

IN THE BOARD OF COMMISSIONERS OF THE STATE OF OREGON

FOR THE COUNTY OF YAMHILL

SITTING FOR THE TRANSACTION OF COUNTY BUSINESS

In the Matter of an Ordinance to Amend Ordinance 723, the	)	
Yamhill County Ambulance Service Ordinance, as amended,	)	
to Adjust Deadlines for Certain Activities Required by the	)	ORDINANCE 751
Ordinance; to Authorize Conditional Public Provider	)	
Assignments in Addition to Franchising Beginning July 1, 2005;	)	
Declaring an Emergency; Effective Immediately.	)	

THE BOARD OF COMMISSIONERS OF YAMHILL COUNTY, OREGON ("the Board") sat for the transaction of county business in formal session on December 21, 2004, commissioners Kathy George, Mary P. Stern and Leslie Lewis being present.

THE BOARD MAKES THE FOLLOWING FINDINGS:

A. ORS 682.205 provides as follows:

"(1) Each county shall develop a plan for the county . . . relating to the need for and coordination of ambulance services and establish one or more ambulance service areas consistent with the plan for the efficient and effective provision of ambulance services.

...  
"(4) Any plan developed and any service area established pursuant to subsection (1) of this section shall be submitted to the Department of Human Services."

B. On March 6, 2003 the Board adopted Ordinance 723, the Yamhill County Ambulance Service Ordinance ("ASO"). The ASO became effective October 1, 2003. Among other things, the ASO required the establishment of an Ambulance Service Area Advisory Committee ("the ASACommittee") to develop an Ambulance Service Area Plan ("ASA Plan"). It called for ambulance service areas to be franchised to providers following a competitive selection process. It also required applications for franchises to be submitted by March 31, 2004 and franchises to be awarded by September 30, 2004.

C. On February 25, 2004, the ASA Committee held its organizational meeting to elect a chair and consider an ASA Plan developed by staff. The ASA Committee elected a chair, then voted unanimously to approve a motion requesting the Board to extend deadlines in the ASO for three months to allow the Committee to complete work on the plan for recommendation to the Board. Thereafter, the Board adopted Ordinance 736 to further extend the deadlines to allow comprehensive review by the ASA Committee. The ASA Committee continued to meet regularly to complete development of the official Yamhill County ASA Plan and to explore qualifications for ambulance service providers.

D. On June 24, 2004 the ASA Committee met and heard a report regarding the Clackamas County ASA Ordinance and Plan. In Clackamas County, the Board had established three ambulance service areas. In two of the areas, the Clackamas County Board simply designated existing public providers as the ambulance service providers rather than conducting a competitive process to select the providers.

(These public providers were the fire districts/departments in Canby and Molalla.) In the third ASA, the Clackamas County Board conducted a competitive process and awarded a franchise to a private provider.

E. On July 1, 2004 the ASA Committee met to consider whether Yamhill County should follow the Clackamas County model. After substantial discussion, the ASA Committee voted unanimously to forward the following two questions to the Yamhill County Board for consideration:

Question 1, is the Board willing to consider amending Ordinance 723 to modify the provider selection process? (Yes or no.)

Question 2, if so, and if the Committee so recommends, is the Board willing to consider an initial assignment of current public ambulance service providers? (Yes or no.)

After approving the questions, two subcommittees were appointed by the Chair to (a) develop a questionnaire to elicit sufficient information to determine existing service levels of current public providers and (b) develop ASA Plan language for provision of non-emergency services. Thereafter, the two subcommittees worked with the Administrator to develop the information.

F. On July 16, 2004 the Board met in informal session and answered "yes" to both of the ASA Committee's questions set forth above. After considering the time limits in Ordinance 736, the Board directed staff to prepare another ordinance to once again extend the timelines to allow the ASA Committee to consider a process to determine whether it was appropriate to recommend an initial assignment of current public providers. Ordinance 742 was adopted July 22, 2004 to extend the timelines.

G. On October 29, 2004 the ASA Committee met to consider a draft ASA Plan as well as the information developed by the subcommittees appointed on July 1. Changes to the draft plan were made including language on the provision of non-emergency services. Staff was directed to make the changes. (A November 1, 2004 draft ASA Plan was issued to incorporate the changes.) Also, the ASA Committee approved a "Yamhill County Ambulance Service Area Plan Questionnaire" and an "Ambulance Service Area Applicant Adverse Action Report" form. The Committee then determined to ask the four existing public providers to return the questionnaire and report by November 30, 2004 so the Committee could consider the providers' performance at a meeting on December 10, 2004.

H. At its meeting on December 10, 2004 the ASA Committee unanimously recommended the November 1, 2004 draft ASA Plan to the Board as the official ASA Plan for Yamhill County effective July 1, 2005. The Committee also unanimously recommended the Board make a conditional assignment of the four existing public ambulance service providers to perform services in the four recognized Yamhill County ambulance service areas effective July 1, 2005. (No ASA Committee representative voted on any recommendation regarding the represented entity.)

I. Based on the December 10, 2004 recommendations of the ASA Committee, the Board is prepared to amend Ordinance 723 to recognize the November 1, 2004 draft plan as the official Yamhill County ASA Plan. By separate actions of the Board by Board Order, the Board is prepared to make conditional initial ASA provider assignments as recommended by the ASA Committee.

J. It is appropriate to amend this ordinance to recognize two different methods to assign an ASA to a provider. One method is assignment of a franchise to a public or private provider following a

competitive process. The other method is designation of a public provider following review of provider performance and recommendation of designation by the ASA Committee. While a franchise should be granted for a specific term, a designation should be authorized only for so long as the public provider complies with the approved ASA Plan and serves the public interest. NOW, THEREFORE:

**THE YAMHILL COUNTY BOARD OF COMMISSIONERS ORDAINS AS FOLLOWS:**

Ordinance 723, as amended by Ordinances 736 and 742, is hereby amended by substituting the following language for language in Ordinance 723.

**Section 1**     **TITLE** This Ordinance shall be known as the Yamhill County Ambulance Service Ordinance, and may be so cited and pled.

**Section 2**     **AUTHORITY**

This Ordinance is enacted pursuant to ORS 682.205, 682.275 and ORS 203.035.

**Section 3**     **POLICY AND PURPOSE; ADOPTION OF PLAN**

1.     **Policy and Purpose.** The Yamhill County Board of Commissioners finds:

- a.     That ORS 682.205 requires Yamhill County to develop and adopt a plan for the county relating to the need for a coordination of emergency ambulance services and to establish Ambulance Service Areas (ASAs) consistent with the plan to provide efficient and effective emergency ambulance services.
- b.     That this Ordinance together with the Yamhill County Ambulance Service Area Plan (ASA Plan) make up the complete plan for emergency ambulance services for Yamhill County because it establishes Ambulance Service Areas, methods for selecting an emergency ambulance provider for Ambulance Service Areas and the Ambulance Service Area Advisory Committee.
- c.     That state law requires Yamhill County to develop and adopt a plan for emergency ambulance services that recognizes the authority of cities and rural fire protection districts to operate and regulate emergency ambulance services within their own territories subject to the ASA Plan. That the provision of effective and efficient emergency ambulance services pursuant to the Yamhill County ASA Plan within cities and rural fire protection districts must be accomplished primarily on a cooperative basis. Yamhill County will employ formal sanctions and litigation to enforce the provisions of the Yamhill County ASA Plan when voluntary compliance cannot be obtained.

2.     **Adoption of ASA Plan.** The Yamhill County Ambulance Service Area Plan, attached and incorporated as Exhibit A, is hereby adopted as the official ambulance service area plan for Yamhill County. The Plan shall be forwarded to the Oregon Department of Human Services, Health Division, for approval. Future amendments to the Plan may be made by Board Order with notice to the Oregon Department of Human Services, Health Division.

**Section 4**     **DEFINITIONS** The words and phrases in this Ordinance shall have the meaning provided in ORS Chapter 682 and OAR Chapter 333, Divisions 250, 255, 260, and 265, unless specifically

defined herein to have a different meaning. Other specific definitions for words and phrases in this Ordinance include:

1. "Administrator" means a person designated by order of the Board to administer this Ordinance and the duly authorized deputy or assistant of such person.
2. "Ambulance Service Area (ASA)" means a geographical area that is served by one ambulance service provider, and may include all or a portion of a county, or all or portions of two or more contiguous counties.
3. "Ambulance Service Area Advisory Committee" or "Committee" means a committee appointed by the Board to advise the Board on requirements of this Ordinance and the ASA Plan.
4. "Board" means the Board of County Commissioners for Yamhill County, Oregon.
5. "Designation" or "designated" means an assignment to provide emergency and non-emergency ambulance service issued to a public provider for an indefinite term by the Board pursuant to this Ordinance.
6. "Franchise" means an assignment to provide emergency and non-emergency ambulance service issued to a private or public provider for a fixed term by the Board pursuant to this Ordinance.
7. "Person(s)" means and includes individuals, corporations, associations, firms, partnerships, joint stock companies, counties, cities, rural fire protection districts, and special service districts formed and existing pursuant to Oregon Revised Statute.
8. "Private Provider" means an ambulance service provider operated by a person other than a county, city or special district.
9. "Public Provider" means an ambulance service provider directly operated by a county, city or special district recognized as a public entity under the laws of the State of Oregon.

**Section 5**      **EXEMPTIONS**    This Ordinance shall not apply to:

1. Ambulance services and ambulances owned or operated under the control of the United States Government;
2. Vehicles and aircraft being used to render temporary assistance in the case of a major catastrophe or emergency with which the ambulance services of the surrounding locality are unable to cope, or when directed to be used to render temporary assistance by an official at the scene of an accident;
3. Vehicles operated solely on private property or 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; and

4. 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**     **ADMINISTRATION** The Administrator, under the supervision of the Board and with the assistance of the Committee, shall be responsible for the administration of this Ordinance. In order to carry out the duties imposed by this Ordinance, the Administrator, or persons authorized by the Administrator, are hereby authorized to enter on the premises of any person regulated by this Ordinance at reasonable times and in a reasonable manner to determine compliance with this Ordinance and regulations promulgated pursuant thereto. The Administrator shall also have access to records pertaining to ambulance service operations of any person regulated by this Ordinance. These records shall be made available within five (5) working days to the Administrator at the person's place of business, or copies made and provided as requested by the Administrator.

**Section 7**     **AMBULANCE SERVICE AREAS**

1. For the efficient and effective provision of emergency ambulance services in accordance with the ASA Plan, the four Ambulance Service Areas shown on the map attached to Ordinance 723 as Exhibit "A" and described in the legal descriptions attached to Ordinance 723 as Exhibit "B," and incorporated herein by this reference, are hereby adopted as the Ambulance Service Areas for Yamhill County. In the event of a conflict between Exhibits "A" and "B" to Ordinance 723, Exhibit "B" shall control.

2. The Board, after notice to the affected ASA provider and by the adoption of an order, may adjust the boundaries of an ASA from time to time as necessary to provide efficient and effective emergency ambulance services.

**Section 8**     **AMBULANCE SERVICE PROVIDERS REGULATED**

1. Beginning July 1, 2005, no person shall provide emergency ambulance services in Yamhill County, Oregon, unless such person is a private or public franchised entity or a public designated entity assigned to provide services in accordance with the applicable provisions of this Ordinance.

