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**1. Certification by Board of County Commissioners**

The undersigned certify pursuant to Oregon Administrative Rule 333-260-0030 (2)(a)(b)(c) that:

A. Each subject or item contained in the Marion County Ambulance Service Plan has been addressed and considered in the adoption of the plan by this body.

B. In this governing body's judgment, the ambulance service areas established in the plan provide for the efficient and effective provision of ambulance services.

C. To the extent they are applicable, the county has complied with ORS 682.205 (2) (3) and 682.335 and existing local ordinances and rules.

Dated at Salem, Oregon, this \_\_\_\_ day of \_\_\_\_\_, 2002

\_\_\_\_\_  
, Marion County Commissioner

\_\_\_\_\_  
, Marion County Commissioner

\_\_\_\_\_  
, Marion County Commissioner

Approved As To Form:

\_\_\_\_\_

## **2. Overview of the County**

Marion County is located in the heart of the Willamette Valley. The western portion of the county consists of rolling hills and the eastern portion consists of mountainous terrain. The County covers an area of 1,294 square miles and has a population of approximately 284,000. The provision of emergency medical services presents a challenge due to the widely varying geographic and demographic areas within the County. The urbanized areas within the Salem metropolitan urban growth boundary are densely populated, while rural areas are much less densely populated. A significant portion of the County consists of federally owned National Forest or BLM land, which is even less densely populated still. There are nineteen cities located within the County borders. The County consists of urban, suburban, rural and frontier areas. Salem, the state capital is the largest city in Marion County. The County has experienced a growth in population and industry in recent years, primarily around Woodburn and Salem, but has experienced a decline in timber industry. This is reflected in a declining population in the eastern part of the county. In spite of recent growth the county has remained largely rural.

This ambulance service plan addresses this wide diversity through the establishment of defined ambulance service areas and a structure that encourages agencies to work together to optimize patient care. Oversight is established with the use of performance measurement and reporting to periodically evaluate the effectiveness and efficiency of providers, and the use of a selection process to select future ASA providers.

The Marion County Ambulance Service Area Plan establishes regulation of emergency as well as non-emergency and scheduled ambulance services within the county. The plan assigns a designated agency to each Ambulance Service Area (ASA).

If, at any time, the County determines that the public interest is not being served, either due to poor clinical performance or response time performance, the Board may incorporate the ASA's into another one or conduct a selection process to assign another ambulance provider.

### **3. Definitions**

"Address and consider" has the meaning given these terms by ORS 682.205(2)(3).

“Administrator” - means the person designated by the Marion County Board of Commissioners to administer the Ordinance and Marion County Ambulance Service Area Plan.

"Ambulance" or "ambulance vehicle"- means any privately or publicly owned motor vehicle, aircraft or watercraft that is regularly provided or offered to be provided for the emergency transportation of persons suffering from illness, injury or disability has the meaning given that term by ORS 682.025.

"Ambulance Service Provider" means a licensed ambulance service that responds to 911 dispatched calls or provides prearranged or non-emergency transfers of emergency or non-emergency inter-facility transfers. OAR 333-260-0010

"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. OAR 333-260-0010

"Ambulance Service Plan" means a written document, which outlines a process for establishing a county emergency medical services system. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules. Approval of a plan will not depend upon whether it maintains an existing system of providers or changes the system. For example, a plan may substitute franchising for an open-market system. OAR 333-260-0010

"ASA Advisory Committee (Committee)" means a committee formed to review standards, make recommendations to or set new standards for the Board of County Commissioners for all matters regarding EMS and review and make recommendations regarding soundness of the ASA. Plan.

"Communication System" means a minimum of two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed. A two-channel multi-frequency capacity is minimally required.

“Dispatch Center” - means any dispatch, communications, PSAP or information receiving area, including but not limited to any fire, police, hospital or private facility that is responsible for any request for emergency medical care and dispatches ambulances or emergency medical services.

"Division" means the Department of Human Services, Health Services.

"Emergency" means any non-hospital occurrence or situation involving illness, injury or disability requiring immediate medical or mental health services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety. OAR 333-260-0010(8).

