

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; ) ORDINANCE NO. 41  
Creating an Emergency Medical ) AMENDMENT NO. 6  
Services Advisory Council; Providing for ) AS AMENDED November 21, 2018  
Administration, Enforcement and )  
Penalties; and Prescribing Effective Dates )

The Board of Commissioners (Board) for Tillamook County ordains as follows:

Section 1. Title

This ordinance shall be known as the "Tillamook County Emergency Medical Services 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 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 and the methods for selecting ambulance providers for each Ambulance Service Area (ASA) and which also establishes the Tillamook County Emergency Medical Services Advisory Council (Council), together with the document known as the Tillamook County ASA Plan (ASA Plan), which is 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, ORS Chapter 682, and OAR Chapter 333, Divisions 250, 255, 260, and 265, unless specifically defined in this section to have a different meaning.

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 the County unless an ASA 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 ASA Plan.

Section 7. ASAs

For the efficient and effective provision of ambulance services in accordance with the ASA Plan, the ASAs as depicted in Section 4.0 and described in Section 4.1 of the ASA Plan, are hereby adopted as the ASAs for the County. The Board, by the adoption of an order, may adjust the boundaries of the ASAs 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 Sections 7.1 through 7.3 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 Sections 7.1 through 7.3 of the ASA Plan, and assigns a provider for the ASA.

Section 9. Application for ASA

A. Any person desiring to provide ambulance services within Tillamook County beginning July 1, 2020 shall submit a notice of intent to be assigned an ASA not less than 60 days prior to July 1, 2020. The provider selection and application process shall be as set forth in Sections 7.1 through 7.3 of the ASA Plan.

B. In the event that a person assigned an ASA discontinues service before the expiration of the assignment, the Board shall set a time by which applications must be submitted for reassignment of the ASA and publish notice of such vacancy and the due date for applications. The review of the application and assignment of the ASA shall be in accordance with Sections 7.1 through 7.3 of the ASA Plan and the assignment shall be for the remainder of the term unless otherwise specified by the Board.

C. Not less than 15 days prior to the date for a public hearing before the Board on an assignment or reassignment of an ASA, 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 ASA

In addition to the requirements contained in Sections 7.1 through 7.3 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, equipment records and inventories, and any other records or materials requested.

Section 11. Duties of Ambulance Service Provider

Upon assignment of an ASA 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 ASA 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 ASA 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 ASA is unavailable to respond and the person is requested by the other provider or Tillamook 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 ASA without written notice to and approval of the Board. The written notice shall include an application for reassignment of the ASA submitted by the transferee.

E. Shall not voluntarily discontinue service to the assigned ASA without giving 120 days written notice to the Board.

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 (QI) standards; compliance with the ASA Plan generally and Sections 7.1 through 7.3 of the ASA 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 Sections 7.1 through 7.3 of the ASA Plan.

H. Shall not permit or allow a registered nurse (RN) to perform pre-hospital emergency care in conjunction with an ambulance or quick response team unless the RN is certified at the emergency medical technician level at which the RN wishes to perform, or the RN is currently certified in Advanced Cardiac Life Support and has completed a Pre-hospital or Basic Trauma Life Support course and a Pediatric Advanced Life Support course and is 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 Council and the 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 Council, upon request, a written system for 24-hour coverage that includes a procedure for notifying Tillamook 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 Council or the QI Coordinator or upon its own motion, the Board may suspend or revoke the assignment of an ASA upon a finding that the holder thereof has:

1. willfully violated provisions of this ordinance, the ASA 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 ASA 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 an ASA, 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 given to the provider and 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 the Council finds there is evidence that a provider is not in compliance with minimum standards, the 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, request proposals, and conduct reviews and reassignment under the procedures contained in Section 10 of this ordinance and Sections 7.1 through 7.3 of the ASA Plan.

Section 13. Appeal

A person receiving a notice of the assignment, denial, suspension, revocation, or contingent suspension of an ASA may request a hearing before the Board by filing with the Board a written request for hearing within 14 days of the decision by 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 unless the Board makes a written finding that prompt implementation of the decision is required due to an immediate hazard to the public safety. The Board shall set a time and place for a hearing which shall be denovo on the record or a full denovo hearing, as determined by the Board. Within 14 days after the conclusion of the hearing, the Board shall affirm, reverse, or modify its original decision.

Section 14. Council

A. There is hereby created a Council of which the membership, powers, duties, and authority are set forth in Section 5.7 of the ASA Plan.

B. The Council shall develop and implement a QI program to ensure compliance with the ASA Plan. As part of this program, the Council shall develop, promulgate, and periodically update, as required, QI Standards for adoption by the Board 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 followed.

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 \$500 for a non-continuing offense, i.e., an offense spanning less than two calendar days. In the case of a continuing offense, i.e., an offense spanning two or more consecutive calendar days, violation of the provisions of this ordinance is punishable by a fine of not more than \$500 per day up to the maximum of \$1,000 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 the Oregon Health Authority's Emergency Medical Services 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 is valid, irrespective of the enactment or validity of the portion thereof declared to be unconstitutional or invalid.

Section 20. ASA Plan Amendments

Future amendments to the ASA Plan may be established by the Board by Board Order.

Section 21. Effective Date of This Ordinance

This amendment is necessary for the immediate preservation of the public peace, health, and safety, so an emergency is declared to exist, and this amendment takes effect upon adoption by the Board.

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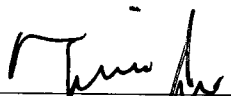
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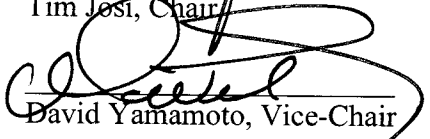
First Reading: November 7, 2018

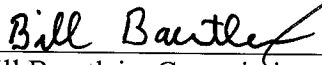
Second Reading: November 21, 2018

Adopted the 21st day of November, 2018.

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

  
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Tim Josi, Chair

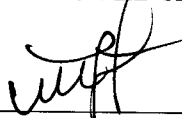
  
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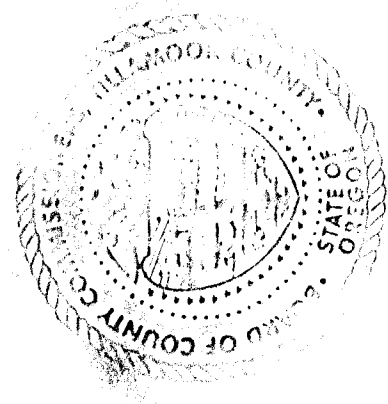
  
\_\_\_\_\_  
Bill Baertlein, Commissioner

ATTEST: Tassi O'Neil,  
County Clerk

By:   
\_\_\_\_\_  
Special Deputy

Aye	Nay	Abstain/Absent
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APPROVED AS TO FORM:  
  