2. Ambulance service providers assigned to provide services under this Ordinance shall comply with the terms of the Ambulance Service Area Plan adopted by this Ordinance as such plan may be amended by the Board of Commissioners following review by the Ambulance Service Advisory Committee established under this Ordinance.

**Section 9**     **APPLICATION FOR AMBULANCE SERVICE ASSIGNMENT: PRIVATE OR PUBLIC FRANCHISE OR PUBLIC DESIGNATION**

1. Any person desiring to provide ambulance service within Yamhill County shall submit to the Board of Commissioners an application to be assigned an ASA in a form approved by the Administrator. Private providers may be franchised but not designated. Public providers may be franchised or designated. When a provider is franchised, the term of the franchise is a fixed term as provided in this Ordinance. When a provider is designated, there is no fixed term of the designation, but the performance of the provider is reviewed regularly as provided in this ordinance. A designation may be removed by the Board if the Board, with the advice of the ASA Committee, finds that the provision of ambulance services by the public provider is no longer in the public interest.

2. In addition to information required on the application form, the Board may require additional information it deems necessary to insure compliance with this Ordinance.

3. Unless waived in a particular circumstance by the Administrator as unnecessary, the applicant shall provide the following information:

- a. The name and address of the person or agency applying for an ambulance service franchise.
- b. The ASA the person desires to serve, the location(s) from which ambulance services will be provided, and the level of service to be provided.
- c. A statement as to whether or not the person will subcontract for any service to be provided. If some service will be provided by subcontract, a copy of that subcontract shall be provided.
- d. A list of vehicles to be used in providing emergency ambulance services including year, make and model, and verification that each vehicle is licensed by the Health Division.
- e. A statement that all equipment and supplies in each ambulance conforms to Health Division requirements.
- f. A list of personnel to be used in providing emergency ambulance service and their current Emergency Medical Technician level and certificate number.
- g. Proof of financial ability to operate, including an operating budget for public bodies or financial statement for private entities, references and/or statement of past ambulance service. Private companies must include a profit and loss statement in addition to the above materials. Other appropriate financial information, such as income, tax returns, or reports by governmental authorities shall also be submitted upon request. Public bodies must provide information regarding the sources and amounts of funding for emergency ambulance services.
- h. Consistent with the Oregon Tort Claims Act, proof of general liability insurance in amounts not less than the following:
  - (i) \$50,000 to any claimant for any number of claims for damage to or destruction of property, including consequential damages, arising out of a single accident or occurrence.
  - (ii) \$100,000 to any claimant as general and special damages for all other claims arising out of a single accident or occurrence.
  - (iii) \$500,000 for any number of claims arising out of a single accident or occurrence.
- i. A statement of experience in providing emergency ambulance service of a comparable quality and quantity to insure compliance with this Ordinance, regulations promulgated thereunder, any franchise issued, and the ASA Plan.

- j. Proof of ability to comply with the terms and conditions of the ASA Plan and applicable county ordinances, in the form of a narrative summary.
  - k. A description of any prepaid ambulance service plan, including number of members, number of years of operation, funding and term.
  - l. Information, in the form of run logs, medical director correspondence, audit reports, training records, policy and procedure manuals and equipment records and inventories, and any other records or materials requested.
  - m. In the case of an application to transfer or take over an already assigned franchise:
    - (i) A detailed summary of how the proposed change will improve emergency 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.
    - (ii) Evidence that the call volume in the ASA is sufficient to financially or otherwise justify the change in service.
    - (iii) Information, in the form of run logs, medical records, medical director correspondence, audit reports, training records, policy and procedure manuals and equipment records and inventories, and any other records or materials requested.
4. The Board may from time to time, by order, adopt fees to defray the actual reasonable costs incurred by Yamhill County in processing applications, and adopt annual franchise fees to defray the reasonable costs of Yamhill County in administering this Ordinance.
5. The applications shall be reviewed by the Committee who shall recommend the assignment of the ASAs to the Board. The assignment of an ASA shall be made by an Order of the Board.

**Section 10 EXISTING AMBULANCE SERVICE PROVIDERS.**

- 1. Unless there has been more than one application made for a private franchise or public franchise or designation within a given ambulance service area, any applicant who meets the application requirements of Section 9 and who was providing service on the effective date of this Ordinance shall be assigned to provide emergency ambulance service for the ASA the applicant was serving on the effective date of this Ordinance.
- 2. If more than one application is made for assignment as an ASA provider within a given ambulance service area at the time this Ordinance becomes effective, each application shall be considered by the Committee for recommendation to the Board.
- 3. Subject to the requirements imposed by Sections 8 and 9, Newberg Fire Department, McMinnville Fire Department, Sheridan Fire District and West Valley Fire District are authorized to continue to provide ambulance services within their designated ASA until prohibited from providing ambulance services by the terms of this ordinance.

**Section 11 REVIEW OF APPLICATION FOR FRANCHISE OR DESIGNATION**

1. Applications for a franchise or designation shall be reviewed by the Committee, which shall make such investigation as it deems appropriate. In reviewing applications, the Committee may request assistance of other persons as necessary.
2. The Administrator shall notify the holder of a franchise or designation granted under this Ordinance whenever the Board of Commissioners receives a franchise or designation application from a different provider to provide emergency ambulance services within the ASA served by the original franchise holder.
3. The Committee shall make its recommendation to the Board to grant, deny, modify or attach appropriate conditions any franchise or designation issued in response to an application. Unless the time is extended by the Board for good cause, the Committee shall transmit its recommendation within sixty (60) days after the application and any required supplemental information has been received.

**Section 12 BOARD ACTION ON APPLICATION FOR FRANCHISE OR DESIGNATION**

Upon receipt of the Committee's recommendation, the Board shall first determine whether to (a) make an initial assignment as provided in Section 13, or (b) schedule a public hearing to consider the application. If the Board elects to make an initial assignment, it shall do so in accordance with Section 13 without conducting a public hearing. If the Board elects to schedule a public hearing, the Board:

1. May require additional investigation by the Committee if it finds there is insufficient information on which to base its action.
2. Shall, upon the basis of the application, the Committee's recommendation, such other information as is permitted by this Ordinance, and such information as is presented to the Board at the public hearing make an order granting, denying or modifying the application or attaching conditions thereto.
3. Shall not make an order adverse to the applicant or to the holder of, or applicant for, another franchise or designation effective less than 30 days after the date of such order and shall notify such persons in writing of the order. The Board may suspend operation of this subsection and enter an emergency order if it finds there is an immediate and serious danger to the public or that a health hazard or public nuisance would be created by a delay.
4. After the Board makes an order granting an emergency ambulance service franchise, with or without conditions, and the provider finds itself unable to provide a particular service, the Board may permit the provider to subcontract such service to another person if the Board finds that the quality and extent of the service would not be jeopardized. The Board may require the filing of such information as it deems necessary.

**Section 13 INITIAL CONDITIONAL ASSIGNMENT OF PUBLIC PROVIDERS** Upon the recommendation of the Committee, the Board is authorized to make an initial conditional assignment of a public provider to provide ambulance services within an ASA as a designation. This section does not apply to a franchise.

1. In support of its authority to make an initial conditional assignment of a public provider to provide ambulance services within an ASA as a designation, the Board adopts the following findings.

a. Current providers in ASA areas 2, 3 and 4 all belong to the Yamhill Communications Agency (YCOM), and ORS Chapter 190 intergovernmental agency that provides medical, fire and law enforcement dispatch services. YCOM is funded by dues paid by member agencies, including McMinnville Fire Department, Sheridan Fire District and Willamina Fire District. These entities currently provide ambulance services within the county. Income generated from the provision of ambulance services enables the entities to make their YCOM contributions and thereby fund emergency dispatch for medical, fire and law enforcement services.

b. Dispatch services in ASA area 1 are provided by the Newberg Police Department, an agency of the City of Newberg. Income generated from the provision of ambulance services by Newberg Fire Department helps to fund emergency dispatch for medical, fire and law enforcement services.

c. The current providers in ASA areas 1, 2, 3 and 4 provide a consistently high quality of services within their jurisdictions at a reasonable cost. Because a substantial amount of work hours for ambulance services is provided by volunteer firefighters, there is a built-in local subsidy of emergency ambulance services.

d. The current providers in ASA areas 1, 2, 3 and 4 are able to communicate with each other, and are all moving toward enhanced communication abilities through mobile data terminals.

e. The current providers in ASA areas 1, 2, 3 and 4 are all inter-connected to quick response teams within their areas. Physician advisers within each ASA provide volunteer services for the providers by offering advice to quick response teams.

f. The current providers in all Yamhill County ASA areas are divisions of either a municipal fire department or a rural fire protection district. Revenues generated by these divisions from the provision of ambulance services support the ability of the municipalities and districts to provide fire suppression services. Therefore, a change in ambulance providers within the four ASAs would cause considerable financial hardship and impact the ability of the municipalities and districts to provide fire suppression services.

g. The Board and Committee have found no compelling reason to change providers in ASA areas 1, 2, 3 or 4.

2. Initial assignments by designation made under this section are subject to the following requirements:

a. Each provider shall provide the Administrator with a quarterly report of response performance and an annual evaluation of the economic efficiency of these assignments.

b. The Committee will conduct an annual evaluation of the performance of the public providers, or, at the direction of the Administrator, an evaluation at any time deemed by the Administrator to be in the public interest. The evaluation will focus on the providers' clinical

performance and response time performance. It will also compare each provider's user fees with those of other jurisdictions inside and outside the county to determine if the fees are appropriate. The Committee will make an annual report of its findings to the Board.

c. If a provider vacates an area or is unable to maintain the minimum standards of this ASA Plan, the Board may either assign another public provider to the ASA or conduct a competitive process to select a public or private provider to serve the ASA.

3. If, at any time, the Board determines that the public interest is not being served by any public provider initially assigned an ASA, then the Board may reconfigure ASAs, reassign public providers, or conduct a competitive process to select a public or non-public franchisee to serve one or more ASAs.

**Section 14** **FRANCHISE TERMS AND RENEWALS** This section applies when a franchise is issued to a private or public provider.

1. Unless a shorter term is provided by this Ordinance, an initial ambulance service franchise issued under this Ordinance shall be valid from the date of issuance for ten years.

2. On the first expiration of an initial franchise, unless the Board finds that a longer or shorter term is required in the public interest, the term of an ambulance service franchise shall be five (5) years, beginning on October 1 of a year and ending September 30, five (5) years later.

3. Unless grounds exist for refusal to renew a franchise under provisions for suspension or revocation as set forth in Section 16, or unless the franchise is to be given to a new person, franchises shall be renewable. Application for renewal shall be made on forms provided by the Board.

4. Not more than one hundred eighty (180) days and not less than ninety (90) days prior to the expiration of a franchise granted under this Ordinance, a franchisee who desires to renew the franchise and/or any person desiring to assume the franchise shall submit an application to the Administrator.

5. Review of all applications for renewal or assumption of a franchise shall be conducted in the same manner as for an application pursuant to Sections 9, 11 and 12 of this Ordinance.

**Section 15** **EARLY DISCONTINUANCE OF SERVICE BY FRANCHISEE** This section applies when a franchise is issued to a private or public provider.

1. If a franchisee discontinues service before the expiration of its franchise, the Board shall set a time by which applications must be submitted for a new franchise in the ASA.

2. The Committee shall develop an interim plan for coverage of the ASA, using existing franchisees and/or other available resources until the ASA can be reassigned.

