

COUNTY COURT JOURNAL

BEFORE THE BOARD OF COMMISSIONERS

FOR TILLAMOOK COUNTY, OREGON

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TASSI O'NEIL
COUNTY CLERK

In the Matter of Establishing Ambulance)	
Service Areas; Setting Application Fees;)	
Assigning Ambulance Service Providers;)	
Creating an Emergency Medical)	ORDINANCE NO. 41
Services Council; Providing for)	AS AMENDED <u>3-6</u> ,
Administration, Enforcement and)	2002
Penalties; and Prescribing Effective Dates;)	

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 682.205, 682.275 and ORS 203.035.

Section 3. Policy and Purpose

The Board of Commissioners finds:

- A. That ORS 682.205 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 Council, 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 682 and OAR Chapter 333, Divisions 250, 255, 260 and 265, 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 9-1-1 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 is 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, described in Section 7.2 of the ASA Plan, and assigns a provider for the ASA.

Section 9. Application for Ambulance Service Area

A. Any person desiring to provide ambulance services within Tillamook County beginning July 1, 2003 shall submit a notice of intent to be assigned an Ambulance Service Area not less than 60 days prior to July 1, 2003. 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 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 support the service to be provided or evidence of additional funding sufficient to support the required level of service.

C. Information, in the form of run logs, medical records, physician advisory correspondence, audit reports, training records, policy and procedure manuals and 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 may be determined by any one or combination of the following: as part of the provider selection process, the application of Quality Improvement standards, compliance with the ASA Plan generally and Section 7.2 of the Plan specifically, 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 EMS Council and QI Coordinator. Such cooperation shall include but is not limited to, appearance before the Council when requested, submitting ambulance run sheets to the QI Coordinator when requested by the QI Coordinator and providing such other information as requested as part of a QI review. Failure to provide such cooperation may be taken into account when considering renewal of an existing ASA.

J. Shall provide to the EMS Council upon request 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 EMS Council, QI 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 provider which shall specify the violation, the action necessary to correct the violation and the date by which the action must be taken. If the provider fails to take corrective action within the time required, the Board shall notify the provider that the assignment is suspended or revoked upon receipt of the notice.

C. At such time that the EMS Council finds that there is evidence that a provider is not in compliance with minimum standards, the EMS Council may transmit its documented findings to the QI Coordinator, who shall present the findings to the Board together with the Council'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 make 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 Council

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

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

Section 15. 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 first arriving unit will establish command. In scenes involving multiple patients, vehicular accidents or otherwise complex incidents, the incident command system shall be implemented and adhered to.

C. 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.

D. 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 pursuant to the standing orders applicable to the provider.

E. In the event an ambulance service provider is unable to reach the scene the initial responder may transport a patient after radio or telephone communication and consent from a medical resource facility if such communication is reasonably possible.

Section 16. Penalties

A. Any person who violates any provision 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 17. Nuisance

In addition to penalties provided by Section 16, 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. This Ordinance shall also be enforceable by OR-EMS in a proceeding in Circuit Court for equitable relief.

Section 18. Repeal of Inconsistent Ordinances

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

Section 19. 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 20. Effective Date of Ordinance.

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

Adopted the 6 day of Mar, 2002.

First Reading: February 20, 2002

Second Reading: March 6, 2002

Ordinance #41 Amended March 6, 2002

**THE BOARD OF COMMISSIONERS
FOR TILLAMOOK COUNTY, OREGON**

Charles J. Hurliman

 Charles J. Hurliman, Chair

Aye Nay Abstain/absent
 ✓ — — / —

Tim Jesi

 Tim Jesi, Vice-Chair

✓ — — / —

Paula Hanneman

 Paul Hanneman, Commissioner

✓ — — / —

ATTEST: Tassi O'Neil,
 County Clerk

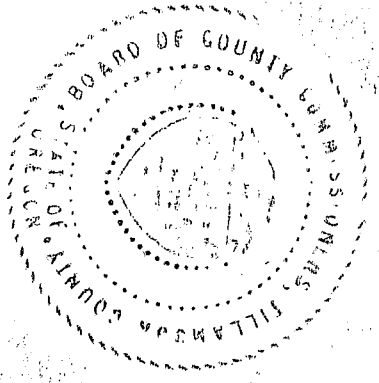
By *Tassi O'Neil*

 Special Deputy

APPROVED AS TO FORM:

William K. Sargent

 William K. Sargent,
 County Counsel



TILLAMOOK COUNTY
AMBULANCE SERVICE AREA PLAN

BY
TILLAMOOK COUNTY
EMERGENCY MEDICAL SERVICES COUNCIL

March 6, 2002
Exhibit "A" to
EMS Ordinance No. 41

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315 pmsw/20
 ENDORSED
 Filed
 4-9, 2002
 Tassi O'Neil
 County Clerk

THE BOARD OF COUNTY COMMISSIONERS

FOR THE COUNTY OF TILLAMOOK IN THE STATE OF OREGON

In the Matter of Certifying the) RESOLUTION
 Tillamook County Ambulance ...)
Service Area Plan) #02- 2

This matter coming on to be heard this 6th day of March 2002, at which time it appears that Oregon Administrative Rule (OAR) 333-260-020 (2) requires that an Ambulance Service Area (ASA) Plan submitted to the OR-EMS 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.