"Emergency Care" - means the performance of acts or procedures under emergency conditions in the observation, care and counsel of the ill, injured and disabled; in the administration of care or medications as prescribed by a licensed physician, in so far as any of these acts is based in the knowledge and application of principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital care. However, emergency care does not include acts of medical diagnosis or prescription of therapeutic or corrective measures. OAR 333-250-0010.

"Emergency Medical Service (EMS)" means those pre-hospital functions and services whose purpose is to prepare for and respond to medical emergencies, including rescue and ambulance services, patient care, communications and 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).

"First Responder" means a person certified by the Division as defined in ORS 682.025(11)(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 333-250-0010.

"Frontier"- means the area within the ASA, which is designated as such on the map attached as APPENDIX 2.

"Health Officer" means the Marion County Public Health Physician.

"License" means those 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 682.015 to 682.991 and OAR 333-250-0000 through 333-250-0100 and 333-255-0000 through 333-255-0090.

"Marion County Board of Commissioners (Board)" means the elected officials that have jurisdiction over the Marion County ASA Plan.

"Medical Director" has the meaning of a supervising physician as provided in ORS 682.235. Supervising Physician (also known as a Physician Advisor) - means a Doctor of Medicine or a Doctor of Osteopathy licensed under ORS 677.010 (12), 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 education.

"Medical Resource Hospital"- means a facility that is capable of providing 24 hour On line Medical control for prehospital care systems.

"Notification Time" means the length of time between the initial receipt of the request for emergency medical service by either a provider or a emergency dispatch center, and the notification of all responding emergency medical service personnel. OAR 333-260-0010(9).

"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 leaser, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement or a lease for a term of 10 or more successive days.

"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 a prehospital assessment, care or transportation to a medical facility. OAR 333-250-0010

"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 333-250-0010.

"EMS Provider" means any public, private or volunteer entity providing EMS. OAR 333-260-0010.

"Provider Selection Process" means the process established by the county for selecting an ambulance service provider or providers. OAR 333-260-0010.

"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 service area.

"Quick Response Team (QRT)" means an agency that provides initial response, assessment and care, without typically transporting patients. The QRT is staffed by personnel certified to at least a First Responder level. This means at least one member of the crew is certified to the 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.  
OAR 333-260-0010

"Rural Area 1"- means the area within the ASA, which is designated as such on the map attached as APPENDIX 2

"Rural Area 2"- means the area within the ASA, which is designated as such on the map, attached as APPENDIX 2

"Suburban"- means the area within the ASA, which is designated as such on the map attached as APPENDIX 2

"System Response Time" means the elapsed time from when the PSAP receives the call until the arrival of the appropriate provider unit(s) on the scene.

"Urban Area- means the area within the ASA which is designated as such on the map attached as APPENDIX 2

## **4. Boundaries**

### **a. ASA Map(s) with Response Time Zones**

Marion County contains of eleven ambulance service areas (ASAs). The boundaries are set when the franchise is assigned and will not change for the term of the initial franchise assignment. Maps depicting boundaries for the ASAs, Appendix #1; Response Time Zone Map; Appendix #2; Fire Districts and City Limits boundaries; Appendix #3 and 9-1-1/PSAP (Dispatch Center) location and their coverage area map; Appendix 4, are a part of this Plan. Larger and more detailed maps are on file in the Marion County Office of Emergency Management.

### **b. ASA Narrative Descriptions**

The Board reserves the right, after further addressing and considering the subjects or items required by law, to change the boundaries of these ASAs, or to create ASAs, or incorporate or remove exclusive non-emergency services into one or more ASAs in order to provide for the effective and efficient provision of emergency medical services.

ASA Boundary Descriptions: Attachment 1

### **c. Alternatives Considered to Reduce Response Times**

A. There are many artificial and geographic barriers that impact response times such as distance, rural population and density. The County believes that by establishing maximum response time categories, establishing a procedure that monitors response time performances the County has created the framework from which ambulance providers can operate to provide rapid response times in their service area(s) to the community.

B. The County believes that a well designed, effective partnership between first response agencies and ambulance service providers may allow a quick arrival and initiation of care and maintain reasonable ambulance response times in the county. Through this plan the County encourages transport agencies to work closely with first response agencies to develop programs that will deliver medical care as rapidly as possible while enhancing countywide service. The County believes that a well-coordinated effort will improve patient outcomes and encourages all providers to work toward this goal.