\_\_\_\_\_  
William K. Sargent,  
County Counsel





TILLAMOOK COUNTY  
AMBULANCE SERVICE AREA PLAN

BY  
TILLAMOOK COUNTY  
EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

November 21, 2018  
Exhibit A to  
Ordinance No. 41

TABLE OF CONTENTS

1.0 Board of Commissioners’ Certifying Resolution .....4

2.0 Tillamook County Demographic/Geographic Overview .....5

3.0 Definitions.....6

4.0 Boundaries - ASA Boundaries.....10

4.1 Boundaries - ASA Boundary Descriptions .....11

4.1(A) Boundaries - Medix ASA Description.....11

4.1(B) Boundaries - Tillamook ASA Manzanita Sector Description.....11

4.1(C) Boundaries - Tillamook ASA Garibaldi Sector Description .....11

4.1(D) Boundaries - Tillamook ASA Tillamook Sector Description.....11

4.1(E) Boundaries - Tillamook ASA Pacific City ASA Description.....11

4.1(F) Boundaries - Pacific West ASA Description .....11

4.2 Boundaries - Emergency Communications District Map .....12

4.3 Boundaries - Tillamook County Fire Districts Map .....13

4.4 Boundaries - Alternatives Considered to Reduce Response Times.....14

5.0 System Elements - Notification and Response Times .....14

5.1 System Elements - Level of Care.....14

5.2 System Elements - Personnel.....15

5.3 System Elements - Medical Supervision .....15

5.4 System Elements - Patient Care Equipment .....15

5.5 System Elements - Vehicles.....15

5.6 System Elements - Training.....16

5.7 System Elements - Quality Improvement.....16

6.0	Coordination - Complaint Review Process.....	19
6.1	Coordination - Mutual Aid/Auto Aid Agreements .....	20
6.2	Coordination - Disaster Response.....	20
6.3	Coordination - Personnel and Equipment Resources.....	21
6.4	Coordination - Emergency Communications and System Access.....	22
7.0	Provider Selection - Initial Assignment.....	23
7.1	Provider Selection - Reassignment/Application .....	23
7.2	Provider Selection – Response Time .....	26
7.3	Provider Selection – General .....	26
7.4	Provider Selection – Notification of Vacating an ASA.....	28
7.5	Provider Selection - Maintenance of Level of Service .....	29
	Tillamook County EMS Move-up Plan and Protocols. ....	Appendix A
	Tillamook County EMS Quality Improvement Standards. ....	Appendix B

BEFORE THE BOARD OF COUNTY COMMISSIONERS

FOR TILLAMOOK COUNTY, OREGON

In the Matter of Certifying the )  
Tillamook County Ambulance ) RESOLUTION  
Service Area Plan ) #R-18-\_\_\_\_\_

This matter coming to be heard this 21st day of November, 2018, at which time it appears that Oregon Administrative Rule (OAR) 333-260-020(2) requires that an Ambulance Service Area (ASA) Plan be submitted to the Oregon Health Authority – Emergency Medical Services 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 ASA Plan was addressed and considered when the amended ASA Plan was adopted on November 21, 2018.
- 2. In the Board’s judgment, the ASAs established in the plan provide for the efficient and effective provision of ambulance services; and
- 3. To the extent that they are applicable, the County has complied with ORS 682.062(3) and (4) and 682.063 and existing local ordinances and rules.

DATED THIS 21<sup>ST</sup> DAY OF NOVEMBER 2018.

BOARD OF COUNTY COMMISSIONERS  
FOR TILLAMOOK COUNTY, OREGON

Aye Nay Abstain/Absent

\_\_\_\_\_  
Tim Josi Chair

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
David Yamamoto, Vice-Chair

\_\_\_\_\_ / \_\_\_\_\_

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Bill Baertlein, Commissioner

\_\_\_\_\_ / \_\_\_\_\_

ATTEST: Tassi O’Neil, County Clerk

APPROVED AS TO FORM:

BY: \_\_\_\_\_  
Special Deputy

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

## 2.0 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% of the County, while agricultural land amounts to 9.3%.

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% of the County land area and contains about 90% of the County's 26,000 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% 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% 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 four to six 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.

U.S. 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 the City of 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 (Highway 26) 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.

### 3.0 DEFINITIONS

**"Advanced Emergency Medical Technician (AEMT)"** has the meaning given that term in OAR Chapter 333, Division 265.

**"Administrative Rules"** means the rules adopted by OR-EMS relating to emergency medical services.

**"Ambulance"** or **"Ambulance Vehicle"** means a privately- or publicly-owned motor vehicle, aircraft or watercraft that is regularly provided or offered to be provided for the emergency transportation of persons who are ill or injured or who have disabilities.

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

**"Ambulance Service"** means any person, governmental unit, corporation, partnership, sole proprietorship, or other entity that operates ambulances and that holds itself out as providing pre-hospital care or medical transportation to persons who are ill or injured or who have disabilities.

**"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 Plan (Plan)"** means a written document, which outlines a process for establishing a county emergency medical services system. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules. Approval of a plan shall not depend upon whether it maintains an existing system of providers or changes the system.

**"Annual Call Volume"** means the number of emergency responses dispatched by the Tillamook 9-1-1 during the prior calendar year.

**"Backup"** means an ambulance manned with two personnel pursuant to State of Oregon Emergency Medical Services requirements.

**"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 Advisory Council established by the Tillamook County EMS Ordinance.

**"Disaster"**, also known as **"Mass Casualty Incident"**, means any incident or combination of

incidents which depletes the resources of any single provider or providers during the normal course of daily operations.

**"Division"** means the Public Health Division of the Oregon Health Authority.

**"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 Care"** means the performance of acts or procedures under emergency conditions in the observation, care, and counsel of persons who are ill or injured or who have disabilities; in the administration of care or medications as prescribed by a licensed physician, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical, and social science as required by a completed course utilizing an approved curriculum in pre-hospital emergency care. "Emergency Care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.

**"Emergency Medical Services Provider"** means a person who has received formal training in pre-hospital and emergency care and is licensed to attend any person who is ill or injured or who has a disability.

**"Emergency Medical Responder (EMR)"** for a first responder has the meaning given that term in OAR Chapter 333, Division 265.

**"Emergency Medical Services (EMS)"** means those pre-hospital 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.

**"EMS Medical Director"** has the same meaning as "Supervising Physician" in ORS 682.025.

**"Emergency Medical Technician (EMT)"** means a person who has received formal training in pre-hospital 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-Intermediate"** has the meaning given that term in OAR Chapter 333, Division 265.

**"EMT-Advanced"** has the meaning given that term in OAR Chapter 333, Division 265.

**"Emergency Medical Services Ordinance"** means Tillamook County Ordinance 41 and all adopted amendments.

**"License"** means the documents issued by the Division to the owner of an ambulance service when the service and its ambulance are found to be in compliance with ORS Chapter 682, OAR Chapter 333, Division 255 and these rules.

**"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 advanced life support 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 (Tillamook 9-1-1), and the notification of all responding emergency medical services 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 Authority's emergency medical services and trauma systems program.

**"Owner"** means the person having all the incidents of ownership in an ambulance service or an ambulance or, where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement or a lease for a term of 10 or more successive days.

**"Paramedic"** means a person who is licensed by the Oregon Health Authority as a Paramedic.

**"Patient"** means a person who is ill or injured or who has a disability and who is 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.