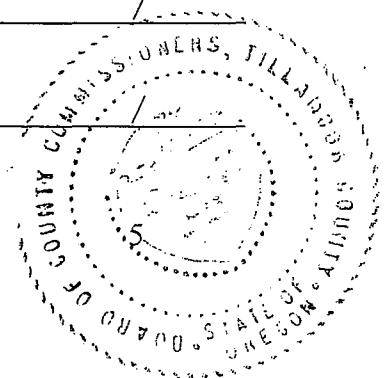
NOW THEREFORE, BE IT RESOLVED that the Board of Commissioners for Tillamook County hereby certifies that:

1. Each subject or item contained in the amended plan was addressed and considered when the amended plan was adopted on March 6, 2002.
2. In the Board's judgment, 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 former ORS 823.180(2), (3) and 823.310, presently numbered as ORS 682.205(2), (3) and 682.335 and existing local ordinances and rules.

DATED THIS 6th DAY OF March 2002.

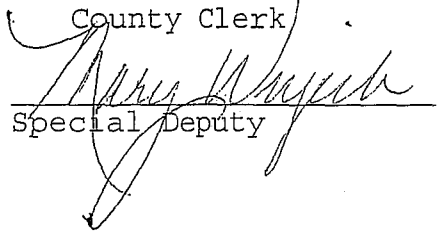
BOARD OF COUNTY COMMISSIONERS
 FOR TILLAMOOK COUNTY, OREGON

	Aye	Nay	Abstain/Absent
<u>Charles J. Murliman</u> Charles J. Murliman, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1
<u>Tim Josi</u> Tim Josi, Vice-Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1
<u>Paul Hanneman</u> Paul Hanneman, Commissioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1

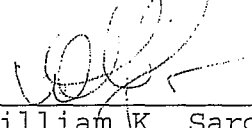


Ordinance #41 Amended March 6, 2002

ATTEST: Tassi O'Neil
County Clerk

BY: 
Special Deputy

APPROVED AS TO FORM:


William K. Sargent,
County Counsel.

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, Columbia County on the Northeast, Washington and Yamhill Counties on the East, Polk County on the southeast, 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. Publicly owned land, most of which is forest land, 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 24, 000 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 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 OR-EMS relating to emergency medical services.

"Ambulance" means any privately or publicly owned motor vehicle, aircraft or marinecraft operated by a OR-EMS-licensed ambulance service 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. This plan applies only to ground ambulances.

"Ambulance Provider" means a licensed ambulance service that responds to 9-1-1 dispatched calls or provides pre-arranged non-emergency transfers or emergency or non-emergency inter-facility transfers.

"Ambulance Service" means any individual, partnership, corporation, association, governmental agency or other entity that holds a Division-issued ambulance service license to provide emergency and non-emergency care and transportation

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

"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 for the entire county and by meeting the requirements of law and administrative rules.

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

"BME" means the Oregon 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 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.

"Effective Provision of Ambulance Service" means ambulance services provided in

compliance with the county ASA plan provisions of 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 whose purpose is to prepare for and respond to medical and traumatic emergencies, including rescue and ambulance services, patient care and treatment, communications and evaluation.

"Emergency Medical Technician (EMT)" means a person who has received formal training in prehospital emergency and non-emergency care and is state-certified to attend any ill, injured or disabled person. Police officers, fire fighters, funeral home employees and other personnel serving in a dual capacity, one of which meets the definition of "emergency medical technician" are "emergency medical technicians" within the meaning of ORS Chapter 682.

"EMT-Basic" means a person who completes an EMT-Basic course as prescribed by OR-EMS rules and is certified by the OR-EMS.

"EMT-Intermediate" means a person who completes an EMT-Intermediate course as prescribed by OR-EMS rules and is certified by the OR-EMS.

"EMT-Paramedic" means a person who completes an EMT-Paramedic course as prescribed by OR-EMS rules and is certified by the OR-EMS.

"License" means the documents issued by the OR-EMS to the owner of an ambulance service when the service and its ambulances are found to be in compliance with ORS Chapter 682 and OAR 333-250-0000 thru 333-250-0110 and OAR 333-255-0000 thru 333-255-0093.