3. The Board shall issue a temporary certificate, valid for a stated period not to exceed six (6) months, entitling a person to provide emergency ambulance service in all or part of the ASA. The Board may renew a temporary certificate for one additional six (6) month period.

**Section 16**     TRANSFER OF FRANCHISES A franchisee may transfer its franchise to another provider only upon the Board's written approval of a written request to transfer the franchise. Review of an application for transfer of a franchise shall be conducted in the same manner as for a franchise application pursuant to Sections 9, 11, and 12 of this Ordinance.

**Section 17**     ENFORCEMENT OF FRANCHISE PROVISIONS This section applies when a franchise is issued to a private or public provider.

1.       Subject to the policies stated in Section 3, and in addition to remedies provided by this Ordinance or under state or federal law, the Administrator shall, upon reasonable cause, make an investigation to determine if there is sufficient reason and cause to suspend, modify, revoke or refuse to renew a franchise as provided in this Subsection.

2.       If, in the judgment of the Committee or Board, there is sufficient evidence (a) to constitute a violation of applicable local, state or federal law, this Ordinance or the ASA Plan or (b) to reasonably indicate the franchisee has materially misrepresented facts or information given in the application for the franchise, then the Board shall notify the franchisee in writing, by certified and regular mail or by personal service, of the violation or misrepresentation and necessary steps the franchisee must take to cure the violation or misrepresentation. The Board shall send a copy of the notice to the Committee.

3.       Ten (10) days following issuance of notice of violation under this section, the Board may enter its order of revocation, modification, suspension or non-renewal, and may thereby revoke, modify, suspend, or not renew the franchise, unless prior thereto the franchisee shall file with the Board its request for a hearing on the Board's notice of violation. If said request is timely filed, or if the Board so acts on its own motion, then revocation, modification, suspension, or non-renewal will be stayed until the Board can, at its earliest convenience, hold a public hearing thereon. Notice of said hearing shall be given to the franchisee by mail and to all others by publication in a newspaper of general circulation in the county or the ASA at least ten (10) days prior to such hearing. The purpose of the hearing will be for the Board to determine whether good cause exists to revoke, modify, suspend, or not renew the franchise. The burden of proof at the hearing held hereunder shall be upon the franchisee.

4.       In lieu of the suspension or revocation of a franchise, the Board may order that the violation be corrected and make the suspension or revocation contingent upon compliance with the order within the period of time stated therein. Notice of the Board action shall be provided by mail to the franchisee. The notice shall specify the violation, the action necessary to correct the violation, and the date by which the action must be taken. The franchisee shall notify the Board of the corrective action taken. If the franchisee fails to take corrective action within the time required, the Board shall notify the franchisee by certified and regular mail or by personal service that the franchise is suspended or revoked upon service of the notice.

5.       Should the franchisee fail to comply with the Board's order, then the Board may take any steps authorized by law to enforce its order.

**Section 18**     PREVENTING INTERRUPTION OF SERVICE Whenever the Board finds that the failure of service or threatened failure of service would adversely impact the health, safety or welfare of the residents of this county and declares an emergency to exist, the Board shall, after reasonable notice, but not less than twenty-four (24) hours notice to the franchisee, hold a public hearing. The

purpose of the hearing is to determine whether the failure of service or threatened failure of service will likely adversely impact the health, safety or welfare of the residents of this county. Upon appropriate findings after the hearing, the Board shall have the right to authorize another franchisee or other person to provide services.

**Section 19 APPEALS, ABATEMENT AND PENALTIES**

1. All the decisions of the Board under this Ordinance shall be reviewable by the Circuit Court of the State of Oregon for the County of Yamhill by way of writ of review.
2. The provision of ambulance service by any person in violation of this Ordinance, or regulations promulgated thereunder, is a nuisance and the Board may, in addition to other remedies provided by law or by this Ordinance, initiate injunctive abatement or other appropriate legal proceedings to temporarily or permanently enjoin or abate such ambulance service.
3. Any violation of a provision of this Ordinance shall be punishable, upon conviction, by a fine not to exceed \$500. Each day of a continuing violation constitutes a separate offense and shall be punishable by a fine not to exceed \$500. The penalties provided in this section are in addition to, and not a substitute for, civil remedies available to Yamhill County for enforcement of this ordinance.
4. At the discretion of the Board, violations of this Ordinance may be prosecuted under procedures set forth in the Yamhill County Citation Ordinance, Ordinance No. 448, as amended.

**Section 20 DUTIES OF AMBULANCE SERVICE PROVIDER** Any provider granted a franchise or designation under this Ordinance shall abide by the following requirements. The provider :

1. Shall conduct its operation in compliance with all applicable state and federal laws, rules and regulations, the terms of this Ordinance and the Yamhill County ASA Plan;
2. Shall not fail or refuse to respond to an emergency call for service when an ambulance is available for service;
3. Shall not respond to a medical emergency located outside its assigned ASA except:
  - a. When the person calling for the ambulance makes a request for specific emergency ambulance service and the call does not dictate an emergency response;
  - b. When the provider assigned to the ASA is unavailable to respond and the provider is requested by another provider or 9-1-1 dispatch to respond; or
  - c. When the response is for supplemental assistance or mutual aid.
4. Shall not voluntarily discontinue service to its assigned ASA until it has:
  - a. Given sixty (60) days written notice to the Administrator, or
  - b. Obtained written approval of the Board.

5. Subsection 4 of this Section shall not apply to:
  - a. Change, restriction or termination of service when required by any public agency, public body or court having jurisdiction; or
  - b. Transfer of franchises pursuant to Section 16 of this Ordinance.

**Section 20     AMBULANCE SERVICE AREA (ASA) ADVISORY COMMITTEE**

1. There is hereby created an Ambulance Service Area (ASA) Advisory Committee.
  - a. The Committee shall consist of 14 members for the following designated positions:
    - County Health Officer or person designated by County Health Officer (1)
    - 9-1-1 Coordinator from each emergency dispatch agency in Yamhill County (2)
    - Fire Department or Fire District representative (2)
    - Administrator or person designated by Administrator from each hospital located within Yamhill County (2)
    - Public member (1)
    - Physician Advisor/emergency physician (1)
    - County Sheriff's emergency management representative (1)
    - EMS personnel selected from different geographic areas of Yamhill County (4)
  - b. The Administrator designated to administer this ordinance and other Yamhill County staff as the Board deems appropriate shall be ex-officio members of the Committee.
2. Members shall be appointed by and serve at the pleasure of the Board. The Board may appoint additional persons to the Committee to serve as ex-officio members or advisors. The Board may appoint or approve designation of alternates to serve in the absence of persons appointed to the Committee.
3. Except for the Administrator and other Yamhill County staff, appointments to the initial Committee shall be for staggered terms not to exceed three (3) years. Subsequent appointments shall be for two (2) year terms. Unless a member resigns or unless a member is removed by the Board, members shall serve until their successors are appointed and qualified. Removal of members is subject to Section 7.01 of the Board's Procedures Ordinance, Ordinance 616, as amended. The Board shall fill vacancies for the balance of the unexpired term. Persons may be appointed to successive terms.
4. The Committee shall elect a chairperson. The Committee shall meet at such times as it deems necessary or as called by the Administrator or the Board. The chairperson or any two members of the Committee may call a special meeting with five (5) days notice to other members of the Committee; provided however, that members may waive such notice.
5. Seven (7) members constitute a quorum for the transaction of business. A majority vote of those present and voting, providing they constitute a quorum, is required to pass motions. In the event of a tie vote among members of the Committee, the Administrator is authorized to cast the deciding vote on a motion.

6. In addition to other duties prescribed by this Ordinance the Committee shall:
  - a. Review and make recommendations to the Administrator regarding the selection criteria for determining a franchise to provide ambulance service.
  - b. Regularly provide information to the Board from pre-hospital care consumers, providers and the medical community if reasonably available.
  - c. Periodically review the ASA Plan and make recommendations to the Board including, but not limited to:
    - (i) Review the standards established in the Plan and make recommendations regarding improvement of or new standards as required by OAR 333-260-0050;
    - (ii) Monitor the coordination between emergency medical service resources;
    - (iii) Review dispatch procedures and compliance with ASA Plan; and
    - (iv) Review the effectiveness and efficiency of the ASA boundaries.
  - d. Review a franchisee's quality assurance program as outlined in the ASA Plan to ensure compliance with the ASA Plan.
  - e. Perform such other duties as directed by the Board.
  
7. Committee members shall avoid acting in any matters where a conflict of interest may arise. Any Committee member having a direct or indirect financial or pecuniary interest in any matter before the Committee for consideration shall withdraw from participation in any action by the Committee in said matter. Nothing in this Section shall limit the ability of any person to provide testimony to the Committee.

**Section 21**     REGULATION OF AMBULANCE SERVICE Upon its own motion or upon a recommendation of the Committee, the Board may adopt ordinances, resolutions or orders regulating emergency ambulance service or implementing this Ordinance. Such regulations shall not conflict with applicable state or federal law or administrative rules or regulations promulgated pursuant thereto.

**Section 22**     INITIAL RESPONDER Nothing in these provisions 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 emergency ambulance service provider.

**Section 23**     SEVERABILITY CLAUSE Any judgment or declaration by any court of competent jurisdiction that any portion of this Ordinance is unconstitutional or invalid shall not invalidate any other portion of this Ordinance.

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Section 24 FIRST AND SECOND READINGS; EFFECTIVE DATE The first and second readings of this ordinance were made December 21, 2004. In accordance with ORS 203.045, this ordinance shall take effect immediately.

Ayes: Commissioners George, Stern and Lewis.

Nays: None.

DONE at McMinnville, Oregon on December 21, 2004.

ATTEST

YAMHILL COUNTY BOARD OF COMMISSIONERS

JAN COLEMAN

County Clerk

*Kathy George*

Chair

KATHY GEORGE

By

*Anne Britt*

Deputy ANNE BRITT



*Mary P. Stern*

Commissioner

MARY P. STERN

FORM APPROVED BY:

*John M. Gray, Jr.*

JOHN M. GRAY, JR.

Yamhill County Legal Counsel

*Leslie A. Lewis*

Commissioner

LESLIE LEWIS

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# **YAMHILL COUNTY AMBULANCE SERVICE AREA PLAN**

**Exhibit "A" to Ordinance 751  
December 21, 2004**

# YAMHILL COUNTY AMBULANCE SERVICE AREA PLAN

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Section 1.

**CERTIFICATION BY GOVERNING BODY OF COUNTY  
AMBULANCE SERVICE PLAN**

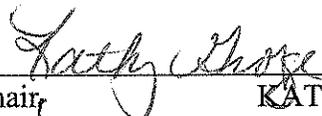
The undersigned members of the Yamhill County Board of Commissioners (the "Board") together with the Chair and Administrator of the Ambulance Service Area Advisory Committee (the "Committee") hereby certify, pursuant to Oregon Administrative Rule 333-260-0030(2)(a)(b)(c), that:

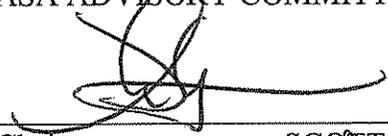
- A. Each subject or item contained in the Yamhill County Ambulance Service Plan has been addressed and considered in the adoption of the plan by the Board upon the recommendation of the Committee.
- B. In the Board's judgment, the ambulance service areas established by Ordinance No. 723 and ratified by the Committee provide for the efficient and effective provision of ambulance services in Yamhill County.
- C. To the extent applicable, the Board and Committee have complied with ORS Chapter 682 and existing local ordinances and rules in developing and approving this Plan.