**"Pre-hospital Care"** means that care rendered by emergency medical technicians as an incident of the operation of an ambulance as defined by ORS Chapter 682 and that care rendered by emergency medical technicians as incidents of other public or private safety duties, and includes but is not limited to "emergency care" as defined by ORS Chapter 682.

**"Pre-hospital Care Report Form (PCRf)"** means a Division-approved form or electronic field data format that is completed for all patients receiving pre-hospital assessment, care, or transportation to a medical facility.



**"Quick Response Team (QRT)"** means an emergency medical vehicle operated by a fire department or district within Tillamook County that is dispatched to calls for emergency medical services within their response area and which meets the standards set forth in subsections 5.1(A), 5.2(A), 5.3, and 5.4(A) and (B) of the ASA Plan. All QRT's will be approved by the Council and designated by Board order.

**"RN"** 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 protocols that an EMS Provider follows to treat patients when direct contact with a physician is not maintained.

**"Supervising Physician"** means a medical or osteopathic physician licensed under ORS Chapter 677 who is actively registered and in good standing with the Oregon Medical Board and who provides direction of emergency or nonemergency care that is provided by emergency medical services providers.

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

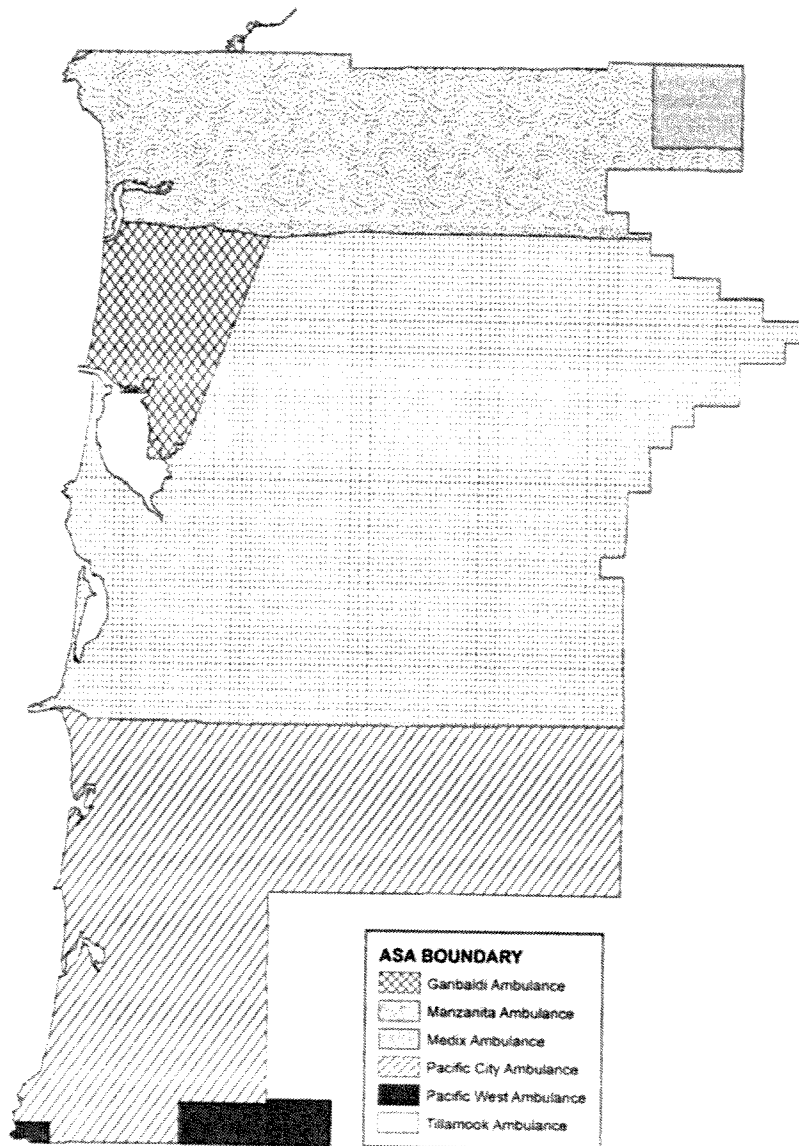
**"Tillamook 9-1-1"** means the 9-1-1 communications center located at the Tillamook County Emergency Communications District's facility in the City of Tillamook.

**"Vehicle"** means an ambulance, 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.

#### 4.0 BOUNDARIES - 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 the following map.

#### TILLAMOOK COUNTY ASA BOUNDARIES



#### 4.1 BOUNDARIES - ASA BOUNDARY DESCRIPTIONS

(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 T3NR7W; and those Sections of T3NR6W lying within Tillamook County.

(B) Tillamook ASA Manzanita Sector Description

Those portions of Tillamook County bounded as follows: North on Highway 101 to the Tillamook/Clatsop county line, just North of Oswald West State Park at approximately Milepost 37; Northeast on Highway 53 to the Tillamook/Clatsop county line, at approximately Milepost 11.4; South on Highway 101 to Milepost Z47, last address of 29200, located at Brighton Beach Moorage; South from Highway 53 on Miami-Foley Road to Milepost 9, last address in this ASA is 29805; East boundary is the Tillamook/Washington county line.

(C) Tillamook ASA Garibaldi Sector Description

Those portions of Tillamook County bounded as follows: North on Highway 101 to Milepost Z47 just South of Brighton Beach Moorage (last address of 27550 Jetty Fishery); North on Miami-Foley Road to Milepost 9, last address in this ASA is 29000; South on Highway 101 up to Alderbrook Road, including 7805 Alderbrook Road, South of Bay City.

(D) Tillamook ASA Tillamook Sector Description

North on Highway 101 to and including Alderbrook Road, with the exception of 7805 Alderbrook Road, South of Bay City; South on Highway 101 to Milepost 76 (last address 16915); West on Highway 131 including all of Netarts, Oceanside and Cape Meares; South on Whiskey Creek Road to the crest of Cape Lookout Road, South of Trail's Head Park; East on Highway 6 (Wilson River Highway) to Tillamook/Washington county line approximately Milepost 33, including Brown's Camp.