"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 service by either a provider or the emergency dispatch center (9-1-1), and the notification of all responding emergency service personnel.

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

"OR-EMS" means the Oregon Health Service, Office of Public Health Systems, EMS.

"Owner" shall have the meaning given that term by OAR 333-250-0010(17).

"Patient" means an ill, injured or disabled person who may be 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.

"Quick Response Team" (QRT) means an emergency medical unit designated by Board order as a QRT, and which meets the standards set forth in Section 5.2(A), 5.3(A), 5.4 and 5.5(A) and (B) of the ASA Plan.

"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) at the incident scene.

"Rural" means an incorporated community of 2,000-10,000 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 level of emergency care or non-emergency care that an EMT may provide.

"Standing Orders" means the written detailed procedures for medical or trauma emergencies to be performed by an EMT 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 which have a population density of 1,000 or more per square mile.

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

"Supervising Physician" means a medical or osteopathic physician licensed under ORS Chapter 677, actively registered and in good standing with the BME, and approved by the OR-EMS, who provides direction of emergency and non-emergency care provided by EMTs.

"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.

"Tillamook 9-1-1" means the 9-1-1 communications center located at the Tillamook County Emergency Communications District facility in Tillamook.

"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.

4.2 ASA BOUNDARY & RESPONSE TIME MAP

(ORIGINAL COPIES OF THIS MAP ARE ON FILE WITH THE OR-EMS, THE TILLAMOOK COUNTY CLERK, 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) Tillamook ASA Manzanita Sector 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 11.4; South on Hwy. 101 to MP Z47, located at approximately halfway between Brighton Beach Moorage and Jetty Fishery; South from Hwy. 53 on Miami-Foley Rd. to MP 9, last residence in this ASA is 30115; East boundary is the Tillamook/Washington county line.

4.2(C) Tillamook ASA Garibaldi Sector Description

Those portions of Tillamook County bounded as follows: North on Hwy. 101 to MP Z47 located approximately halfway between Brighton Moorage and Jetty Fishery; North on Miami-Foley Rd. to MP 9, last residence in this ASA is 29805; South on Hwy. 101 to but not including Alderbrook Road, south of Bay City.

4.2(D) Tillamook ASA Tillamook Sector Description

North on Hwy. 101 to and including Alderbrook Road, south of Bay City; South on Hwy. 101 to the Tillamook RFD 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 Trails Head Park; East on Hwy 6 (Wilson River Hwy.) to Tillamook/ Washington county line, approximately MP 33.

4.2(E) Pacific West 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 T6R10W, Section 5,6 and 9 that are accessed from Hwy. 101 South of MP 99; Section 7,8, and 12-18 of T6SR10W; and Section 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 South Clatsop County 9-1-1. The community

of Three Rocks, located in extreme Southwest corner of the County, is served by the Lincoln City 9-1-1. 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 9-1-1 located within the City of Tillamook. The Boundaries of the four 9-1-1 centers 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 OR-EMS, THE TILLAMOOK COUNTY CLERK, 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 OR-EMS, THE TILLAMOOK COUNTY CLERK, AND THE TILLAMOOK COUNTY 9-1-1 CENTER)

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 - NOTIFICATION AND 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 OR-EMS's First Responder level.
- (B) All ASA providers shall:
 - (1) provide the minimum level of care as licensed by OR-EMS.
- (C) Advanced Life Support (ALS) shall be dispatched as available on all requests for emergency medical services.
- (D) All emergency personnel who respond within Tillamook County shall have

successfully completed the following.

- CPR, Health Care Provider
- Standard First Aid (meet or exceed)

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 at the First Responder level.

(B) All ASA providers shall respond with the minimum number and level of certified persons, as licensed by OR-EMS.

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 2 hours annually. Training opportunities will be provided at least each calendar quarter for training and case review with QRT, and EMT, Basic and Intermediate personnel supervised.

(2) meet at least ten times annually for training and case review with all EMT paramedic 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.

(D) The Physician Supervisor must annually review 25% of run sheets.

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) All ASA providers shall maintain on each ambulance, patient care equipment and supplies which conform with the standards, requirements and maintenance provisions of all OR-EMS rules pertaining to ambulances, equipment and ORS 682.015 to 682.355.

5.6 SYSTEM ELEMENTS - VEHICLES

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

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

(1) the ambulance conforms to ORS 682.015 to 682.355 and all rules adopted by OR-EMS.

(2) the ambulance has a current license issued by OR-EMS.

(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 682.015 to 682.355 and all rules adopted by OR-EMS.

(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.

5.7 SYSTEM ELEMENTS - TRAINING

In order to create a consistent level of education and training, the Tillamook County EMS

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 EMT Basic and EMT

Intermediate training with Tillamook County. First Responder is taught through the local fire departments. Paramedic Training is only available outside of the county.