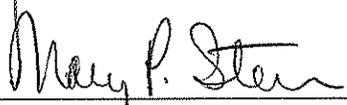
DONE AT McMinnville, Oregon this 21<sup>st</sup> DAY OF DECEMBER, 2004.

YAMHILL COUNTY, OREGON  
BOARD OF COMMISSIONERS

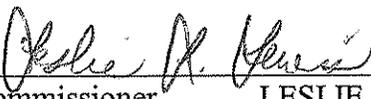
YAMHILL COUNTY, OREGON  
ASA ADVISORY COMMITTEE

  
Chair, KATHY GEORGE

  
Chair SCOTT MAGERS

  
Commissioner MARY P. STERN

  
Administrator CHRIS JOHNSON

  
Commissioner LESLIE LEWIS

APPROVED AS TO FORM:

By:   
JOHN M. GRAY, JR.  
Yamhill County Legal Counsel

**Section 2. OVERVIEW OF COUNTY.**

1. **Background.** Yamhill was one of four original Oregon territorial districts created by the Provisional Legislature on July 5, 1843. Its boundaries were drawn to include all the area from the Willamette River west to the Pacific Ocean and from the Yamhill River south to the California border. The district consisted of 12,000 square miles; however, twelve counties were eventually created from Yamhill County leaving 718 square miles within its present borders. The county shares borders with Washington County to the north, Tillamook County to the west, Polk County to the south, and Marion and Clackamas Counties to the east.

Many of the American immigrants who came over the Oregon Trail during 1843-1844 settled in the Yamhill region, which became the agricultural center of the Willamette Valley. Today, the county's primary industry is agriculture, specifically wheat, barley, horticulture, and dairy farming. Yamhill County is also the center of Oregon's wine industry. One-third of the county is covered with commercial timber, and the economic mainstay of the western part of the county is logging and timber products.

The population of Yamhill County in 1990 was 65,551; in 2000, the official census population was 84,992 representing a 29.6% increase over 1990. The official population estimate as of July 2003 was 89,384, representing a 5% increase since 2000. The two largest of the ten cities in Yamhill County are McMinnville (28,200) and Newberg (18,750) while 22,220 live in unincorporated territory. The bulk of the population in cities surround State Highways 99W and 18.

Annual precipitation is just over 43 inches, and the elevation in the coast range is over 3000 feet. Winters are generally mild, with average annual January temperatures of 39.1 degrees and July temperatures of 65.4.

The transportation network for Yamhill County is dominated by a road system of northeast to southwest and north to south paved highways that are part of the state highway transportation system. Local travel is by secondary and county roads that are significantly influenced by drainage patterns of rivers and mountains in the county.

2. **Nature of ASA Plan.** This Ambulance Service Area Plan addresses emergency ambulance service needs for Yamhill County through the imposition of standards for the four (4) different ambulance service areas created by the Board of Commissioners when it adopted the county's first Ambulance Service Areas Ordinance in 2003. (Ordinance No. 723, February 6, 2003.) This plan is intended to help ensure that the citizens and visitors of Yamhill County have access to efficient and effective ambulance service.

3. **Existing Delivery of Pre-hospital Care.** The pre-hospital care in the county is delivered by EMS agencies. All agencies listed operate advanced life support vehicles. The agencies that have historically provided pre-hospital transport in Yamhill County are:

- |        |                             |
|--------|-----------------------------|
| ASA #1 | Newberg Fire Department     |
| ASA #2 | McMinnville Fire Department |

ASA #3  
 ASA #4

Sheridan Fire District  
 West Valley Fire District (formerly known as Willamina Fire District)

**Section 3. DEFINITIONS.** The following definitions apply for this ASA Plan.

**“Address and consider”** - has the meaning given these terms by ORS 682.205(2)(3).

**“Administrator”** – means the person designated by the Yamhill County Board of Commissioners to coordinate and manage the Yamhill County Ambulance Service Area Ordinance and Yamhill County Ambulance Service Area Plan.

**“Ambulance” or “ambulance vehicle”** – means any privately or publicly owned motor vehicle that is regularly provided or offered to be provided for the emergency transportation of persons suffering from illness, injury, or disability.

**“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 sick, injured, or disabled persons.

**“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 portions of two or more contiguous counties.

**“Ambulance Service Area Plan”** – means a plan which addresses the need for and coordination of ambulance services and establishes ambulance service areas for the entire county.

**“Annex-O”** - means Oregon's Oil and Hazardous Materials Emergency Response Plan, prepared by the Oregon Department of Environmental Quality and containing a description of the state system for dealing with oil and hazardous materials emergencies.

**“ASA Advisory Committee (Committee)”** – means a committee formed by the Board of Commissioners to review standards, make recommendations for improvements or set new standards for the Board for all matters regarding EMS, and to review and make recommendations regarding soundness of the ASA.

**“Board of Commissioners (BOC)”** – means the Yamhill County Board of Commissioners.

**“Care”** - means the arrival of a state-certified pre-hospital care provider from the ASA franchise holder or its designee (first responder through paramedic), who initiates patient treatment at its level of certification and authorization (no specific adjuncts required).

**“Communication System”** – means a minimum of two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed.

**“Dispatch Center – Dispatch Service Provider”** – means any dispatch, communications, PSAP or information receiving area, including but not limited to any fire, police, hospital, or private facility that is serving ambulances or emergency medical services.

**“Division”** – means the Oregon Health Division, Department of Human Resources.

**“DOD”** – means the Department of Defense.

**“DOE”** – means the Department of Energy.

**“Effective Provision of Ambulance Services”** – means ambulance services provided in compliance with the county ambulance service plan provisions for boundaries, coordination and system elements.

**“Efficient Provision of Ambulance Services”** – means effective ambulance services provided in compliance with the county ambulance service plan provisions for provider selection and performance.

**“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 and endanger personal health or safety.

**“Emergency Medical Dispatch” (“EMD”)** – means the process of answering calls for life threatening emergencies, determining their nature, relaying information to dispatch, and remaining on line with the caller to provide basic medical coaching or direction.

**“Emergency Medical Services” (“EMS”)** – means those pre-hospital functions and services which are required to prepare for and respond to medical emergencies, including rescue, ambulance services, treatment, transport, communications, evaluation and public education.

**“Emergency Medical Technician-Basic” (“EMT-Basic”)** – means a person certified by the Division as defined in OAR 333-265-0000(8).

**“Emergency Medical Technician-Intermediate” (“EMT-Intermediate”)** - means a person certified by the Division as defined in OAR 333-265-0000(9).

**“Emergency Medical Technician-Paramedic” (“EMT-Paramedic”)** – means a person certified by the Division as defined in OAR 333-265-0000(10).

**“Emergency Operations Plan” (“EOP”)** - means the county’s emergency operations plan located in the Yamhill County Sheriff’s Office at the courthouse.

**“First Responder”** - means a person certified by the Division as a first responder as defined in ORS 682.025(7)(a)(b).

**“Fraud”** - means the intentional misrepresentation or misstatement of a material fact, concealment of, or failure to make known any material fact or any other means by which misinformation or false impression is knowingly given. OAR 333-250-010(13).

**“Frontier”** - means areas of Yamhill County that are inhabited by six persons or less per square mile and the commercial timber production areas in western Yamhill County.

**“Haz-Mat”** - means hazardous materials.

**“Health Officer”** – means the Yamhill County Health Officer.

**“Hospital Emergency Administrative Radio” (“HEAR”)** – means the statewide radio communications link between medical facilities, hospitals, and ambulance units.

**“License”** - means documents issued by the Division to the owner of an ambulance service and ambulance, when the service and ambulance are found to be in compliance with ORS Chapter 682 and OAR Chapter 333.

**“Mass Casualty Incident”** – means an incident when the number of patients threatens to overwhelm EMS first response or primary receiving hospital’s resources.

**“Medical Director”** – means a supervising physician as provided in OAR 847-35-0001(11).

**“Medical Resource Hospital”** – means a facility that is capable of providing 24 hour on line medical control for pre-hospital care systems.

**“National Interagency Management System/ Incident Command System” (“NIMS / ICS”)** - means the standardized emergency management structure as adopted by the Oregon State Fire Marshal, most local emergency agencies, and many nationwide organizations.

**“NFPA”** – means the National Fire Protection Association.

**“Notification Time”** – means the length of time between the initial receipt of the request for emergency medical service by either a provider or a PSAP, and the notification of all responding emergency medical service personnel.

**“OAR”** – means the Oregon Administrative Rule(s).

**“Oregon Emergency Response System” (“OERS”)** – means the single 24-hour contact point for local governments for all agencies with responsibilities in disaster management or response.

**“ORS”** – means Oregon Revised Statute(s).

**“Owner”** – means the person having all the incidents of ownership in an ambulance service or an ambulance vehicle or where the incidents of ownership are in different persons, the person, other

than a security interest holder or lessor, entitled to the possession of an ambulance service or an ambulance vehicle under a security agreement or a lease for a term of ten or more successive days.

**“Patient”** – means an ill, injured or disabled person who may be transported in an ambulance.

**“Patient Care Report Form” (“PCRF”)** - means a Division-approved form that is completed for all patients receiving pre-hospital assessment, care, or transportation to a medical facility. OAR 333-350-0010(18).

**“Person”** – means any individual, corporation, association, firm, partnership, joint stock company, or group of individuals acting together for a common purpose of organization of any kind and includes any receiver, trustee, assignee or similar representative thereof. OAR 333-350-0010(19).

**“Provider”** – means any public, private or volunteer entity providing EMS.

**“Provider Response Time”** – means the length of time between the initial dispatch and the arrival of the first dispatched medical personnel at the incident scene.

**“Provider Selection Process”** - means the process established by Yamhill County by ordinance for selecting an ambulance service provider or providers.

**“Public Safety Answering Point (PSAP)”** – means a 24-hour communications facility established as an answering location for 9-1-1 calls originating within a given area.

**“Quality Assurance”** – means a program to identify and correct system flaws before they result in an injury or error. A quality assurance program has two components: 1) Identification of problems within any portion of a pre-hospital care system. 2) Actively seek corrections.

**“Quick Response Team (QRT)”** - means an agency that provides initial response, assessment, and care, without typically transporting. At least one member of a QRT must be certified to at least First Responder level.

**“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.

**“Rescue”** - means to free from danger or entrapment. As used in this Plan, the word “rescue” is also used to define equipment.

**“Rural”** – means those lands that are outside of the Urban Growth Boundaries and are within a fire protection district.

**“Rural Incorporated”** – means those lands within an incorporated city with a population less than 15,000.

“**Suburban**” - means an area that is outside of an urban area but within that urban area’s Urban Growth Boundary (UGB).

“**Supervising Physician (Physician Advisor)**” – means a doctor of medicine or a doctor of osteopathy licensed under ORS 677, actively registered and in good standing with the Board of Medical Examiners and affiliated with an EMS agency for the purpose of assessing and monitoring quality of care and providing pre-hospital emergency medical care and training.

“**System Response Time**” - means the length of time between the initial dispatch and the arrival of the transport ambulance at the incident scene.

“**Triage**” – means the process of prioritizing patients for medical treatment and transport, based on their medical condition, the number of patients, and available resources.