(E) Tillamook ASA Pacific City Sector Description

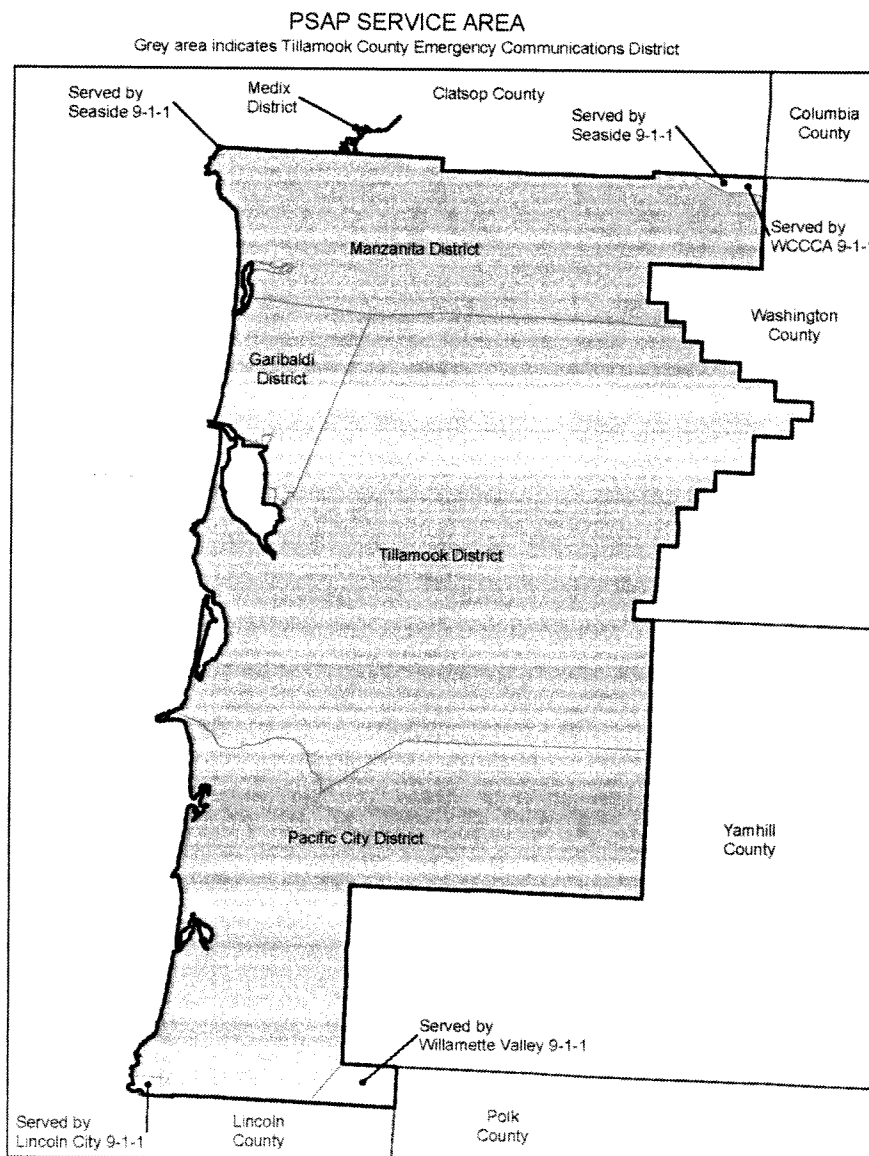
North on Highway 101 to Milepost 76 (last address 17801); North on Cape Lookout Road to the crest, just South of Trails Head Park; South on Highway 101 to Milepost 102.9; East on Upper Nestucca River Road (Blaine Road) to Tillamook/Yamhill county line; Southeast on Highway 22 to Tillamook/Yamhill county line, approximately Milepost 10.5, just East of Dolph Junction.

(F) Pacific West ASA Description

Highway 101 to the Tillamook/Lincoln county line at approximately Milepost 102.9. Those portions of Sections 1, 2 and 3 of T6SR9W that lie within Tillamook County; Sections 7 to 18 of T6SR9W; Those portions of T6SR10W, Sections 5, 6, and 9 that are accessed from Highway 101 South of the Tillamook County line at approximately Milepost 102.9; Sections 7, 8, and 12 to 18 of T6SR10W; and Sections 1-3 and 10-15 of T6SR11W.

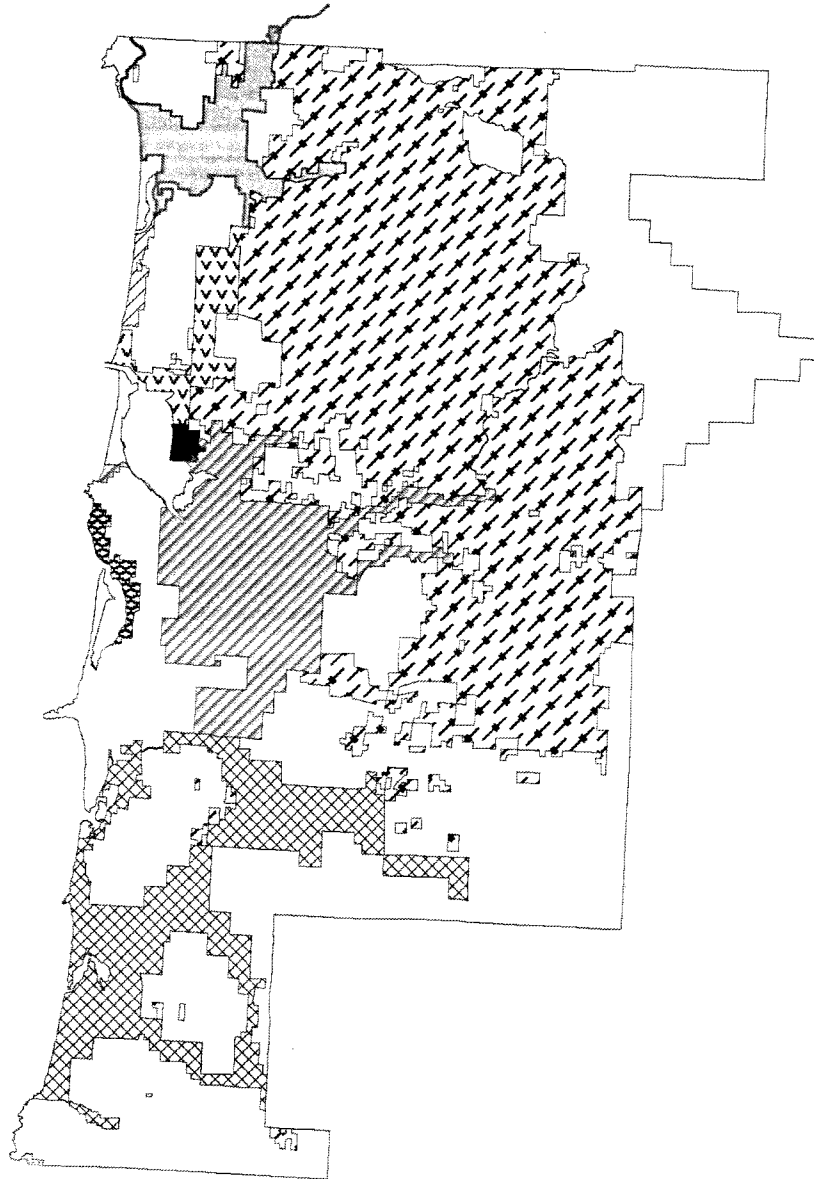
#### 4.2 BOUNDARIES - EMERGENCY COMMUNICATIONS DISTRICT MAP












"9-1-1" boundaries can be described as encompassing all of Tillamook County. The entire County has been served by the Tillamook 9-1-1 since September 30, 1986. The community of Falcon Cove, located in the extreme Northwest corner of the County, is served by the 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 public safety answering point (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 the map below.