(B) ASA providers in cooperation with the local fire departments provide EMS continuing education.

(C) All ASA providers shall comply with requirements and/or recommendations for training in Hazardous Materials, Incident Command Systems, Blood Borne Pathogens and OSHA regulations.

(D) 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 IMPROVEMENT

5.8.1 In order to ensure the delivery of efficient and effective prehospital emergency care, an EMS Quality Improvement (QI) Program is hereby established

5.8.2 Quality Improvement Program Structure

The Qi program shall be implemented through the establishment and operation of the EMS Council and the Quality Improvement (QI) Coordinator.

5.8.2.1 The EMS Council shall consist of the following:

- (1) Two representatives nominated by and from each ambulance service organization.
- (2) One representative nominated by and from the Tillamook County Fire Defense Board who is actively involved with a QRT, but who is not directly associated with an ASA provider.
- (3) One representative nominated by and from the Tillamook County Office of Emergency Management.
- (4) One representative nominated by and from the Tillamook County Emergency Communications District.
- (5) All Physician Supervisors to an ASA who wish to participate.
- (6) The Quality Improvement Coordinator as designated by the Board.

5.8.2.2 Membership on the Council for positions 1-4 becomes effective upon the organization's filing the nomination letter with the Board of Commissioners and the QI 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 Board shall appoint the QI Coordinator. All

members shall serve at the pleasure of the Board without compensation. The Council shall meet at least bi-monthly and on the call of the chair by written notice. The council shall choose its own chairperson.

5.8.2.3 In the event a member of the council holding positions 1 through 5 is unable to attend a meeting, the member shall cause another representative of their organization to attend by issuance of a letter of proxy. Failure of such membership to have a member in regular attendance at the meetings may be cause for loss of a membership on the council or other corrective action pursuant to the EMS ordinance.

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

5.8.3 Quality Improvement - Process

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

- (1) Advise the Board 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.
- (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 liaison between ASA providers and Tillamook Bay Community College.
- (10) Facilitate continuing education and training opportunities for all EMS personnel.
- (11) Investigate medically related issues and items.
- (12) Maintain familiarization with the policies and procedures of facilities in Tillamook County that receive or send patients via ambulance.
- (13) Periodically conduct a random review of each ASA's cases.
- (14) Perform such other duties as are required to carry out the requirements of the ASA Plan as directed by the Board.
- (15) Attempt to negotiate the correction of substandard prehospital care provided within Tillamook County.
- (16) Follow the guidance set forth in the Quality Improvement Guidelines.
- (17) Report directly to the Board on all matters coming before the Committee.

5.8.3.2 A quorum shall consist of those members present, unless corrective action is being implemented on a QI review, then a majority shall consist of a quorum of the membership which shall include the physician.

5.8.3.3 The EMS 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 EMS Council pursuant to ORS 192.660(1)(c) and 42 CFR, Part 2 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.

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

- (1) Act as staff to the EMS Council.
- (2) Maintain a filing system for EMS records.
- (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 EMS Council and Board on provider selection.
- (6) Upon discovery of non-compliance with the ASA Plan or EMS Ordinance, report such non-compliance to the EMS Council and the Board.

5.8.4 Quality Improvement Problem Resolution

5.8.4.1 In the event that the EMS Council identifies a problem involving compliance with the ASA Plan, or that fails to conform to established protocols, the council shall:

- (1) request any additional information necessary to establish whether a violation or failure occurred.
- (2) 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.
- (3) request that within thirty days the noncompliant provider, individual or organization submit a written response and a plan to correct the deficiencies.

5.8.4.2 Upon receipt of the written response, the EMS Council shall:

- (1) review the response to ensure that it responds to the request for information and to all aspects of the facts, laws, rules or protocols.
- (2) review the written plan for resolution of the deficiency.
- (3) upon findings of compliance, continue to monitor the plan for resolution of the deficiencies.

- (4) upon findings of continued noncompliance, serve written notice to comply with the ASA Plan or protocol.
- (5) 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.
- (6) attempt to obtain voluntary correction or compliance, but if compliance is not obtained, request a hearing on the matter before the Board.

5.8.5 Quality Improvement - Sanctions for Noncompliance

5.8.5.1 In the event the EMS Council refers any matter or deficiency to the Board of Commissioners, the Board shall:

- (1) conduct a public hearing pursuant to Section 6.2 of the ASA plan.
- (2) consider action authorized by Tillamook County EMS Ordinance #41, Section 12 Corrective Actions, Suspension or Revocation of Assignment; Section 16 Penalties; or Section 17 Nuisance.
- (3) refer the matter to OR-EMS.