“**Urban**” – means geographical areas within an incorporated city with a population of at least 15,000.

#### **Section 4. BOUNDARIES.**

1. **Maps.** The following maps are incorporated into this plan by this reference:
  - ASA Boundary Map (Appendix A).
  - Map with PSAP location and 9-1-1 coverage (Appendix B).
  - Map with fire districts and incorporated cities (Appendix C).

Note: Larger, more detailed maps are on file with Yamhill County.

2. **ASA Narrative Description.** The following four subsections describe the boundaries of Ambulance Service Areas adopted by the Yamhill County Board of Commissioners by Ordinance No. 723, February 6, 2003:

- a. **ASA #1**      **Newberg.**

Starting at the Northeast corner of R2W, T3S, Section 13 (where Yamhill, Washington, and Clackamas counties meet), proceed northwest following the Washington/Yamhill county line to the center point of the north line of R3W, T2S, Section 18. Proceed south to the center point of the north boundary line of R3W, T3S, and Section 18. Proceed east along that line to the northeast corner of R3W, T3S, and Section 17. Then south to the southwest corner of R3W, T3S, section 33. Then proceed east to the southeast corner of Section 33. Then proceed south to the intersection of the Yamhill River. The boundary follows the Yamhill River to the Willamette River and follows the Willamette River to the point where the river intersects with the Clackamas County line. From that point proceed west to the southeast corner of R2W, T3S section 33. Finally proceed north along that line to the starting point of the Northeast corner of R2W, T3S, section 13.

b. ASA #2 McMinnville.

Starting at the Northwest section of R6W, T2S, Section 5 (where Yamhill, Washington and Tillamook Counties intersect). Proceed east to the Northeast corner of R4W, T2S, and Section 2. Then south to the southeast corner of Section 2, then east to the Northeast corner of Section 12, then south to the Southeast corner of section 12, then east to the point where the ASA #2 meets with ASA #1. ASA #2 then follows the ASA #1 west boundary line to the Willamette River. ASA #2 then proceeds south along the Willamette River to the Polk County Line. Then proceeds West along the Polk/Yamhill County Line to Broadmead Road. The boundary proceeds north along Broadmead Road to where Broadmead intersects the north section line of R5W, T5S, and Section 36. Then proceeds west along that line to the Northwest corner of Section 36. The boundary then moves North to the Northeast corner of R5W, T5S, and Section 23. Then moves West to the Southeast corner of R5W, T5S, and Section 15. The boundary then moves North to the Northeast corner of Section 15. Then east to the Northeast corner of R5W, T5S, Section 16. Then proceeds North to Northeast of R5W, T5S, and Section 5. Then moves West to the North west corner of Section 5. The boundary then moves North to the Northeast corner of R5W, T4S, Section 30 and then West to the Northwest corner of Section 30. The boundary then moves North to the Northeast corner of R6W, T4S, Section 24. From this point the boundary moves West to the Tillamook County Line and then North along the Tillamook/Yamhill County line back to the starting point of the Northwest corner of R6W, T2S, Section 5.

c. ASA #3 Sheridan.

Starting at the Northwest corner of R6W, T4S, Section 21 and moving east, the ASA #3 north and east boundaries follow that of ASA #2 to the Polk County Line at Broadmead Rd. From this point the Boundary moves West along the Polk County Line to Savage Rd. The boundary then moves North to Highway 18B. The boundary then follows Highway 18B to the line separating Sections 32 & 33 of R6W, T5S. The boundary then moves north along that line to the Intersection of Rock Creek Road. The boundary then follows Rock Creek Road to the Northwest corner of R6W, T5S, Section 4. Then proceeds North along that line to the starting point of R6W, T4S, Section 21.

d. ASA #4 Willamina.

Starting at the Northeast corner of R6W, T4S, Section 20, and proceeding West to the Northwest corner of Section 20 to the intersection of Tillamook and Yamhill County. The boundary then follows the Tillamook and Yamhill County line west to the Northwest corner of R9W, T4S, section 22. The boundary then moves South along the Yamhill/Tillamook County Line to the Southwest corner of the Tillamook and Yamhill county line. From this point the boundary moves east along the Tillamook and Yamhill County Line to the Polk County Line and continues east

where it meets the West boundary of ASA #3. At this point the boundary follows the West Line of ASA #3 back to the starting point.

3. **Alternatives Considered to Reduce Notification / Response Time.**

Boundary lines for the above ambulance service areas were drawn considering such elements as 9-1-1 trunking, fire district boundaries, response times, geographic or man-made barriers and public response. In many areas PSAPs overlap service for the following reasons:

- a. Varying levels of telephone service and equipment capabilities.
- b. Inability to identify caller address, area, or district.
- c. Remote CB or cellular calls to PSAPs outside the service areas.
- d. Variable weather and road conditions.

Any of the above conditions may cause two ambulances to be dispatched simultaneously. Given these limitations, the present boundaries were deemed most efficient and best able to protect public safety. In the event dispatch equipment, roads, EMT placement, population or providers change, the ambulance services areas may be modified by the Board of Commissioners upon recommendation of the Advisory Committee.

Heavily forested mountainous terrain and severe weather conditions present difficult access and long response time to ground ambulances. In those situations, when an urgent response is indicated, the ASA provider, through the appropriate dispatch center may elect to call the nearest appropriate rotary-wing air ambulance or the Yamhill County Search and Rescue.

In addition, a tiered response system is used to provide the best available patient care while maximizing the available resources.

In some instances, for various reasons, an ambulance service provider from an adjoining county's ASA could respond quicker to an incident. In such circumstances, existing or future Mutual Aid or Sub-contract Agreements will be utilized whenever conditions exist which require modification of the standard EMS dispatch or response provided by this Plan.

**Section 5. SYSTEM ELEMENTS.**

1. **Minimum Standard of Care.** Staffed ambulances will be deployed to the stated locations based upon the number of ambulances available in Yamhill County:

	Number of Ambulances Available	Newberg	McDougl's	McMinnville	Pine Tree	Sheridan	Willamina
Green	6	2		2		1	1
Yellow	3	1		1		(or Willamina)	(or Sheridan)
	2		1		1		
Red	1			1			

2. **Response Times.**

a. **Notification Time.** Calls must be dispatched within two minutes or less, 90% of the time.

b. **Provider Response Time.** Medical response time standards expressed in terms of percent of calls which do not exceed a specified number of minutes.

- 1) Urban 6 minutes at 90%.
- 2) Suburban 8 minutes at 90%.
- 3) Rural 15 minutes at 90%.
- 4) Rural Incorporated 15 minutes at 90%.
- 5) Frontier 2 hours at 90%.

c. **System Response Time.** System response time standards expressed in terms of percent of calls which do not exceed a specified number of minutes.

- 1) Urban 8 minutes at 90%.
- 2) Suburban 10 minutes at 90%.
- 3) Rural 17 minutes at 90%.
- 4) Rural Incorporated 17 minutes at 90%.
- 5) Frontier 2 hours, 2 minutes at 90%.

d. **Monitoring Process.** Data collection may be from the following elements:

1) **Information levels:** Public, Dispatch, Pre-hospital, Emergency Department, and Other EMS Providers, County EMS Administration.

2) **Generated information types:** Complaints, Patient care reports, EMS Central Dispatch, receiving/resource hospital(s), radio transmission tapes, trauma registry form, weather reports, etc.

3) Notification and response time incident cards: Incident entered by 9-1-1 dispatched number, response level initiated/check, response time check, and medical problems properly reported by dispatcher.

3. **Level of Care**. All ambulances and ambulance services in Yamhill County must maintain current licensing with the Oregon Health Division, EMS section. It is the goal and intent of the committee that ASA providers within all of Yamhill County will offer advanced life support (ALS) level of care by July 1, 2005 in accordance with the following schedule:

- ASA #1 will offer a minimum of 2 staffed ALS ambulances 24/7, 365 days a year.
- ASA #2 will offer a minimum of 2 staffed ALS ambulances 24/7, 365 days a year.
- ASA #3 will offer a minimum of 1 staffed ALS ambulances 24/7, 365 days a year.
- ASA #4 will offer a minimum of 1 staffed ALS ambulances 24/7, 365 days a year.

An ambulance operating in Yamhill County and providing basic life support (BLS) level care must consist of a qualified driver and one certified EMT-Basic or above minimum requirement. The EMT must always be with the patient in the patient compartment of the ambulance.

An ambulance operating in Yamhill County and providing intermediate life support (ILS) care must consist of one certified EMT-Basic and one certified EMT-Intermediate minimum requirement. The EMT-Intermediate must always be with the patient in the patient compartment of the ambulance when intermediate level care is required or rendered.

An ambulance operating in Yamhill County and providing advanced life support (ALS) level of care must consist of an EMT-Basic and an EMT-Paramedic (minimum requirement). The EMT-Paramedic must always be with the patient in the patient compartment of the ambulance when advanced life support care is required or being rendered.

Variations may be granted once approved by the State Health Division and the ASA Committee.

4. **Quick Response Teams QRTs/Medical Rescues**

Ambulance service providers may utilize the services of medical rescues or QRTs from the local fire department or fire district, for the purpose of providing additional personnel and more rapid response to medical incidents. If an ambulance service provider uses these services, the following requirements must be followed:

- The ambulance service provider will provide to the rescue personnel EMS training, case review opportunities and First Responder classes.
- The rescue or QRT organization will utilize the same physician advisor as the ambulance service provider.

- The rescue or QRT organization will follow the requirements of the State of Oregon with regards to EMTs and first responders.
- QRT and rescue personnel will follow the same protocols as approved by the Physician Advisor for the ambulance provider agency.
- QRTs and Rescues will operate under the umbrella of the ambulance provider agency as it pertains to the delivery of medical care with the assigned ASA.

5. **Personnel.** When operating an ambulance in Yamhill County, all personnel must meet the requirements of ORS Chapter 682 and OAR 333-255-0070(1), (4) or (6).

Anyone staffing an ambulance must not have consumed alcohol beverages in the eight hours before working or in anyway be impaired by the ingestion of alcohol. Crew members must not be taking any medications that impair the ability to provide proper patient care or impair the safe operation of the ambulance.

Each person staffing an ambulance or providing pre-hospital emergency medical care is required to display their level of certification/licensure and at a minimum their first name, on the outermost garment of their work uniform and shall make reasonable efforts to display this information under other circumstances. Reasonable exceptions shall be made for clothing used to protect the responder from injury or illness (i.e., turnouts, hazardous materials suits, etc.)

Each person staffing an ambulance or providing pre-hospital emergency medical care is required to wear a standardized uniform as determined by the employing agency. This uniform, at a minimum, shall contain the name of the agency providing the service. This identification can be included on a name tag. Uniforms shall be clean and free of excessive wear and tear and free of blood and/or bodily materials. Reasonable exceptions shall be granted to uniforms soiled during the course of providing service as long as they are cleaned and changed at the first opportunity.

An ambulance provider shall have in-place a pre-employment and for-cause drug and alcohol-screening program. This program shall be on-file with the Administrator. An ambulance provider shall have in-place a criminal background check program. This program shall be on file with the Administrator. Upon a reasonable request by the Administrator, a criminal background check may be required of any person providing direct patient services.