4.3 BOUNDARIES - TILLAMOOK COUNTY FIRE DISTRICTS MAP

TILLAMOOK COUNTY FIRE DISTRICTS



FIRE DISTRICT					
	BAY CITY FIRE		N LINCOLN FIRE		NETARTS/OCEANSIDE FIRE
	DEPARTMENT OF FORESTRY		GARIBALDI FIRE		OUTSIDE OF FIRE DISTRICT
			NEHALEM BAY FIRE AND RESCUE		ROCKAWAY BEACH FIRE
			NESTUCCA RURAL FIRE		TILLAMOOK FIRE

#### **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 ASA Plan due to changes in these local conditions. The implemented alternatives include the Tillamook County EMS Move-Up Plan and Protocols (Appendix A), which are implemented whenever conditions exist that would affect response times.

#### **5.0 SYSTEM ELEMENTS - NOTIFICATION AND RESPONSE TIMES**

(A) Notification times for all responding EMS personnel shall not exceed three minutes on 90% of all emergency medical calls.

(B) Response times for ASA providers shall not exceed 20 minutes on 90% of all EMS calls within the boundaries defined in Section 4.1 of the ASA Plan. In considering average response times, responses by QRTs and fire department rescue vehicles may be included in the calculation.

#### **5.1 SYSTEM ELEMENTS - LEVEL OF CARE**

To establish a minimum level of EMS care within Tillamook County, all ASA providers and QRT agencies shall conform to the following standards:

(A) All QRT units shall:

(1) provide a minimum level of basic life support care at the EMR level.

(B) All ASA providers shall:

(1) provide the minimum level of care as licensed by the Oregon Health Authority.

(C) Advanced life support shall be dispatched as available on all requests for emergency medical services.

(D) All emergency medical personnel who respond within Tillamook County shall have successfully completed the following certifications:

(1) Cardiopulmonary resuscitation (CPR);

(2) Healthcare Provider; and

(3) Standard First Aid (meet or exceed).

## **5.2 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 units shall respond with a minimum of one person licensed at or above the EMR level.

(B) All ASA providers shall respond with the minimum number and level of certified persons, as required by the Oregon Health Authority.

(C) All ASA providers shall ensure a sufficient number of personnel who are available on-call to respond within 15 minutes, in order to meet the requirements contained in subsection 7.2(A)(2) of this Plan.

## **5.3 SYSTEM ELEMENTS - MEDICAL SUPERVISION**

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

(A) All agencies that provide QRT units and all ASA providers shall maintain a Supervising Physician.

(B) The Supervising Physician shall comply with OAR 847-35-025.

## **5.4 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 to the rules promulgated by the Oregon Health Authority pursuant to OAR 333-255-0070 through 0073.

## **5.5 SYSTEM ELEMENTS - VEHICLES**

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

(A) Ambulance providers shall use ambulances which shall be in good condition and shall meet or exceed State of Oregon administrative rule standards at the time of each

vehicle's original manufacture.

(B) When such standards conflict with State of Oregon standards, the State standards shall prevail.

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

(D) 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 and traffic, road, and weather conditions.

## **5.6 SYSTEM ELEMENTS - TRAINING**

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

(A) The Tillamook Bay Community College is the primary source of EMT training within Tillamook County. EMR training 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 for training in hazardous materials, incident command systems, blood borne pathogens, and Occupational Safety and Health Administration regulations.

(D) All ASA providers shall become familiar with their roles and responsibilities when responding to hazardous materials incidents as contained in the pre-hospital treatment protocols.

## **5.7 SYSTEM ELEMENTS - QUALITY IMPROVEMENT**

(A) In order to ensure the delivery of efficient and effective pre-hospital emergency care, an EMS Quality Improvement (QI) Program is hereby established.

(B) 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. The QI Coordinator shall serve as the Council Chair.

(C) QI Program Structure

The QI program shall be implemented through the establishment and operation of the Council and the QI Coordinator.



(1) The Council shall consist of the following members:

- a. Two representatives nominated by and from each ambulance service organization;
- b. One representative nominated by and from each fire district that provides QRT services, but who is not directly employed by an ASA provider;
- c. One representative nominated by and from the Tillamook County Office of Emergency Management;
- d. One representative nominated by and from the Tillamook County Emergency Communications District;
- e. One Supervising Physician for each ambulance service organization who wishes to participate; and
- f. The QI Coordinator as designated by the Board.

(2) Membership on the Council for positions a. through d. becomes effective upon the organization's filing the nomination letter with 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 as needed, but at least annually to review EMS Ordinance and ASA Plan, and at the request of the Council Chair by notice.

(3) In the event a member of the Council holding positions a. through e. 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 members to regularly attend meetings may be cause for loss of a membership on the Council or other corrective action pursuant to the EMS ordinance.

(D) Quality Improvement - Process

(1) The Council shall have the following powers, duties, and responsibilities:

- a. Advise the Board on all matters relating to pre-hospital emergency medical care.
- b. Annually review all aspects of the EMS Ordinance and ASA Plan.
- c. Recommend changes as needed, and review and comment to the Board on all proposed changes or amendments to the EMS Ordinance and ASA Plan designed to:
  - remedy identified deficiencies;
  - address potential problem areas; and
  - address ongoing growth and changes in EMS within Tillamook County, the State of Oregon, and the nation.
- d. Plan, assist, and coordinate programs for the improvement of EMS throughout Tillamook County.

- e. Advise the Board as to the standards for information required of applicants for ASAs.
- f. Provide a forum for members of the public to comment on or discuss EMS issues.
- g. Foster cooperation among pre-hospital care providers and the medical community.
- h. Serve as advisory council for the Tillamook Bay Community College EMT program.
- i. Investigate medically-related issues and items.
- j. Maintain familiarization with the policies and procedures of facilities in Tillamook County that receive or send patients via ambulance.
- k. Periodically conduct a random review of each ASA's cases.
- l. Perform such other duties as are required to carry out the requirements of the ASA Plan as directed by the Board.
- m. Attempt to negotiate the correction of substandard pre-hospital care provided within Tillamook County.
- n. Follow the guidance set forth in the QI Guidelines.
- o. Report directly to the Board on all matters coming before the Council.

(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.

(3) The 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 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.

(4) Upon appointment, the QI Coordinator shall have the following duties, powers, and responsibilities:

- a. Act as staff to the Council.
- b. Serve as Council Chair.
- c. Maintain a filing system for EMS records.
- d. Provide for the administration of appeals and hearings to the appropriate government bodies.
- e. Administer the ASA Plan and EMS Ordinance.
- f. Review all applications for an ASA and make documented findings and recommendations to the Council and Board on provider selection.
- g. Upon discovery of non-compliance with the ASA Plan or EMS Ordinance, report such non-compliance to the Council and the Board.

(E) Quality Improvement Problem Resolution

(1) In the event that the Council identifies a problem involving compliance with the ASA Plan or failure to conform to established protocols, the Council shall:

- a. request any additional information necessary to establish whether a violation or failure occurred;
- b. contact the noncompliant provider, individual or organization in writing and identify the specific facts, laws, rules, or protocols concerning the violation or failure to conform; and/or
- c. request that within 30 days the noncompliant provider, individual, or organization submit a written response and a plan to correct the deficiencies.