6.1 COORDINATION - ADMINISTRATION OF PLAN

6.1.1 The Tillamook County ASA Plan shall be administered by the QI Coordinator. In addition to functions delegated under this plan to the QI Coordinator and EMS Council 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

6.2.1 In the event the EMS Council is unable to obtain compliance or correction of a deficiency under the procedures contained in Section 5.8.4 of this plan, a hearing shall be conducted by the

Board of Commissioners.

6.2.2 If any provider, individual or organization is dissatisfied with the results of a meeting with the EMS Council, a request for a hearing before the Board of Commissioners may be made by filing a written request with the QI 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 filing of a request for hearing.

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

6.2.4 In the event that the Board is unable to obtain compliance or correction as a result of a hearing, the Board may petition and request relief from OR-EMS, or the Board of Medical Examiners or the Tillamook County Circuit Court.

6.2.5 Any decision of the Board may be appealed to OR-EMS or the Tillamook County Circuit Court as appropriate.

6.3 COORDINATION-MUTUAL AID AGREEMENT

6.3.1 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.

6.3.2 All requests for Mutual Aid shall be made through the appropriate 9-1-1.

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

6.4 COORDINATION - DISASTER RESPONSE

6.4.1 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 9-1-1 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.

6.4.2 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 9-1-1 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.

6.4.3 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 B 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. The MCI plan, may however, be amended by Board order without amending the ASA Plan.

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; 1-208-5433
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. Hazardous Materials Emergency Response Plan: State of Oregon Emergency Operations Plan, Annex O
2. 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 401.66
 - 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 Department
 - 1) Hurst Tool
 - 2) Air Chisel
 - 3) Generators and Floodlights
 - 4) Air Bags
 - 5) Ropes and climbing belts
 - b. Nehalem Fire Department
 - 1) Lucas Tool
 - 2) Generator and Floodlights
 - c. Nestucca Fire Station 83 ORT (Beaver)
 - 1) Hurst Tool
 - 2) Air Chisel
 - 3) Generator and Floodlights
 - 4) Rescue Van
 - d. Nestucca Fire Station 86 ORT (Blaine)
 - 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 Department
 - 1) Amkus Tool
 - 2) Portapower
 - 3) Generator and Floodlights
 - g. Nestucca Fire Station 81 QRT (Cloverdale)
 - 1) Air Bags
 - 2) Shoring
 - 3) Generator and Floodlights
 - 4) Hurst Tool

- h. Nestucca Fire Station 84 QRT (Neskowin)
 - 1) Generator and Floodlights
 - 2) Rescue Van
 - 3) Rope and Climbing equipment

- i. Nestucca Fire Station 82 QRT (Pacific City)
 - 1) Amkus Tool
 - 2) Generator and Floodlights
 - 3) Rescue Van

- j. Netarts Fire Rescue
 - 1) Generator and Floodlights
 - 2) 4x4 Crew Cab
 - 3) Air Bags

- k. Nestucca Fire Station 85 QRT (Sandlake)

- 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 - Pacific West 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 services shall be received by one of the four PSAP's.

- (3) The Tillamook County 9-1-1 answers prefixes 801, 812, 815, 842, 355, 377, 322, 965, 398, 392 and 368. Refer to Section 4.3(A), Boundaries for a map of this 9-1-1 service area.

- (4) Lincoln City 9-1-1 answers prefix 994. Refer to Section 4.3(A), Boundaries, for a map of this 9-1-1 Service area.

- (5) South Clatsop County 9-1-1 answers prefix 436. Refer to Section 4.3(A),

Boundaries, for a map of this service area.

(6) Yamhill County 9-1-1 answers prefix 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 EMS Council, the 9-1-1 Advisory Board, ATAB Rules, and the Tillamook County Emergency Communications District Board of Directors.

(2) Conform to a notification time standard of less than 2 minutes of all calls. (ref. Section 5.1 System Elements)

(3) When EMS dispatch protocols or procedures require amendment, initiate the proposed amendment through the 9-1-1 Advisory Board and EMS Council. Upon approval by the Council and the Advisory Board, the 9-1-1 Director shall seek approval of the 9-1-1 District Board and implement the procedure or protocol.

(4) 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 9-1-1 center shall:

(a) restrict access to authorized personnel only.

(b) meet NFPA 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 and approved 12 codes.

(f) the Tillamook County 9-1-1 shall maintain ambulance intake forms as approved by the EMS Advisory Council.

(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.

(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 Board of Public Safety and Standards.

(2) All dispatchers must meet and follow state standards.

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, 2003. Subsequent assignments of contested ASAs 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

7.2.1(A) Not less than sixty (60) days prior to the expiration of an assignment of an ambulance service area, any person desiring an assignment of an ambulance service area, shall submit a notice of intent to the Tillamook County Quality Improvement (QI) Coordinator requesting said assignment and identifying the ASA(s) for which the notice is filed.