6. **Medical Supervision.** Each EMS agency utilizing EMTs shall be supervised by a physician licensed under ORS 677, actively registered and in good standing with the Board of Medical Examiners as a Medical Doctor (M.D.) or Doctor of Osteopathic Medicine (D.O.). The Board of Medical Examiners must also approve the physician as a medical director. Each EMS agency or ambulance service will identify a medical director. The medical director shall comply with the requirements listed in OAR 847-35-0025 which includes:

- a. Scheduling at least one meeting per quarter within each calendar year with the EMTs affiliated with the respective ambulance services.

- b. Designating an EMT coordinator who shall conduct case reviews in the physicians absence and send summaries of the reviews and problems identified and proposed problem resolution to the physician; and
- c. Providing or authorizing at least one case review meeting for all EMTs quarterly.

Willamette Valley Medical Center and Providence Newberg shall be the Medical Resource Hospitals. Other hospitals outside of those listed may be used as required for proper patient care and transport.

7. **Ambulance Service License and Patient Care Equipment.** All ambulances and ambulance services in Yamhill County must be licensed with the Oregon State Health Division, EMS Section, and be equipped with equipment and supplies as per OARs for ALS, ILS and BLS ground ambulances. Patient care equipment must meet or exceed the Oregon Health Division's requirements as specified in ORS 682.015 to 682.991 and OAR 333-255-0070(2),(3),(5), or (7).

If QRT is used as a first responder, it should be fully equipped to provide the service level set by the provider, and meet those personnel, training, and medical supervision requirements which apply from the Oregon State Health Division.

All providers shall maintain a list of equipment for their units, which will be furnished to the Advisory Committee or Board upon their request.

8. **Ambulance Vehicles.** All ambulances must be Type I, II, or III and licensed by the Oregon Health Division prior to any emergency medical service. All ambulances must meet or exceed the requirements as set forth in ORS 682.015 to 682.991 and OAR 333-255-0060. An up-to-date list of each provider's ambulances shall be maintained and furnished to the Advisory Committee or Board upon their request.

9. **Training.** All ambulance providers shall meet State-required certification levels, to be certified and/or licensed by the appropriate State agency, to participate in a medical audit process, and to provide special training and support to personnel in need of specific training.

10. **Disaster Assistance and Response.** All ambulance providers shall be actively involved in planning for and responding to any declared disaster in the county. Planning and response shall be in accord with both a Mass Casualty Incident Plan and the county Emergency Operations Plan.

11. **Non-emergency Transfers.** The Board of Commissioners recognizes that the county may designate one or more non-emergency ambulance providers in each ASA pursuant to OAR 333-260-0070(3). However, the Board has determined to designate only emergency ambulance providers for each ASA. Non-emergency ambulance providers are not governed by this ASA plan, but emergency ambulance providers are authorized to provide non-emergency ambulance services.

12. **Quality Assurance.** The county has established an ASA Advisory Committee to advise the Board of Commissioners and serve as a foundation for a comprehensive quality improvement

process. The ASA Committee shall evaluate the EMS system in terms of structure, performance, and outcome.

a. Structure. The Board of Commissioners, in order to ensure the delivery of the most efficient and effective pre-hospital care possible with the available resources, has directed establishment of an ASA Advisory Committee.

The Yamhill County ASA Advisory Committee was created by Ordinance No. 723, February 6, 2003 and is comprised of the following fourteen positions. Members are appointed to the positions by Board Order:

- County Health Officer or designee (1)
- 9-1-1 Coordinator from each emergency dispatch agency in Yamhill County (2)
- Fire Department or Fire District Representative (2)
- Hospital Administrator or designee from each hospital located within Yamhill County (2)
- Public Member (1)
- Physician Advisor / Emergency Physician (1)
- County Sheriff's Emergency Management Representative (1)
- EMS personnel selected from different geographic areas of Yamhill County (4).

The Administrator designated to administer this ordinance and other Yamhill County staff as the Board deems appropriate are ex-officio members of the committee.

The Board appoints members of the committee for staggered terms, which may be renewed. Any member of the committee who may have a conflict of interest in any committee matter must declare such conflict and refrain from participating in any recommendations made.

b. Process. The committee functions to review standards, make recommendations for improvement or new standards to the Board of Commissioners for all matters regarding EMS; and reviews and make recommendations regarding soundness of ASA plans. The committee, through its existence, will offer a local focus for EMS system issues and encourage local resolution of EMS system problems.

The committee is established to:

- 1) Act in an advisory capacity for quality assurance issues to an agency at their request.
- 2) Develop and monitor performance standards.
- 3) Evaluate written proposals for amendments to the ASA plan; forward recommendations to the Board.
- 4) Monitor agency or provider quality assurance programs to include:
  - Compliance with statutes, ordinances, and rules.
  - Compliance with standards for pre-hospital notification, response, and patient care.
  - Problem resolution and sanctions for non-compliance.

The committee will annually review and make recommendations regarding effectiveness and efficiency of the ASA plan and pre-hospital emergency medical care, including but not limited to:

- 1) Coordination between EMS resources.
- 2) Dispatch procedures and compliance (ambulance and other emergency resources).
- 3) Internal audit and quality assurance processes for providers.
- 4) Recommendations from provider quality assurance within system.
- 5) Quality assurance findings from other agencies.
- 6) Input from public, providers, and medical community on system performance.
- 7) Effective and efficient ASA boundaries.
- 8) Performance criteria and data sources.
- 9) Yearly updates from providers.
- 10) Review and revise ASA Plan as necessary.
- 11) Interagency cooperation in disaster and mutual aid planning.

The committee will review each ASA service for compliance with plan requirements at least annually. Service record guidelines are outlined in license requirements for Ambulance Services established through the Health Division (OAR Chapter 333).

The committee will be activated at any time a concern is submitted or when deemed appropriate by the Chair of the committee, the Administrator, or three committee members. The committee shall submit a brief written report of its activities or recommendations periodically to the Board of Commissioners.

The committee may form subcommittees to deal with specific issues such as quality assurance, protocol development, and disaster planning.

The committee and any subcommittees, as with any governmental body, will be subject to the Oregon Open Meetings Law (ORS Chapter 192). Oregon law requires that patient records be kept confidential (ORS 192.502(2) and ORS 192.525). All trauma system monitoring, information and activities are confidential (ORS 431.608).

The quality assurance process and records are to comply with ORS 192.525 through ORS 192.530 and ORS 192.610 through 192.690 and shall be protected from public disclosure to the extent allowed by the Oregon public records law.

All charts will be kept confidential and treated as privileged information. Due to state confidentiality requirements and the federal Health Insurance Portability and Accountability Act (HIPAA), quality assurance meetings will be closed. In accordance with ORS 192.660 regarding executive session, quality assurance meetings are limited to appointed members, required guests, and representatives from the Oregon State Health Division. Quality assurance meetings and programs will comply completely with HIPAA requirements.

Disclosure by a member of a quality assurance committee of any quality assurance committee discussion is a violation of Oregon law and exposes that committee member to possible liability and prosecution.

c. Problem Resolution. The committee will review concerns about the ASA plan, service delivery or system response issues. Concerns will be directed in writing to the committee through the plan Administrator.

The committee will review and make recommendations, and may also resolve any problems involving system operations or the ASA plan (changing protocols to address recurring problems, etc.) The Administrator will maintain a written record of correspondence and subsequent findings or actions.

Problems involving protocol deviation by EMTs or dispatchers will be referred to the respective ASA provider representative, medical director or dispatch supervisor.

Problems involving a non-compliant provider will be referred with background information and recommendations to the Board. The Board may seek further background data and recommendations from the committee in such instances.

d. Sanctions for Non-Compliant Providers. The process for consideration of sanctions for non-compliant providers and the nature of the sanctions are specified in the Ambulance Services Area Ordinance, No. 723 as amended.

e. Nuisance. In addition to the penalties provided in the ordinance, violations of any of the provisions of this plan and ordinance is declared to be a nuisance and may be regarded as such in all actions, suits, or proceedings.

**Section 6. COORDINATION.**

**1. Administration and Revision of the ASA Plan.**

The Administrator, under the supervision of the Board and with the assistance of the committee, is responsible for the administration of this plan. The Administrator has access to records pertaining to ambulance service operations of any service regulated by this plan; these records will be made available within five working days to the Administrator at the service's place of business, or copies made and provided as requested by the Administrator.

**2. Complaint Review Process.**

Concerns regarding violation of this ASA plan, or questions involving pre-hospital care provided, must be submitted in writing to the Administrator. The Administrator will then forward the concern to the committee for its review and findings or recommendations. The committee may also resolve any problems involving system operations. The Administrator will maintain a written record of correspondence and subsequent findings or actions.

The public, providers, the medical community, or any other entity may provide on-going input to any individual on the committee or members of the Board. This individual, in turn, may present the complaint, concern, idea or suggestion (in writing) to the full committee for consideration as above.

The committee will hear complaints, and decisions will be passed by majority vote of those attending. Any decision made by the committee may be appealed to the Board.

### **Citizen Complaints/ Provider Complaints**

#### **Step 1. File Formal Complaint with the Agency Providing Services**

a. A person desiring to make a complaint about ambulance services provided under this plan must first contact the agency providing the services. Upon request, the agency will provide a complaint form that includes information about the complaint process. The complaint is not official until the complainant files the written complaint with the agency.

b. The agency must acknowledge the complaint within 5 working days of receipt. The acknowledgment will include the date the complaint was received and information about what to expect from the agency's complaint process.

c. The agency will complete an information discovery process with the complainant. The agency will notify the complainant if additional time, up to 14 days, is needed to complete information discovery or dispute resolution. If additional information is needed from the complainant, it must be furnished within 10 days or another mutually agreed upon time frame, or the complaint may be resolved without this information. If additional information is needed from the service provider, the agency shall provide it as soon as possible.

d. Within 20 calendar days from the date the complaint was received, the agency will give or send a clearly explained response to the complainant along with instructions for filing appeals to the Yamhill County ASA committee. If the agency cannot resolve the issue within 20 calendar days, the agency shall notify the complainant in writing as soon as it is known that a delay will occur, state when a decision will be made, and specify the reason for delay.

e. The agency will send a copy of the complaint and its response to the Yamhill County ASA committee Administrator.

f. If the complainant is satisfied, the Step 1 of the complaint process ends. If the complainant is dissatisfied, proceed to Step 2.

#### **Step 2. Appeal of Agency Decision to the Yamhill County ASA Committee.**

Complainants dissatisfied with any determination the agency makes on a complaint may appeal to the Yamhill County ASA Committee. The appeal process of an agency's determination is set forth below.

a. A complainant or its representative files a written appeal of the Agency's decision with Yamhill County ASA Committee by directing the appeal to the ASA Committee Administrator, c/o County Counsel, 535 NE Fifth Street, McMinnville, OR 97128. The appeal should identify the complaint and the reasons the complainant was dissatisfied with the agency's determination. The appeal may also suggest a desired resolution.

b. The Administrator will acknowledge the appeal within 5 business days of receipt. The acknowledgment will include the date the appeal was received and information about what to expect from the complaint process.

c. Yamhill County ASA Committee through the ASA Administrator will complete an information discovery and technical assistance period including the Complainant and the Agency. Yamhill County ASA Committee will issue a written decision within 20 days of receipt of the appeal. Yamhill County ASA Committee decision overturning an agency decision shall be considered by the agency as requiring a corrective action plan.

d. Yamhill County ASA Committee will send a resolution card to the Complainant to determine if the Complainant is satisfied with Yamhill County ASA Committee's response.

e. If the Complainant is satisfied with the Yamhill County ASA Committee's response, this is the end of the complaint process. If the Complainant is dissatisfied, the Complainant may appeal the Yamhill County ASA Committee decision by requesting an Administrative Hearing. An Administrative Hearing Request form will be provided to the Complainant. The Administrator will conduct the Administrative Hearing. The Administrator's decision is final.