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

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

(F) Quality Improvement - Sanctions for Noncompliance

(1) In the event the Council refers any matter or deficiency to the Board, the Board shall:

- a. conduct a public hearing pursuant to Section 6.0 of the ASA plan;
- b. consider action authorized by the EMS Ordinance, Section 12 Corrective Actions, Suspension or Revocation of Assignment, Section 16 Penalties, or Section 17 Nuisance; and/or
- c. refer the matter to OR-EMS.

**6.0 COORDINATION - COMPLAINT REVIEW PROCESS**

(A) In the event the Council is unable to obtain compliance or correction of a deficiency under the procedures contained in subsection 5.7(E) of the ASA Plan, a hearing shall be conducted by the Board.

(B) If any provider, individual, or organization is dissatisfied with the results of a meeting with the Council, a request for a hearing before the Board 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.

(C) A hearing of the Board under this section shall be conducted by the Board Chair or Vice-Chair in accordance with the Attorney General's Model Rules of Procedure.

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

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

#### **6.1 COORDINATION - MUTUAL AID/AUTO AID AGREEMENTS**

(A) All ASA providers shall sign mutual aid and/or auto aid agreements with the other ASA providers within the County and respond with needed personnel and equipment in accordance with those agreement(s). All ASA providers shall retain a copy of these agreement(s) and provide a copy of each agreement to the QI Coordinator within 30 days of execution.

(B) Mutual aid and auto aid agreements will be reviewed annually and modified as needed by mutual consent of all parties.

#### **6.2 COORDINATION - DISASTER RESPONSE**

(A) County Resources Other Than Ambulances

(1) When resources other than ambulances are required for the provision of emergency medical services during a Mass Casualty Incident (MCI):

- a. a request for additional resources shall be made in accordance with the Tillamook County MCI Plan (MCI Plan); and
- b. for resources that are not provided by the MCI plan, a request by the Incident Command shall be made 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 requested resources any time that the MCI Plan is implemented.

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

(B) Out of County Resources

(1) When resources other than ambulances are required for the provision of emergency medical services during a MCI:

- a. a request for additional resources shall be made in accordance with the MCI Plan; and
- b. for resources that are not provided by the MCI Plan, a request by the Incident Command will be made 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 requested resources any time that the MCI Plan is implemented.

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

(C) All ASA providers shall comply with the County Plans for Response to Terrorism and Response to Natural Disasters.

### **6.3 COORDINATION - PERSONNEL AND EQUIPMENT RESOURCES**

(A) Under special circumstances, specialized resources may be required for the management of unusual problems and situations. The inventories of these specialized resources are maintained by the Office of Emergency Management and are continually updated.

(B) Non-transporting EMS Providers

The regulation of QRTs is addressed in Sections 5.2 through 5.4 of this ASA Plan. Tillamook County has no direct authority over non-transporting EMS entities.

(C) Other Personnel and Equipment Resources

Specialty operations and related specialty equipment within the County shall fall to the appropriate lead agency with jurisdiction. The EMS interface shall be through a Unified Command Structure utilizing the Incident Command System. In Tillamook County the lead agencies with jurisdiction are generally:

- a. Hazardous Materials: Fire Departments;
- b. Search and Rescue: Sheriff's Office;
- c. Specialized Rescue: (incident specific); and
- d. Extrication/Rescue: Fire Departments.

### **6.4 COORDINATION - EMERGENCY COMMUNICATIONS AND SYSTEM ACCESS**

(A) EMS System Access

To establish a single access point throughout Tillamook County, Tillamook 9-1-1 is designated as the County's primary PSAP pursuant to Oregon Statute and Administrative Rule.

(B) Dispatch Procedures

To establish a minimum standard for medical dispatch within Tillamook County, Tillamook 9-1-1 shall adhere to the following procedures:

(1) Follow the protocols and procedures for emergency medical dispatch as established by the Tillamook County Emergency Communications District Board of Directors.

(2) Conform to a notification time standard of three minutes on 90% of all emergency medical dispatches.

(3) When EMS dispatch protocols or procedures require amendment, the Tillamook 9-1-1 Administrator will consult with the Tillamook 9-1-1 Advisory Board and Council. Thereafter, the Tillamook 9-1-1 Administrator shall seek approval of the Tillamook County Emergency Communications District Board of Directors.

(4) If it is determined by an ASA Provider and the Tillamook 9-1-1 Administrator that a procedure or protocol should be amended immediately, the Administrator shall immediately implement such amendment and then seek the approvals required by subsection 3 of this section at the earliest opportunity.

(C) Radio System

(1) Tillamook 9-1-1 shall:

- a. maintain radio consoles capable of communication through Tillamook County's radio system with all EMS providers dispatched by them; and
- b. utilize plain English and approved 12 codes.

(2) All ASA Providers shall:

- a. Equip and maintain radios in each ambulance which allows for the transmission and reception on all public safety dispatch and tactical channels that are presently in use, or in the future may be placed in use, by Tillamook 9-1-1 and the Office of Emergency Management.
- b. All operational and tactical radio communications will be conducted on the channel(s) assigned by Tillamook 9-1-1. It is the intent to ensure complete radio operability among emergency responders, for all EMS and fire calls within Tillamook County.
- c. Equip and maintain the radios in each ambulance which allows for the

ability to communicate directly with Tillamook Regional Medical Center on the radio frequencies described in subsection 6.4(C)(2)a.

(D) Emergency Medical Services Dispatcher Training

(1) All Tillamook 9-1-1 emergency medical dispatchers shall receive training and certification in Emergency Medical Dispatch in accordance with the standards established by the Board on Public Safety Standards and Training.

**7.0 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 ASA has been assigned to that person pursuant to the ASA Plan and the EMS Ordinance.

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

(C) The initial assignments shall be valid until July 1, 2005. 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 ASAs may be extended for five years.

**7.1 PROVIDER SELECTION - REASSIGNMENT/APPLICATION**

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

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

(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 ASAs 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 \$0.75 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, make documented findings, and make a recommendation that conforms 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 Council a copy of the applications, the findings, and the recommendation.

(F) Prior to the date set for hearing, the 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 finding(s) and recommendation objected to and shall be based on the application of a specific section(s) of Oregon law, administrative rule, the ASA Plan, or EMS Ordinance.

(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 an additional 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 the additional 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 the additional hearing, the Board shall receive testimony, take evidence concerning the objections, and consider any other relevant matters and shall thereafter make such additional findings as might be required.

(K) Following a hearing or an additional 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 ASA 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 all of the following information:

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

(2) The ASA that 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, Intermediate Level Life Support, or Advanced Life Support.

(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 employed in providing ambulance service and their current Oregon EMT certificate number.

(6) Proof of public liability insurance in the amount of not less than the amounts described in subsection 7.3(A)(3) of this ASA Plan.

(7) Such additional information deemed necessary by the QI Coordinator, the Council, or the Board.

(N) The general criteria for assignment or reassignment of an ASA is as follows:

(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 justify financially the service provided or otherwise demonstrate financial soundness.