## 5. System Elements

### a. 911 Dispatched Calls

911 calls/requests for medical assistance are currently answered by four Public Service Answering Points. There are plans to consolidate these four PSAP's into one PSAP. Transfer of calls to other Dispatch Services will be efficient and effective.

Notification Time for Providers shall be within two (2) minutes of the receipt of the call for at least 90% of the calls. Receipt of the call is defined as "a confirmed address and nature of the call".

### b. Pre-arranged Non-emergency Transfers and Inter-facility Transfers

Through this ambulance service plan, the Board proposes to consider and address the provision of non-emergency and scheduled ambulance services within the County. This step is taken to ensure the safety and availability of ambulance services and to ensure that appropriate clinical and operational performance is provided to the community.

Regulation of non-emergency and scheduled ambulance service(s) may be developed by the County during the term of this plan. The Board may adopt regulations and requirements for the assignment of non-emergency ambulance service providers. Prior to the adoption of such regulations the Board shall receive input and recommendation from the ASA Committee and other affected parties. It is anticipated that the review and development process will commence in July of 2003.

The Board reserves the right to assign non-emergency and inter-facility transfer service providers in the future, at any time the Board determines it is in the County's interest.

### c. Notification and Response Times

#### Notification Times

The Marion County ASA provider response times, as defined in this Plan, will be depicted in a time zone map. (See Appendix #2.)

#### Response Times

A. Provider Response times shall be met for emergency calls at least 90% of the time. Emergency Calls are defined as a continuous emergency response, which commences with the notification of responders and ends with the arrival on scene.

Provider Response Time shall be as listed as follows for at least 90% of the calls:  
Urban- 8 minutes, Suburban-15 minutes, Rural 1-20 minutes, Rural 2-43 minutes, and  
Frontier - 4 hours and 28 minutes.

Provider Response time may be met with arrival of the first unit dispatched as part of the response team. This may be a Quick Response Team or an Ambulance Provider. When the response time component is met by the arrival of the Quick Response Team, the Ambulance Provider arrival time may be extended. If the Ambulance Provider is the first to arrive on scene, it must comply with the response time standard for the response time zone in which the response is occurring.

### Quick Response Teams

A Quick Response Team (QRT) may be used to extend the arrival time of the Ambulance Provider when a minimum of two personnel arrive with equipment and crew members who are certified to operate within the scope of practice for level of care as follows:

BLS- At least one crewmember must be certified as an EMT Basic or First Responder. Equipment must be sufficient to operate within the scope of practice.

ALS- At least one crewmember must be certified as an EMT Intermediate or EMT Paramedic. Equipment must be sufficient to operate within the scope of practice.

Emergency Medical Technicians or First Response Providers that are deployed as part of any plan that uses Quick Response Teams to modify ambulance response time requirements within any ASA must meet, at a minimum, the credentialing, certification and authorization standards that are established for Emergency Medical Technicians under direction of a Medical Director as outlined in the plan. Response times for Ambulance Providers may be extended by two minutes with the arrival of a BLS Quick Response Team, and by five minutes with the arrival of an ALS Quick Response team.

Ambulance Providers must assure that staffing for QRT's meets plan standards when it uses a QRT to extend arrival time, The ambulance service provider must be able assure that the response team meets requirements for level of care.

Quick Response Teams are encouraged to participate in providing patient care to the level of their scope of practice. Ambulance Providers are encouraged to support QRTs and improve patient care practices

### B. Response Time Reporting Requirements

Each Ambulance Service Provider will submit a Response Time Report to the Administrator on forms or in a format approved by the Administrator. Providers with over one hundred qualifying Priority Calls a month will submit the report monthly, all

others will submit reports quarterly. Failure to report will be subject to penalties established under county ordinance.

### C. Response Time Exceptions

Response Time exceptions may be requested by an Ambulance Provider to exclude a particular response from the uninterrupted emergency calls used to measure Response Time Compliance. Exception criteria are developed in consideration of factors, which may alter a Providers ability to respond within the response time standard requirements. The Administrator may revise conditions and criteria. The Administrator may consult with and receive input and recommendations from the Committee regarding the modification of conditions and criteria. Calls that are requested as exceptions must be included in Response Time Reports. Attachment-2 lists examples of exception criteria developed by the ASA Committee.

