit to cover at Cloverdale
	Medic 12.....	On Alert
	75 Tillamook.....	One unit to cover at Sandlake Junction
TWO	81 NVA.....	One unit to scene
	Medic 11.....	One unit to cover at Cloverdale
	Medic 12.....	On Alert
	75 Tillamook.....	One unit to scene
	.....	One unit to cover at Sandlake Junction
THREE	81 NVA.....	One unit to scene
	Medic 11.....	One unit to cover at Cloverdale
	Medic 12.....	On Alert
	75 Tillamook.....	Two units to scene
	.....	One unit to cover at Sandlake Junction
	31 Garibaldi.....	One unit to cover at Tillamook
.....	One unit on Alert	
	13 Nehalem.....	On Alert
FOUR	81 NVA.....	One unit to scene
	Medic 11.....	One unit to scene
	Medic 12.....	One unit to cover at Cloverdale
	75 Tillamook.....	Two units to scene
	.....	One unit to cover at Sandlake Junction
	31 Garibaldi.....	One unit to cover at Tillamook
.....	One unit on Alert	
	13 Nehalem.....	On Alert
FIVE	81 NVA.....	One unit to scene
	Medic 11.....	One unit to scene
	Medic 12.....	One unit to cover at Cloverdale
	75 Tillamook.....	Three units to scene
	31 Garibaldi.....	One unit to cover at Sandlake Junction
	.....	One unit to cover at Tillamook
	13 Nehalem.....	One unit to cover at Garibaldi
	.....	One unit on Alert

TILLAMOOK COUNTY

EMERGENCY MEDICAL QUALITY ASSURANCE STANDARDS

I. GENERALLY

A. The goals of the Tillamook County Quality Assurance Program for pre-hospital care are as follows:

1. Assure prompt appropriate level of care to person in need of emergency medical care.
2. Assure proper emergency medical care for the patient.
3. Assure transport of patient to proper hospital.
4. Assure compliance with the Tillamook County ASA Plan, EMS Ordinance, Physician Standing Orders, and State laws and regulations.

B. The Quality Assurance Committee will use the following generated information levels for achieving the QA goals:

1. Public
2. Dispatch process
3. Other EMS providers
4. Pre-hospital care
5. Emergency Department
6. Critical Care Area
7. EMS Administration

C. The types of information used by the QA Committee may include the following:

1. Complaint
2. Patient care form
3. Emergency department form
4. Critical care form
5. Hospital record
6. Communications report
7. Medical resource hospital record



8. Trauma communications record
9. Radio transmission tape
10. On scene report
11. Trauma registry form

## II. SYSTEM QUALITY ASSURANCE SCREENS AND Q.A. MEASURES

A. The QA Committee shall assure the prompt appropriate level of care to a person in need of medical care, utilizing the following screens and, if deviations are found, may take any action described below:

1. Determine whether system was entered appropriately by 911 utilizing the following information types:
  - a. Communications report
  - b. Patient care sheet
  - c. Emergency department form
  - d. EMS Mutual Aid Plan
2. If deficiencies are found, the QA Committee may:
  - a. Examine triage guidelines and recommend changes if necessary;
  - b. Recommend retraining of Communications personnel in necessary.
3. The QA Committee shall determine whether response times were in accordance with the ASA Plan and EMS Ordinance by using the following information types:
  - a. Communications report
  - b. Patient care form
4. If deviations are found, the QA Committee may:
  - a. Examine communications procedures and recommend changes if necessary;
  - b. Examine ambulance response procedures and recommend changes if necessary to the appropriate facility, committee or body;
  - c. Examine ambulance service response areas and recommend changes if necessary to the appropriate facility, committee or body.

B. The QA Committee shall assure proper emergency medical care for the patient by the following:

1. Determine whether the correct patient assessment was made by the EMT. In making this determination the QA Committee may use the following information types:
  - a. Patient care form
  - b. Emergency department form
  - c. Critical care form
  - d. Hospital record
2. Determine whether the correct treatment was made by the EMT using the following information types:
  - a. Patient care form
  - b. Radio transmission tape
  - c. Emergency department form
  - d. On scene report
3. If deficiencies are found in the delivery of proper emergency medical care for the patient by the EMT, the QA Committee may:
  - a. Examine the care for appropriateness and provide necessary action for the EMT;
  - b. Examine the treatment protocol for appropriateness and recommend changes if necessary
4. Determine whether treatment was provided to the patient in a timely manner using the following information types:
  - a. Patient care form
  - b. Radio transmission tape
  - c. Emergency department record
  - d. On scene report

C. The QA Committee shall assure the transport of patient to the proper hospital:

1. Determine whether a trauma patient was transported to facility able to care for the patient's need by using the following information types:

- a. Patient care form
  - b. Emergency department form
  - c. Trauma registry
  - d. Applicable ATAB and SAG guidelines
2. If it is determined that a trauma patient was not transported to the appropriate facility, the QA Committee may:
    - a. Examine the triage criteria into the trauma system and recommend changes if necessary
    - b. Examine the assessment procedure by the EMT and take necessary action
  3. Determine whether the hospital receives proper notification and is in readiness with appropriate staff/facilities by using the following information types:
    - a. Radio transmission tape
    - b. Patient care form
    - c. Trauma registry form
  4. If it is determined that the hospital did not receive proper notification or was not ready with appropriate staff/facilities, the QA Committee may:
    - a. Examine the notification system and recommend changes as necessary with the radio system and the EMT;
    - b. Examine the trauma facility and personnel standards and recommend changes as necessary;
    - c. Examine the hospital in-house standards and recommend areas of change

III. IN CONDUCTING ITS QUALITY ASSURANCE REVIEWS, THE QA COMMITTEE MAY ALSO USE THE FOLLOWING ADDITIONAL SCREENS:

- A. All pre-hospital deaths
- B. All emergency department deaths where the patient was transported by ambulance.
- C. 2% of all calls, random sample
- D. Any calls requested by an EMT, nurse, physician or administrator
- E. Any other calls or screens as directed by the QA Committee.

IV. IN CONDUCTING ITS CASE REVIEWS, THE QA COMMITTEE WILL GROUP ITS CASES IN ACCORDANCE WITH THE FOLLOWING INJURIES/ILLNESSES:

A. Airway

B. Cardiac

C. Medical

1. CVA

2. C.I.

3. Diabetes

4. Childbirth

D. Environmental

1. Heat

2. Cold

3. Radiation

4. Anaphylaxis

5. Drowning

E. Psychiatric

F. Substance Abuse

1. Alcohol

2. Drug

3. Poison

G. Trauma

1. Hemorrhage

2. Fracture

3. Shock