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

(O) The Specific Criteria for the assignment or reassignment of an ASA is as follows:

(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 that 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 that meet current OAR Chapter 333, Division 255.

## **7.2 PROVIDER SELECTION - RESPONSE TIME**

(A) Response times for first responders and ASA providers shall not exceed 20 minutes on 90% of all EMS calls within this zone. In considering average response times, responses by QRTs and fire department rescue vehicles may be included in the calculation.

### **(1) Ambulance Posting Locations**

Ambulances will be posted 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 posted within each sector so that 80% of the sector population can be responded to within a response time of seven minutes or less.

### **(2) Staffing**

- a. Sufficient staff will be maintained, either on duty at the ambulance location or on call, to permit the standard that is set forth in Section 7.2(A)(1) of the ASA Plan to be met.
- b. Backup will be manned and in service in the service area within 15 minutes of request.

### **(3) Percent Immediate Availability**

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

## **7.3 PROVIDER SELECTION - GENERAL**

### **(A) Business Practice Standards**

#### **(1) Management Structure**

- a. An organizational chart will be maintained that accurately reflects the service's organizational structure, including the lines of administration authority and operational supervision and the training officer.
- b. Job descriptions will be maintained for the positions, as appropriate, of emergency medical care providers and manager/supervisor/administrator that provide the following minimum information:
  - Job Title
  - Salary
  - Benefits
  - Work Schedule
  - Immediate Supervisor and Title
  - General Statement of Duties
  - Supervision Received

- Supervision Exercised
- Typical Examples of Work
- Desirable Qualifications for Employment: Knowledge, Skills, and Experience
- Experience Required
- 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) The ASA provider shall provide a certificate of coverage at the time of execution of the ASA provider agreement, indicating proof of insurance coverage with limits not less than the following:

- a. Property Damage:
  - \$500,000 (one claimant)
  - \$1,000,000 (all claimants)
- b. Personal Injury or Death:
  - \$1,000,000 (one claimant)
  - \$2,000,000 (all claimants)
- c. Professional Liability/Errors and Omissions:
  - \$1,000,000

Such insurance shall be on an occurrence basis only and be evidenced by a Certificate of Insurance provided to the County, indicating coverages, limits, and effective dates, by an insurance company licensed to do business in the State of Oregon. An endorsement shall be issued by the company showing the County as an additional insured on all coverages, excepting medical/professional malpractice insurance. The endorsement shall also contain a 30-day notice of cancellation provision.

(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 the employee's actual salary.
- b. Malpractice/errors and omissions coverage shall be provided.

(B) Communications Standards

(1) Licenses - All radio equipment subject to Federal Communications Commission (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) All communications will be coordinated with Tillamook 9-1-1.

(C) Continuing Education

(1) A continuing education program that meets or exceeds the requirements of the Oregon Health Authority or the National Registry of Emergency Medical Technicians will be documented.

(2) Procedure for identifying and correcting quality of care problems within the provider service will be documented.

(D) Quality Improvement

(1) The ASA provider will establish a procedure to provide the Council with the necessary information for case reviews, screens, and investigations.

(2) The ambulance service provider will cooperate with the Council.

(E) Mutual Aid

(1) The ASA provider will be signatory to EMS mutual aid agreements for adjacent counties, as appropriate.

(2) The ASA provider will participate in disaster planning, training, and response as coordinated by the Tillamook County Office of Emergency Management.

**7.4 PROVIDER SELECTION - NOTIFICATION OF VACATING AN ASA**

(A) An ASA provider shall not voluntarily discontinue service to the assigned ASA without giving 120 days written notice of vacation to the Board.

(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 Sections 7.1 through 7.3 of the ASA Plan.

**7.5 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; or
- (3) Revocation of contract due to noncompliance.

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## APPENDIX A

### TILLAMOOK COUNTY EMS MOVE-UP PLAN AND PROTOCOLS

**Purpose:**

The purpose of this policy is to provide guidance for routine movements of ambulances to maximize coverage of the ASA and the four defined sectors: (1) Manzanita; (2) Garibaldi; (3) Tillamook; and (4) Pacific City.

**Coverage:**

System level is defined as the number of available in-service units.

Level 4	Normal Manning
Level 3	Stations 21, 75 and 82 Units will not be required to move at Level 3 if the call is within the "Tillamook Circle" (Figure 2).
Level 2	Activate 7542* / Level 3
Level 2A	Stations 31 and 83
Level 1	Station 75 [Request Mutual Aid coverage from Medix and PacWest]

*\*Backup (7542) shall be utilized when:*

- 1. System utilization reaches Level 2.*
- 2. An Out of County Transport (excluding those transports originating as a Tillamook 9-1-1 call to North Lincoln and Seaside Hospitals) occurs.*
- 3. At supervisor discretion when high system utilization is expected or other special events.*

From the hours of 23:00 thru 08:00 the following exceptions will apply to Level 3:

1. Stations 11 and 31 will not be required to move to 21 for coverage at level 3. The combined sectors may be covered from either station in the event of a call within those sectors.
2. Station 75 will be covered by either 31 or 11 based on crew agreement prior to the need for coverage.
3. Station 82 will be covered by 75 or 31 at Station 83 based on crew agreement prior to the need for coverage.

**Guidance:**

1. The On-Duty supervisor or alternate supervisor has the discretion to alter the plan depending on manning and system needs on a temporary / shift only basis. Dispatch, as well as appropriate Fire District Duty Officers, will be notified of any variation in coverage by the ASA shift supervisor or management.
2. Notify dispatch of coverage location to ensure utilization of closest available units. When units are in coverage, they shall monitor dispatch and ensure that closest units are dispatched.