### D. Penalties for Failure to meet Response Time/ Performance Criteria

Penalties for Failure to meet response time requirements are cited in Marion County Ordinance.

### E. Response Time Map Changes

Response time zone maps were developed based on historical data and definitions recommended in Trauma System Standards. Response time standards have been established to more appropriately structure the emergency response requirements in Marion County. However, in the event that changes in circumstances, such as population growth or other changes, indicate a compelling need to change the response time map, the following procedure will be followed.

The Plan Administrator shall proceed with proposed response time map changes by giving prior written notice of the proposed changes to any assigned ambulance service provider whose territory would be affected. At the request of any affected assigned ambulance service area provider, any proposed changes will be forwarded to the Board for decision by the Board.

In reviewing proposed changes to the response time map, the County may consider the following general guidelines:

"Urban area" designation may be appropriate for areas within an ASA, which are in an incorporated city with a population greater than 50,000 persons.

"Suburban area" designation may be appropriate for areas within an ASA, which are non-urban but are contiguous to urban areas, and are within a ten-mile radius of an urban community center and consist of a census tract having a population density between

1,000 *or more* persons per square mile. Traffic corridors in which the 15-minute response time standard can be extended without unduly adding to system cost may also be considered.

"Rural 1 and Rural 2 area" designations may be appropriate for areas within an ASA which are not urban, not suburban, and which are either an incorporated city of greater than 2,000 and less than 9,000 population, or are within a 30-mile radius of such a city's center.

"Frontier area" designation may be appropriate for areas within an ASA which are neither urban, suburban, nor rural areas, and for inaccessible or road less areas of the National Forest where a 43 minute response time cannot be achieved without unduly adding to system cost.

The Administrator may make changes in the response time standards and criteria detailed above to make the County criteria consistent with State mandated Trauma System standards and/or criteria used for similar purposes and reporting.

#### d. Level of Care

All ambulances and ambulance services in Marion County must maintain a current license with the Oregon Department of Human Services, Health Services, EMS Section. Equipment and supplies for vehicles must meet or exceed standards as outlined in OAR and this Plan.

An Ambulance Area Service Provider who utilizes a subcontractor or automatic aid agreement 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.

The delivery of an Advanced Life Support assessment and treatment is the preferred level of care for Marion County. Ambulance Service Areas without continuous coverage at the ALS level shall maintain written agreements for an automatic response with other agencies capable of ALS service delivery.

#### e. Personnel

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

An ambulance operating in Marion County and providing intermediate life support level care must consist of one certified EMT-Basic and one certified EMT-Intermediate. 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 Marion County and providing advanced life support level care must consist of an EMT-Basic and an EMT-Paramedic. The EMT-Paramedic must always be with the patient in the patient compartment of the ambulance when ALS care is required or being rendered.

When operating an ambulance in Marion County, all personnel must meet the requirements of ORS 682.015 to 682.991 and OAR 333-255-0070(1), (4) or (6). The practice of staffing an ambulance on a part-time basis with EMTs certified to a higher level of care than is possible at other times does not construe a requirement that the ambulance provide the same level of care on a regular basis.

Emergency Medical Technicians of First Response Providers that are deployed as part of any plan that uses QRTs to modify ambulance response time requirements within any ambulance service area must meet, at a minimum, the credentialing, certification and authorization standards that are established for ambulance Emergency Medical Technicians under direction of a Medical Director as outlined in the plan.

The Committee may review staffing requirements and recommend changes.

#### f. Medical Supervision

Each EMS agency utilizing EMTs shall be supervised by a physician licensed under ORS Chapter 677 actively registered and in good standing with the Board of Medical Examiners as a medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). The

physician must also be approved by the Board of Medical Examiners to serve 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:

- Holds at least one meeting a year with the EMTs affiliated with the respective ambulance services;
- Designates 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
- Provides or authorizes at least one case review meeting for all EMTs quarterly.

Salem Hospital located in Salem, Oregon; Santiam Hospital in Stayton Oregon; and Silverton Hospital in Silverton shall be the Medical Resource Hospitals. Hospitals outside of Marion County may be used for Medical Resource consultations.