A(1) Upon the filing of a notice of intent, the ASA(s) for which such notice is filed is a contested ASA.

A(2) The QI Coordinator shall thereupon notify the existing provider(s) of the

contested ASA(s) and publish notice that any person may make application for such ASA's pursuant to this section.

(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 ASAs of less than 51 annual calls where there shall be no fee.

(C) The QI 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 QI Coordinator shall schedule a public hearing before the Board on such findings and recommendation.

(E) Not less than 30 days prior to the date set for hearing, the QI Coordinator shall file with the Board, the applicants and the EMS Council a copy of the applications, the findings and recommendation.

(F) Prior to the date set for hearing the EMS Council or any applicant may file with the Board an objection to any portion of the QI Coordinator's findings and recommendation. Any such objection shall cite the specific findings 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), Intermediate Level Life Support, 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 licensed by OR-EMS.
- (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, not less than \$50,000 for property damage, and \$500,000 in medical malpractice in the form of a certificate of insurance or letter from the carrier.
- (7) Such additional information deemed necessary by the QI Coordinator, the EMS Council or the Board.

(N) 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) Demonstrate 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.

(O) 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. Paramedic Support Services
 - b. Intermediate
 - c. Basic Life Support Services
- (2) All persons shall be in compliance with OAR Chapter 847, Division 35.
- (3) Equipment
 - a. Vehicles - to meet OAR Chapter 333, Division 255 unless a variance from this specification has been granted by the Administrator of the Division.
 - b. Equipment carried on vehicles will meet current OAR Chapter 333- Division 255.

7.2.2 Response Time

(1) Ambulance Locations

Ambulances will be situated within the service area and sectors of service areas as designated by the Board. In those service areas with sector designations, an ambulance will be situated within each sector so that 80% of the sector population can be responded to within a response time of 7 minutes or less. In all other service areas, ambulances will be situated at approximately the geographic center of the service area, taking into consideration proximity of major population concentrations.

- (2) Staffing
 - a. Sufficient staff will be maintained, either on duty at the ambulance location or on call, to permit standard 7.2.2(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.

7.2.3 Business Practice Standards

- (1) Management Structure
 - a. An organization chart will be maintained that accurately reflects the service's organization 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, EMTs 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 in the amount of \$500,000.

- (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 wage of \$800/month or actual salary from the ambulance service, whichever is greater.

- b. Malpractice/errors and omissions coverage shall be provided.

7.2.4 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 9-1-1 Communications Center.
 - b. Times kept by Tillamook 9-1-1 will be the times of record.
 - c. Tillamook 9-1-1 will be advised when in-service units are no longer available for responses.

7.2.5 Continuing Education

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

7.2.6 Quality Improvement

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

7.2.7 Mutual Aid

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

EXHIBIT "A"

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 and through their duly elected officers.

WITNESSETH

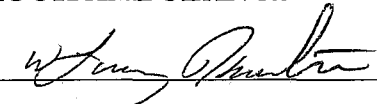
In order to provide optimum pre-hospital care to all persons in need of emergency medical service, it is the intent of the parties to this agreement to share resources among ASA providers upon request of a provider or upon dispatch by T-COM to meet unusual emergency circumstances; NOW THEREFORE,

IN CONSIDERATION of the mutual covenants contained wherein 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.
7. Any party which fails or refuses to render services called for by this agreement may, by majority vote of a quorum of the Tillamook County EMS Advisory Council or

its successor, be deemed to have withdrawn from this agreement. Notice of any such action shall be given in writing to such party, including a specification of such failure or refusal. Such party shall be given ten (10) days to respond to the specification, and may request a hearing before the EMS Advisory Council. A decision of the EMS Advisory Council may be appealed to the Tillamook County Board of Commissioners, whose decision shall be final. Upon failure to respond to a specification or failure to appeal, or upon an adverse decision upon appeal, such party shall no longer receive mutual aid under this agreement.

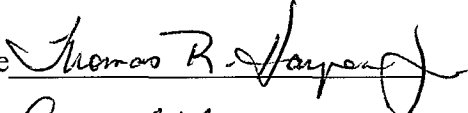
TILLAMOOK AMBULANCE

Signature 

Title Manager

Date 4-5-02

PACIFIC WEST AMBULANCE

Signature 

Title General Manager

Date 3/28/02

MEDIX AMBULANCE

Signature 

Title President

Date 3/15/2002

TILLAMOOK COUNTY
HEALTH SERVICES
MASS CASUALTY INCIDENT
STANDARD OPERATING GUIDELINES

INTRODUCTION

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

A Mass Casualty Incident is any situation which overwhelms local resources or where circumstances exist that require special resources. Examples include incidents where the number of patients involved and/or severity of their injuries requires coordination with several hospitals, situations in which complex extrication is required, and occurrences where treatment or patient transportation problems are encountered.