3. **Mutual Aid Agreement.** Under authority of ORS Chapter 190, each ambulance service provider shall sign a mutual an agreement with the other providers in the county and with other providers in adjoining counties to respond with needed personnel and equipment in cases of need.

All requests for mutual aid shall be made through the appropriate channels based on conditions at the time of request. All mutual aid agreements will be reviewed as needed and modified by consent of all parties.

4. **Subcontractor Agreements.** An ambulance service area provider who utilizes a subcontractor other than a Quick Response Team within its ASA to provide any part of its response commitments will maintain a written agreement to outline performance criteria standards for the subcontractor. The provider will notify the Administrator in writing of any subcontracting arrangements.

5. **Disaster Response.**

a. **County Resources Other than Ambulances.** When in-county resources are required for the provision of emergency medical services during a disaster, a request for additional resources may be made through 9-1-1 center as follows:

- 1) Fire resources may be requested through mutual aid, usually by authority of the senior fire officer or incident commander on site.
- 2) Law enforcement resources may be requested through mutual aid, usually by authority of the senior law enforcement officer on site.
- 3) Coordination for county resources other than emergency response agencies will be done through the PSAP by activating Yamhill County Emergency Management (503) 434-4584 business number or (503) 434-6500.

b. **Out-of-County (IES) Resources.** When out-of-county resources are required for the provision of emergency medical services during a disaster, a request for additional resources may be made through the appropriate PSAP as follows:

- 1) Additional fire resources may be requested through inter-county mutual aid or through the Oregon State Conflagration Act, usually by authority of the Yamhill County Fire Defense Board Chief or incident commander on site.
- 2) Law enforcement resources may be requested through mutual aid, usually by authority of the senior law enforcement officer on site.
- 3) Coordination for out-of-county resources other than emergency response agencies will be done through the PSAP by activating Yamhill County Emergency Management.

Out-of-county resources will be coordinated through Yamhill County Emergency Management by coordinating with emergency management centers in adjoining counties:

- Polk County Emergency Management
- Clackamas County Emergency Management
- Tillamook County Emergency Management
- Lincoln County Emergency Management
- Washington County Emergency Management
- Marion County Emergency Management

Resources needed beyond this will be coordinated through the State Emergency Management division by activating the OERS SYSTEM - 1-800-452-0311.

c. **Mass Casualty Incident Plan ("MCIP")**. The MCIP will provide guidance to EMS response personnel in the coordination of response activities relating to mass casualty incidents within Yamhill County consistent with the Yamhill County Emergency Operations Plan.

d. **MCIP Coordination.**

- 1) The highest-ranking officer on scene of the fire agency having jurisdiction of the incident may be the incident commander in all fire related, mass casualty, and HAZMAT incidents. For other kinds of incidents refer to the Yamhill County Emergency Operation Plan. The incident commander may delegate authority for on-scene command and operations but will retain overall responsibility.
- 2) The incident command system will be utilized for overall scene management.
- 3) The ranking EMT at the scene or the individual appointed by the incident commander will have overall responsibility for medical care, and will work under the direction of the incident commander. Failure to establish the primary ICS positions of command, medical, triage, treatment, and transport early in the incident will lead to long-term problems and delays.
- 4) The incident commander may determine the on-scene command frequency and staging area.

e. **Response Guidelines**

- 1) Response unit first on the scene:
  - (a) Establishes command.
  - (b) Assesses nature and severity of incident
  - (c) Advises appropriate 9-1-1 PSAP of situation
  - (d) Advises County Emergency Management of incident
  - (e) Requests appropriate fire police, and EMS resources services
  - (f) Establishes medical branch; triage, treatment and transportation groups as soon as practical.
  - (g) Establishes fire or rescue division as needed.
- 2) Command functions:
  - (a) Establish appropriate and effective incident command organization.
  - (b) Establish objectives and priorities.
  - (c) Develop / carry-out plan of action.
  - (d) Mitigate hazard / stabilize scene.
  - (e) Prioritize rescue and extrication functions.
  - (f) Establish prompt triage and treatment of priorities within resources.
  - (g) Arrange rapid transport and documentation of patients.
  - (h) Coordinate order of mutual aid resources.

6. **Personnel and Equipment Resources.**

a. **Hazardous Materials.** Refer to Yamhill County Emergency Operation Plan for a complete outline of hazardous materials response. When resources are required, a request for additional resources may be made through the appropriate PSAP.

b. **Search and Rescue.** Refer to Yamhill County Emergency Operation Plan for a complete listing of search and rescue response and resources. When resources are required, a request for additional resources may be made through appropriate PSAP.

The majority of search and rescue within Yamhill County is provided by the Yamhill County Sheriff's Office through the Emergency Services Division. They are on-call and available on a 24-hour basis. In many instances, Search and Rescue will act as first responders in remote areas that are inaccessible to conventional ambulance. Search and Rescue shall either transport to the nearest ambulance or at their discretion, use the services of an air ambulance, whichever is medically appropriate. Search and Rescue teams have direct radio contact with all local ambulances, hospitals, and the 9-1-1 Centers. In winter months, Search and Rescue will respond to remote areas covered with snow and not accessible by the usual ambulance service. When ALS is called for, Search and Rescue will transport the ambulance crews to the patient.

c. **Specialized Rescue.** Refer to Yamhill County Emergency Operation Plan for a complete listing of rescue response and resources. Some of the common required resources are listed below. When resources are required, a request for additional resources may be made through the appropriate PSAP.

d. **Extrication Resources.** The ASA provider will assure that extrication equipment is available within its ambulance service area.

7. **Emergency Communications and System Access.**

a. **Public Safety Answering Points.** 9-1-1 is the primary method for accessing Emergency Medical Services for Yamhill County Ambulance Service Areas. Yamhill Communications Agency and Newberg 9-1-1 are the two Primary Public Safety Answering Points in Yamhill County that provide emergency and non-emergency medical dispatch services.

In defining the ambulance service areas, every effort was made to recognize the PSAP service boundaries. In areas where response time or possible physical limitations dictated an ambulance service provider outside the PSAP, protocol has been established to relay the information to the appropriate dispatching PSAP.

In many areas fire district boundaries were also considered in the development of the Ambulance Service Areas. In addition to providing continuity of service delivery in fire, rescue and EMS, fire district boundaries usually provide a logical division of response areas by travel time and are consistent with population groups served.

Yamhill Communications Agency (YCOM): YCOM provides dispatch services for ASA # 2-4 which include the majority of Yamhill County and northern portions of Polk County.

Newberg 9-1-1: Newberg 9-1-1 provides dispatch services for ASA #1, including the Cities of Newberg and Dundee, as well as the surrounding rural area.

All 9-1-1 calls are routed to either YCOM or Newberg PSAPs and dispatched or relayed from their facilities. The Yamhill County 9-1-1 PSAP areas are identified in Appendix 1.

All ambulance service providers in Yamhill County must be capable of contacting and effectively communicating with both PSAPs via radio, telephone and other specified communication sources. The primary method of contacting the PSAP will be via radio.

Both YCOM and Newberg 9-1-1 are supported, in part, by user fees paid by ambulance service providers operating in Yamhill County. Ambulance service providers will continue to be charged user fees in accordance with then-current PSAP user fee formulas.

**b. PSAP Accreditation.** Newberg 9-1-1 is currently accredited through the Oregon Accreditation Alliance. The ambulance service provider serving ASA # 1 must meet related standards and indicate the ability to maintain standards related to EMS for the duration of the contract.

YCOM is currently seeking accreditation through Medical Priority Dispatch Systems and the Oregon Accreditation Alliance. The ambulance service provider must be able to demonstrate the ability to meet accreditation standards as they relate to EMS at such time as YCOM is accredited.

**c. Dispatch Procedures.** Yamhill County is a mixture of suburban, rural and frontier areas. ALS, ILS and BLS service to patrons is made up partially of full time responders and a majority of volunteer responders that are available 24 hours a day.

The dispatch system consists of the dispatch centers at YCOM and Newberg 9-1-1, with telephone answering and dispatch capabilities; the radio system, which consists of both two way radio communications and radio-pagers which provide one way alerting and voice transmittal from dispatch; and alpha-numerical paging which utilizes commercial telephone paging technology for one way alerting and text messages.

Dispatch will notify the appropriate staff and/or vehicles within two minutes of receipt of a life threatening call. Ideally, the dispatch center will obtain from the caller and relay to the responders the following information:

- 1) Location of incident.
- 2) Nature of incident.
- 3) Any specific instructions or information that may be pertinent.

Dispatch will send alert tones and follow with information as received. If no response

from duty personnel is received within five (5) minutes, then dispatch will re-alert the appropriate agency. If no response is received within three (3) minutes after the second alert, the next closest responder will be dispatched. The third alert will include the alert tones for the original agency assigned and the next closest responder.

The first emergency responder to arrive and evaluate the scene will notify the appropriate agency of the situation. Additional responding Units then have the option of continuing or turning back.

EMS personnel shall inform the dispatch center by radio when any of the following occurs:

- 1) In-service.
- 2) A unit is responding from other than its station, state the location.
- 3) En route to scene or destination and type of response.
- 4) Arrival on scene or destination.
- 5) Report on conditions / size-up.
- 6) Resources required: units on scene can handle /additional.
- 7) Transporting patient(s) to hospital or medical facility, number of patients, and name of facility.
- 8) Leaving scene.
- 9) Arrival at destination/in quarters.
- 10) In service/out of service with estimated down time.

**d. Communications.** Radios are the primary link between the dispatch centers, ambulances and other emergency responders. All ambulance service providers will utilize the dispatch services of the ASA PSAP and possess radios capable of accessing all common fire channels within Yamhill County and have the ability to communicate seamlessly with the ASA PSAP and other ASA responders. The systems used by the provider must be capable of effectively receiving and transmitting voice and/or data messages on specific radio frequencies as assigned by the coordinating PSAP.

All ambulances will have multi-channel mobile radios and multi-channel handheld radios. Radios and other communications equipment used by the ambulance service provider must be compatible with PSAP procedures and meet the technical standards of systems used by YCOM and Newberg 9-1-1.

It is the ambulance service provider's responsibility to procure, install and maintain all communications or other equipment used in the delivery of services. Essential equipment, as mutually defined by ASA and PSAP, will be installed in all ambulances and supervisory vehicles.

All radio and telephone communications, including pre-arrival instructions and time track, must be recorded on a mutually accessible media.

Each ambulance must be provided with cellular telephones for supplemental communications capabilities and backup.