#### g. Patient Care and Equipment

Patient care equipment must meet or exceed the Division's requirements as specified in ORS 682.015 to 682.991 and OAR 333-255-0070(2), (3), (5) or (7). The ambulance service provider shall maintain a list of equipment for their ambulances, which shall be furnished to the Administrator or Board upon their request.

Quick Response Team vehicles must maintain sufficient equipment to allow EMTs to operate within their Standing Orders and Scope of Practice. Ambulance service providers are encouraged to work with QRT providers to establish equipment and training standardization.

#### h. Vehicles

All ambulances must be licensed by the Division. 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 furnished to the Administrator or Board upon their request.

#### i. Training

Chemeketa Community College located in Salem, Oregon is the primary institution of learning to provide initial EMT and First Responder training. If Chemeketa Community College does not offer a particular level of training or adequate enrollment, it may be

necessary for an individual to obtain that level of training at another teaching institute, which would be further away.

Ambulance Service EMTs and First Responders will meet continuing education requirements for recertification as described by the Division. Providers are encouraged to make continuing education available that meets or exceeds state requirements. EMT recertification and continuing medical education may be obtained through in-house training programs and seminars that are sponsored by local EMS agencies or teaching institutions. The goal is to make EMT and First Responder continuing education available at the local level.

## j. Quality Improvement

### A. Dispatch Centers

Monitoring of notification and response times shall be accomplished by the following:

Information received from the public, dispatch center, pre-hospital care providers, hospitals, or county EMS administration.

Types of information received are written or verbal complaints, patient care report forms, radio transmission tapes, notification and response time incident cards, trauma registry forms, etc.

### B. Ambulance Service Providers

Each Agency Medical Director will be responsible for administering a Quality Assurance Program within each agency and insuring the agency participates in any recommendations made by the Committee for Quality Improvement.

The Committee may make recommendations for establishing standards for Quality Improvement Programs.

At a minimum the County expects Ambulance Service Providers (EMS providers) to:

- Supervise services they provide
- Participate in the medical audit process, provide special training and support to personnel found in need of assistance in specific skill or knowledge areas, and maintain a current knowledge of developments in EMS equipment and procedures.
- Maintain state and local vehicle permits and certifications and licenses.
- Cause all policies and procedures to be properly implemented in the field. Where questions of clinical performance are concerned, EMS providers shall satisfy the State Agency and County administrative representatives.

Ambulance Service Providers (EMS agencies) shall ensure that knowledge gained during the medical audit process is routinely translated into improved field performance through operating guidelines, bulletins, training sessions or any other method necessary to assure it becomes standard practice

#### C. First Responders

First Response Providers are encouraged to participate in the elements of the Quality Improvement Program recommended to Ambulance Service Providers.

#### D. Problem Resolution

Problems involving Protocol deviation by EMTs or dispatchers shall be referred to the ASA Provider Representative, Medical Director, or Dispatch Supervisor.

Problems involving a non-compliant service provider shall be referred to the Board through the Administrator. The Board may seek background data or recommendations from the Committee in such instances. However, any member of the Committee who may have a conflict of interest shall declare a conflict and refrain from participating in any recommendations made.

#### E. Sanctions

Sanctions which may be taken against Ambulance Providers are listed in Marion County Ordinance.

## 6. Coordination

### a. Entity That Shall Administer the Plan and Assign ASA's

#### A. The Board

The Marion County Board of Commissioners (Board) has the authority to assign an ASA within Marion County in compliance with ORS 682.015 to 682.991. Applications by new providers and requests for assignment change or revocation may be considered, within guidelines outlined by County Ordinance, if they will significantly improve efficient service delivery and benefit public health, safety and welfare. Counties, cities, and rural fire protection districts have the authority to develop and apply ambulance-licensing ordinances within their jurisdictional boundaries, and nothing in this Plan is intended to obviate that authority.

Future updates to this Plan and proposals for assignment changes will ultimately be the responsibility of the Board. In addition, the Board has the authority to review service provider's records and initiate an assignment change or service area revocation. For the purpose of this Plan, the Board shall recognize the Committee as an advisory group.

#### B. The Administrator

The ASA Administrator, under the supervision of the Board and with assistance of the Committee, shall be responsible for the administration of this plan and ordinance. 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 working days to the Administrator at the person's place of business, or copies made and provided as requested by the Administrator.