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 the 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 responses.

ARRIVAL

The first arriving unit at a serious, multiple patient medical incident will assume Command and begin the 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, and appropriate response from other agencies.

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

9-1-1 will notify Emergency Management of any Mass Casualty Incident.

COMMAND RESPONSIBILITIES

This plan will be carried out utilizing the National Inter-Agency Incident Management System (NIIMS).

(additional information regarding NIIMS to be included here)

BASIC OPERATIONAL APPROACH

STAGING

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. Command will give an approximate location for the Staging Area. All other responding units will proceed to the 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 safe and effective apparatus movement.

The radio designation for the Staging Officer will be: "Staging". All communications involving Staging will be between Staging and Command. All responding units will minimize their radio traffic. 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 whom to report.

TRIAGE

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

Triage priorities should follow the S.T.A.R.T. guidelines listed below:

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

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

1. Uncorrected respiratory problem
2. Cardiac arrest (witnessed)
3. Severe blood loss
4. Unconscious
5. 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, 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 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.

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.

TREATMENT

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 (including supply pool) 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 condition.
5. Determination of transportation priorities for patients.
6. Reporting of progress to Command.
7. Coordination with other sectors.

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.

Fire fighting personnel, paramedics, medical staff and others may be assigned to the treatment sector.

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

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. Communication with 9-1-1 dispatcher to medical facility status.
4. Coordination of patient transportation and allocation with Treatment Sector.
5. Transportation of patients from the Treatment Area to ambulance and helicopter loading areas.

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

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.

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

Exhibit "C"

Tillamook County EMS Move-up Plan & Protocols

EMS MUTUAL AID

- (1) 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 Pacific West Ambulance provide ALS coverage for their ASAs. The vehicles available for routine coverage are as follows:

Manzanita	one ambulance
Garibaldi	one ambulance
Tillamook	two ambulances
Pacific City	one ambulance
Lincoln City	four ambulances

- (2) Routine Move-Up Coverage

The ASA providers are responsible for the following coverage plans:

- a. Manzanita Coverage: Move up ambulance from Garibaldi in the area of Station 21 when Manzanita vehicle is not available.
- b. Garibaldi Coverage: Move down ambulance from Manzanita in area of Station 21 when Garibaldi vehicle is not available.
- c. Tillamook Coverage: For local calls no coverage is necessary. For other than local calls move Garibaldi to the area of station 41. For extended calls such as trauma, code 99, prolonged distance, or EMT discretion page in second call.
- d. Pacific City Coverage: Move up ambulance from Lincoln City in the area of Pacific City when Pacific West is not available. If Lincoln City is not available Tillamook will move down to the area of Pacific City.

- (3) Coverage Locations

a. Manzanita:

Manzanita Fire Hall
165 Fifth Street
503-368-6639
Radio room has radios and telephones and is designated as an alternate PSAP.

b. Garibaldi:

Garibaldi Ambulance Quarters
Port of Garibaldi
503-322-3231
Communications center is located in building and has radios and telephone.
Access is limited to employees only.

c. Tillamook:

Tillamook County General Hospital
1000 Third Street
503-842-4444
Report to ER desk; has radios and telephone.

d. Pacific City:

Pacific West Ambulance Quarters
6395 Tent Street
503-965-6100
Building located at T-intersection to the east of red blinker light.
No communications unless you have access to the office area.

- (4) Emergency Progressive Mutual Aid:

Any ambulance Service that has committed, or expected 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 the dispatcher to initiate the required level of mutual aid move-up.
- b. The dispatcher will follow the move-up plan using the procedures for that agency, based on the number of ambulances requested by the agency.
- c. The dispatcher will initiate any request for ambulances from outside the county when the request for mutual aid is greater than available local resources, except during those times when the Mass Casualty Incident Management Plan is in effect.
- d. The mutual aid move-up described in this portion of the plan represents a guideline for use by the Dispatch Center, but dispatchers may use their discretion for dealing with varying conditions. Agencies 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 within the Tillamook, Garibaldi and Manzanita ASAs unless the dispatcher is specifically requested by Tillamook Hospital to initiate move-up from outside those areas to provide coverage within these ASAs.

**PROGRESSIVE MOVE-UP
MANZANITA ASA EMERGENCY**

<u>Number of Ambulances Requested by Manzanita</u>	<u>To be Dispatched</u>	<u>Assignment</u>
ONE	31 Garibaldi 75 Tillamook	One unit to scene One unit to Station 21 One unit to Station 75
TWO	31 Garibaldi 75 Tillamook Pacific West	One unit to scene One unit to scene One unit at Station 21 One unit to Station 75
THREE	31 Garibaldi 75 Tillamook Pacific West Medix	One unit to scene Two units to scene One unit to Station 75 One unit to Station 11
FOUR	MORE THAN THREE ADDITIONAL AMBULANCES CONSTITUTES MASS CASUALTY INCIDENT.	