**Figure 1. Tillamook County Ambulance Service Areas**

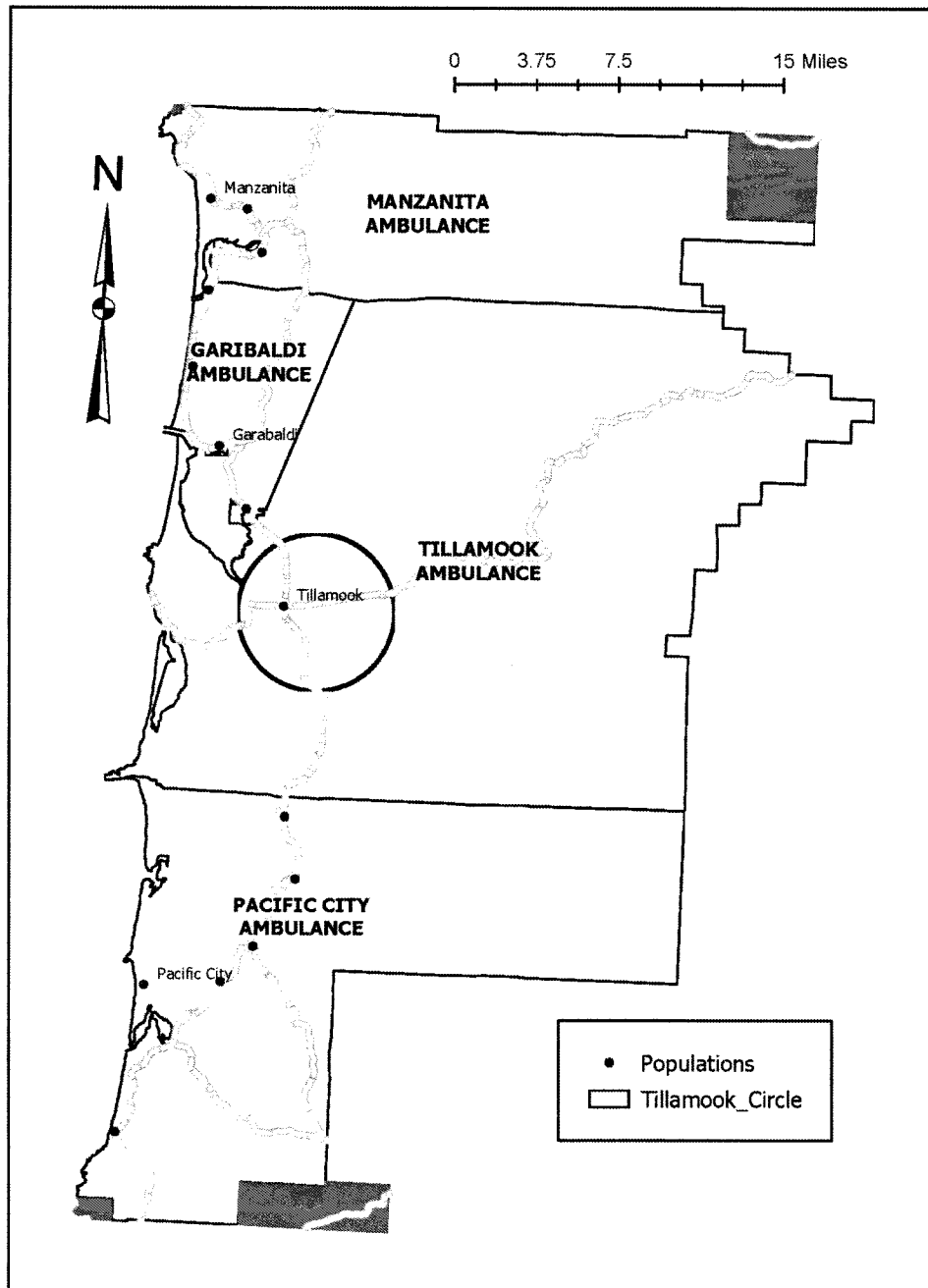
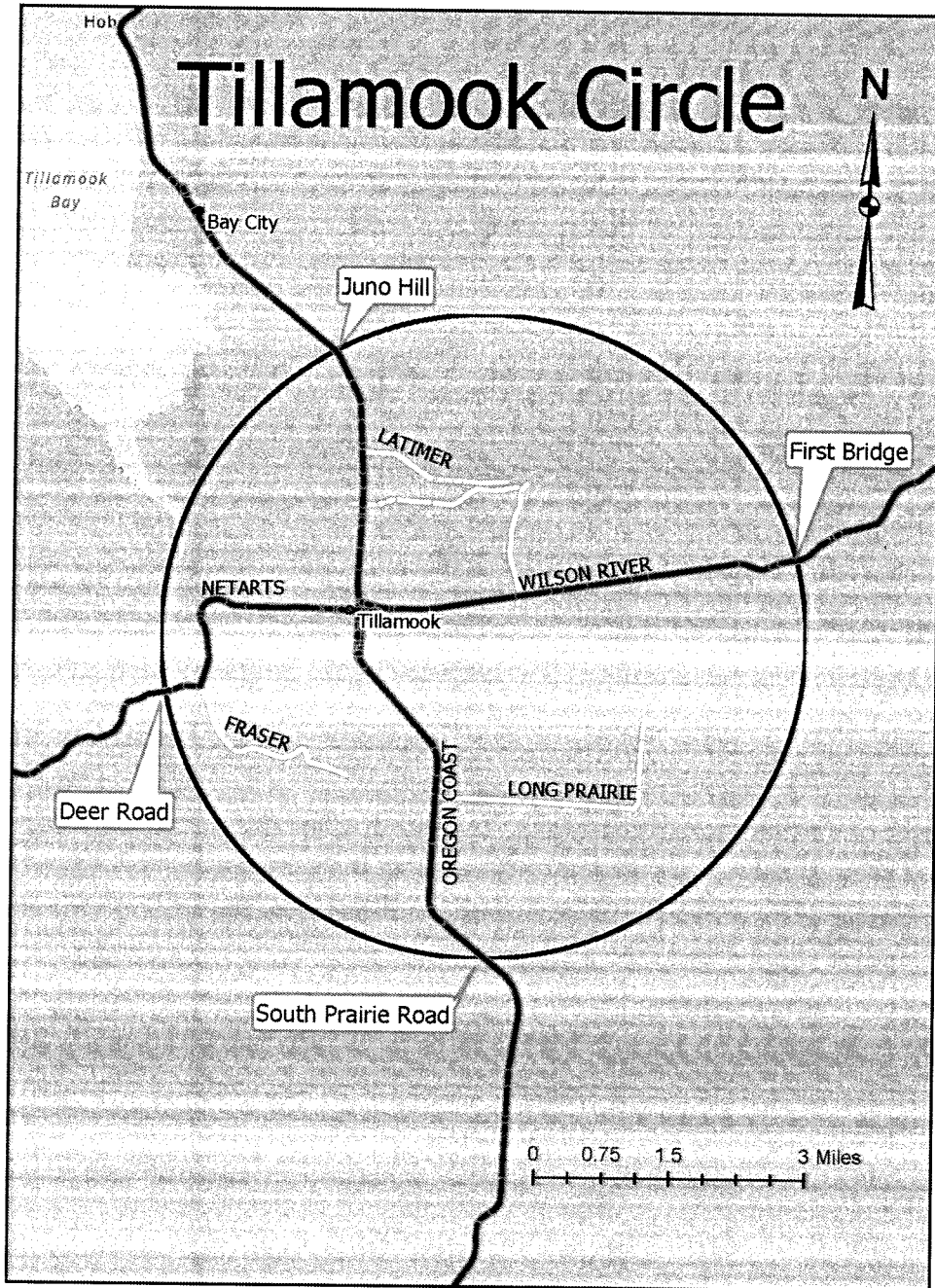


Figure 2. Tillamook Circle





## APPENDIX B

### TILLAMOOK COUNTY

#### EMERGENCY MEDICAL QUALITY IMPROVEMENT STANDARDS

##### I. GENERALLY

A. The goals of the Tillamook County Quality Improvement (QI) 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 Ambulance Service Area (ASA) Plan, Emergency Medical Services (EMS) Ordinance, Physician Standing Orders, and State laws and regulations.

B. The EMS Advisory Council (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. Area Trauma Advisory Board (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 QI SCREENS AND QUALITY ASSURANCE MEASURES

A. The 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 Tillamook 9-1-1 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.

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 emergency medical technician (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 System Audit Group (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 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 QI REVIEWS, THE 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 Council.