The Public Service Answering Point (PSAP) shall:

- 1) Be restricted to authorized personnel only.
- 2) Meet N.F.P.A. standards and any State or County standards.
- 3) Have consoles with capability to communicate with emergency services providers and hospitals.
- 4) Have emergency phone lines and primary radio frequencies in the center shall be recorded with a 24-hour, time-taped device capable of play-back to the desired second, equipped with a voice recorder for immediate play-back of distress calls.
- 5) Store time-tape recordings for no less than 7 months.
- 6) Utilize clear text/plain English for radio traffic.
- 7) Equip its center with a back-up power source capable of maintaining all functions of the center.

e. **Emergency Medical Services Dispatcher Training.** All EMS dispatchers must successfully complete an Emergency Medical Dispatch (EMD) training course approved by the State of Oregon Department of Public Safety Standards and Training (DPSST) and possess current DPSST EMD certification. Dispatchers must also possess current and verifiable 1<sup>st</sup> Aid/CPR certification.

1. The PSAP is responsible for purchasing and maintaining a State of Oregon approved Emergency Medical Dispatch system.
2. The PSAP is responsible for ensuring all dispatch employees are certified as an Emergency Medical Dispatcher through the State of Oregon including current 1<sup>st</sup> Aid/CPR certification.
3. Strict adherence to medical dispatch protocols is required with the exception where a deviation is clearly justified by special circumstances not contemplated within a dispatch protocol.
4. Compliance with EMD questions and pre-arrival instructions shall be a routine part of an integrated quality improvement process and shall be reported on a monthly basis with response statistics.
5. If an automated EMD system is used, a manual back-up system with current EMD cards must be available in the event of system failure. All dispatch employees must be trained and certified in the use of the manual card system

The PSAP shall provide comprehensive internal orientation, ongoing training and testing encompassing EMD certification, CAD system use, system status management, geography, medical priority dispatch protocols, first responder notification protocols and procedures, air medical notification procedures, disaster management policies and procedures, voice radio system operation (including medical and field communications equipment), paging system conventions and uses, data radio system operations, radio telephone, and emergency operations center procedures.

Communications personnel will be encouraged to attend any course, conference, or work shop that directly relates to their work and will enhance their skills, as resources permit.

The communications dispatcher's goal is to meet or exceed DOT Emergency Medical Dispatch Course Standards, as resources permit.

Communications personnel must meet all current and future standards adopted by the State or County.

f. **Computer Aided Dispatch System.** The PSAP shall utilize a computer aided dispatch (CAD) system to record dispatch information for all service requests. The system shall be capable of tracking, at a minimum, the date, hour, minutes and seconds.

The dispatcher shall complete mutually approved manual procedures for each dispatch of an ambulance when the computer is inoperable. Following the resumption of normal service of the CAD system, personnel shall enter the data recorded on the manual dispatch cards into the CAD system.

g. **Data and Reporting Requirements.** The long-term success of an EMS system is predicated upon its ability to both measure and manage its affairs. Therefore, the ambulance services provider is required to provide detailed operational, clinical and administrative data in a manner that facilitates retrospective analysis. Security features preventing unauthorized access or retrospective adjustments must be in place including full audit trail documentation.

The provider must provide reports required by the Committee to measure compliance with this subsection. The reports to be submitted will be determined by the Committee once the Plan is approved.

h. **Quality Improvement and Medical Control.** The ambulance service provider's electronic data system must be capable of capturing and reporting common data elements used within the EMS system. The PSAP's data system must be capable of demonstrating adherence to medical dispatch protocols, adherence to medical priority dispatch questioning, and provision of pre-arrival instruction.

At least one employee of the ambulance service provider will be assigned to participate in the quality assurance/improvement process utilized by YCOM and Newberg 9-1-1.

i. **Management of Personnel.** The PSAPs and the ambulance service providers are responsible for the management and supervision of their employees. The ambulance service provider, in conjunction with YCOM and Newberg 9-1-1 management will cooperate in the resolution of problems and disputes.

## **Section 7. PROVIDER SELECTION.**

1. **Initial Assignment until ASA Plan Certified by Board of Commissioners.** All ambulance service providers in this county are governmental agencies whose ASAs were already in effect when this plan was made. Existing providers were therefore "grandfathered" in this plan until such time

as ambulance services areas are assigned, pursuant to Yamhill County Ordinance No. 723, February 6, 2003, as amended.

2. **Provider Selection after ASA Plan Certified by Board of Commissioners.** After this ASA Plan has been certified by the Board of Commissioners, provider selection will be governed by the Ambulance Service Area Ordinance, Ordinance No. 723, February 6, 2003, as amended. Providers must demonstrate to the ASA Advisory Committee and Board of Commissioners the ability to comply with all requirements of this ASA Plan.

## **Section 8. GENERAL PLAN PROVISIONS.**

1. **Mutual Assistance Transport Agreement.** The Advisory Committee finds it necessary and proper that all ambulance services providers are parties to a Mutual Assistance Transport Agreement for the provision of basic and advanced life support emergency medical services. Therefore, prior to consideration for assignment of an ASA, an ambulance services provider must demonstrate that it is a party or will be allowed to become a party to a Mutual Assistance Transport Agreement with other ambulance services providers. Subject to the provisions stated, the Mutual Assistance Transport Agreement must obligate the parties to meet at least the following obligations:

a. The equipment and personnel of one ambulance service provider will be provided to another ambulance service provider when any event or occurrence within the jurisdiction of the requesting agency exists that poses a threat to life and which requires basic or advanced life support equipment and personnel not readily available to the requesting party. The responding party will dispatch to such an event or occurrence any readily available basic or advanced life support equipment or personnel as deemed necessary by the requesting agency. The responding agency will advise the requesting agency as to the level of crew responding, BLS or ALS.

b. Nothing in the Mutual Assistance Transport Agreement will be construed to prevent the responding party from refusing to commit equipment and personnel to a position in which extreme danger to life or equipment exist. The senior officer or emergency medical technician of the responding agency shall be the sole judge of the extent and imminence of such danger.

c. Upon receipt of a request for aid, the party to whom the request is made may respond in a manner that it deems appropriate. If a party receives one or more requests for aid, then the responding party shall determine, at its sole discretion, whether to respond to one, more than one, or to none of the requests. Responses under this agreement are voluntary and discretionary, and any response or failure to respond shall not give rise to any claim by the requesting party, any other party to this agreement or anyone not a party to the Mutual Assistance Transport Agreement.

d. When equipment and personnel are furnished, the ranking EMT or the individual appointed by the Incident Commander will have overall responsibility for medical care and will work under the direction of the incident commander. All patient care activities should be coordinated through this individual.

2. **Equipment and Personnel Standards.** The type of equipment to be provided by an ambulance services provider under the Mutual Assistance Transport Agreement shall be ambulances with basic or advance life support equipment. Such ambulances and equipment shall at all times comply with all applicable rules of the Health Division of the State of Oregon. Each ambulance provided shall at all times be staffed in accordance with all applicable Oregon Revised Statutes and rules of the Health Division of the State of Oregon.

3. **Waiver of Claim.** Each party to the Mutual Assistance Transport Agreement must waive all claims against the other for compensation for any loss, damage, personal injury or death occurring as the consequence of the performance of this agreement. Nothing within this agreement shall waive the right of any agency or member of any agency to compensation now permitted or required by law or to such compensation that may be agreed to by the parties.

4. **Ambulance Charge.** Nothing in the Mutual Assistance Transport Agreement shall be construed as a waiver by any party of its right to charge the individual receiving services for medical care provided in the jurisdiction of the other party. There is no financial obligation placed on any ambulance services provider for requesting mutual assistance.

5. **Withdrawal.** The Mutual Assistance Transport Agreement will provide that any party may withdraw from the agreement by giving written notice to the other parties of its intent to withdraw at least six months before the last day of the fiscal year in which the withdrawal is to be effective. The withdrawal shall then be effective and the agreement shall be terminated on the last day of that fiscal year, June 30.

6. **Addenda.** It is understood that more specific details for interaction by ambulance service providers may be needed. Parties may formulate such details and attach them to the agreement as addenda. All addenda are subject to the approval of all parties before becoming a part of the agreement. A copy of any addenda agreed to and made a part of this agreement by the parties subsequent to the effective date shall be forwarded to the office of each signing party and the Ambulance Services Area Advisory Committee.

**Section 9. COUNTY ORDINANCES.** The following Yamhill County ordinances are incorporated by reference into this plan:

a. Ordinance No. 723, February 6, 2003. (The Ambulance Services Area Ordinance creating the Ambulance Service Area Advisory Committee and adopting the 4 county ASAs.)

b. Ordinance No. 736, March 4, 2004. (An ordinance amending timelines created by Ordinance No. 723.)

c. All amendments to Ordinances No. 723 and 736.

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APPROVED BY THE YAMHILL COUNTY AMBULANCE SERVICE AREA ADVISORY COMMITTEE ON THE 10 DAY OF DECEMBER, 2004.

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Kathy Barr, Director, Emerg./Crit. Care  
Willamette Valley Medical Center

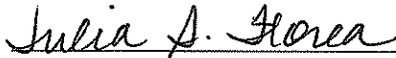
  
James Cameron, Deputy Director,  
Yamhill Communications Agency



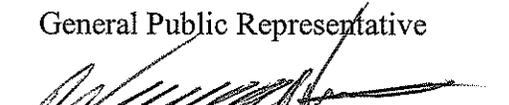
Frank Douglas, Div. Chief/EMS Coord.  
Newberg Fire Department

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Jack R. Eichhorn Sr.  
General Public Representative

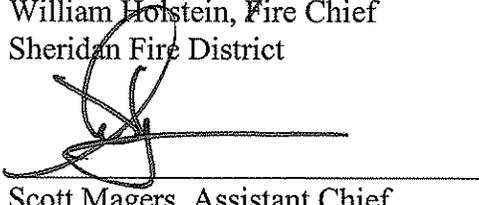


Julia Florea, EMS Manager  
Providence Newberg Hospital

  
William Holstein, Fire Chief  
Sheridan Fire District



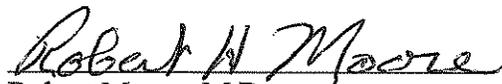
Terry Lucich, Chief  
Lafayette Fire Department



Scott Magers, Assistant Chief  
McMinnville Fire Department (Committee Chair)



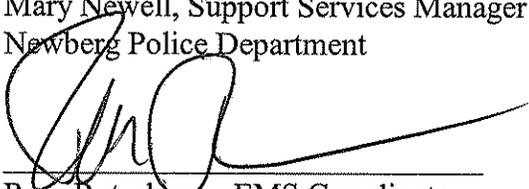
Dave Meier, Assistant Chief  
Willamina Fire District



Robert Moore, M.D.  
Yamhill County Health Officer

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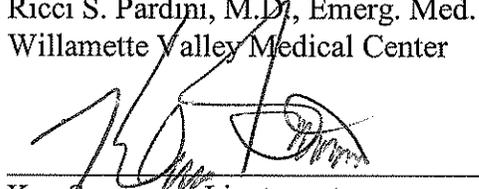
Mary Newell, Support Services Manager  
Newberg Police Department



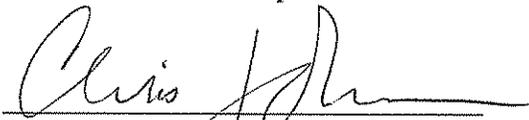
Ross Rutschman, EMS Coordinator  
McMinnville Fire Department

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Ricci S. Pardini, M.D., Emerg. Med. Phys.  
Willamette Valley Medical Center



Ken Summers, Lieutenant  
Yamhill County Sheriff's Office



Chris Johnson, Administrator  
ASA Advisory Committee

APPROVED AS TO FORM:

By:   
JOHN M. GRAY, JR.  
Yamhill County Legal Counsel