**PROGRESSIVE MOVE-UP
GARIBALDI ASA EMERGENCY**

<u>Number of Ambulances Requested by Garibaldi</u>	<u>To be Dispatched</u>	<u>Assignment</u>
ONE	11 Manzanita 75 Tillamook 11 Manzanita	One unit to scene 75 Tillamook One unit to Station 21 One unit to Station 75 OR One unit to scene One unit at Station 75 One unit to Station 21
TWO	11 Manzanita 75 Tillamook Pacific West	One unit to scene One unit to scene One unit to Station 21 One unit move north
THREE	11 Manzanita 75 Tillamook	One unit to scene Two units to scene

300 Medix
Pacific West

One unit move South
One unit to Station 75

FOUR

MORE THAN THREE ADDITIONAL AMBULANCES CONSTITUTES
MASS CASUALTY INCIDENT.

**PROGRESSIVE MOVE-UP
TILLAMOOK ASA EMERGENCY**

**Number of Ambulances
Requested by Tillamook**

To be Dispatched

Assignment

ONE

31 Garibaldi
75 Tillamook
11 Manzanita

One unit to scene
One unit at Station 75
One unit to Station 21

OR

75 Tillamook
31 Garibaldi
11 Manzanita

One unit to scene
One unit to Station 75
One unit to Station 21

TWO

31 Garibaldi
75 Tillamook
11 Manzanita
Pacific West

One unit to scene
One unit to scene
One unit to Station 21
One unit to Station 75

THREE

31 Garibaldi
75 Tillamook
11 Manzanita
300 Medix
Pacific West

One unit to scene
One unit to scene
One unit to scene
One unit move south
One unit to Station 75

OR

31 Garibaldi
75 Tillamook
Pacific West
Lincoln City

One unit to scene
One unit to scene
One unit to scene
One unit to Station 75
One unit to Pacific City
One unit to Station 21

11 Manzanita

FOUR

MORE THAN THREE ADDITIONAL AMBULANCES CONSTITUTES
MASS CASUALTY INCIDENT.

**PROGRESSIVE MOVE-UP
PACIFIC WEST ASA EMERGENCY**

**Number of Ambulances
Requested by Pacific West**

To Be Dispatched

Assignment

ONE

75 Tillamook
Lincoln City

One unit to scene
One unit to move North

OR

Lincoln City
75 Tillamook

One unit to scene
One unit to move South

TWO

75 Tillamook
Lincoln City

One unit to scene
One unit to scene
One unit to move North

OR

	Lincoln City 75 Tillamook	One unit to scene One unit to scene One unit to move South
THREE	75 Tillamook Lincoln City 31 Garibaldi 11 Manzanita	Two units to scene One unit to scene One unit to move North One unit to Station 75 One unit to Station 21

OR

	75 Tillamook	One unit to scene One unit to move South
	Lincoln City 31 Garibaldi 11 Manzanita	Two units to scene One unit to Station 75 One unit to Station 21

FOUR MORE THAN THREE ADDITIONAL AMBULANCES CONSTITUTES MASS CASUALTY INCIDENT.

NOTIFICATION/REPORTING

Any questions regarding the application of this policy should be directed to the Supervisor or Administrator.

EXHIBIT "D"

TILLAMOOK COUNTY

EMERGENCY MEDICAL QUALITY IMPROVEMENT STANDARDS

I. GENERALLY

A. The goals of the Tillamook County Quality Improvement 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 EMS Council will use the following generated information levels for achieving the QI goals:

1. Public
2. Dispatch process
3. Other EMS providers
4. Pre-hospital care
5. Emergency Department
6. Critical Care
7. EMS Administration
8. Trauma Centers
9. ATAB

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

1. Complaint

2. Patient care form
3. Emergency department form
4. Critical care form
5. Hospital record
6. Communication 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 IMPROVEMENT SCREENS AND Q.A. MEASURES

A. The EMS Council 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 Council may:
 - a. Examine triage guidelines and recommend changes if necessary;
 - b. Recommend retraining of Communications personnel if necessary.
3. The Council 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
 - c. Refer incident and findings to physician advisor
4. If deviations are found, the Council 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 Council 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 Council 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 Council 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 Council 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 needs 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 Council 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 the appropriate staff/facilities, the EMS Council 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 IMPROVEMENT REVIEWS, THE EMS COUNCIL 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. Any calls requested by an EMT, nurse, physician or administrator
- D. Any other calls or screens as directed by the EMS Council.