#### C. The Committee

"Marion County Ambulance Service Area Advisory Committee (Committee)", shall be formed by ordinance and be composed of eleven members:

- X Emergency Physician / Medical Director- 1;
- X Public Advanced Life Support Agency Representative -2;
- X Private Advanced Life Support Agency Representative-2;
- X Public Agency First Response Provider - 1;
- X Public Member -2;
- X Emergency Medical Technician/Paramedic Representing a Public Agency -1;
- X Emergency Medical Technician/Paramedic Representing a Private Agency - 1;
- X Health Care Facility Administrator/. Emergency Room Nurse/Nurse Manager -1

The administrator and other Marion County staff as the Board deems appropriate shall be ex-officio members of the Committee. The Committee reserves the right to invite additional members with a specialized background in a related field to serve on the Committee as needed.

The Board shall appoint members of the Committee for a three year term, which may be renewed.

The Committee will review complaints about service delivery or system response issues. Complaints will be directed, in writing, to the Committee through the Administrator.

Quality assurance begins with sound planning. The Board will ensure the delivery of the most efficient and effective prehospital emergency care possible with available resources. The responsibility for ASA administration is established with the Administrator with assistance from the Committee. The Committee is established to:

- X Assist with EMS system design
- X Monitor Quality Assurance practices for EMS System delivery
- X To develop and administer performance standards for Ambulance Services within the County.
- X Evaluate written proposals for amendments to this ASA Plan. Recommendations in regard to proposals will be forwarded to the Board.

The Committee will have oversight and make recommendations for:

- X Internal Audit and Quality Assurance Processes for Ambulance Services
- X Performance Criteria and data sources to demonstrate plan compliance for Ambulance Services
- X System performance through a forum that allows public input and ASA plan review
- X Revision of standards that have been found to be not applicable for current practice standards
- X Interagency cooperation in the development and implementation of the medical component of the County Disaster Plan with operational guidelines for Mutual Aid and resources as needed.

The Committee, through its existence, will offer a local focus for EMS system issues and encourage local resolution of EMS System problems. The Committee may form subcommittees to deal with specific issues.

The Committee will review each ASA service for compliance with plan requirements at least annually. This plan requires that Ambulance Service Providers maintain service records in order that the County can carry out its ASA responsibilities. Service records guidelines are also outlined in license requirements for Ambulance Services established through the Department of Human Services, Health Services.

## b. Mutual Aid Agreements

Each ambulance service provider shall sign a mutual aid agreement with the other providers in the County and with other providers in adjoining counties to respond with needed personnel and equipment in accordance with the agreement.

All requests for mutual aid shall be made through the appropriate channels based on conditions at the time of the request

All mutual aid agreements will be reviewed as needed and modified by consent of all parties.

## c. Complaint Procedure

Complaints regarding violation of this ASA Plan, or questions involving pre-hospital care provided shall be submitted in writing to the Administrator. The Administrator shall then forward the complaint to the Committee for their review and recommendations or changes. The Committee may also resolve any problems involving system operations (changing protocols to address recurring problems, etc.). A log of written correspondence and subsequent actions will be maintained by the Administrator.

Ongoing input may be provided by consumers, providers or the medical community 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 Board for consideration.

## d. Disaster Response

### A. County Resources Other Than Ambulances

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

The Director of the Marion County Emergency Management Office shall be responsible for locating and coordinating all county EMS resources being requested.

### B. Out of County Resources

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

The Director of the County Emergency Management Office shall be responsible for requesting and coordination all out of county resources.

### C. Mass Casualty Incident Plan

The Mass Casualty Incident Plan is a component of the Marion County Emergency Services Plan. The Office of Emergency Management manages the Marion County plan as mandated by the state. The Committee may provide guidance to the Office of Emergency Management in the development or revision of the MCI plan. If the ASA plan conflicts with the MCI plan, then the MCI plan shall prevail.

The purpose of the MCI plan is to provide guidance to EMS personnel in the coordination of response activities relating to Mass Casualty incidents in Marion County. This plan is intended for use when any single incident or combination of incidents depletes the resources of any single provider or providers during the normal course of daily operations, or at the request of the Administrator. It is expected the MCI plan will address the responsibility of providers concerning: coordination, communications, move up, triage and transportation.

The committee will periodically review the MCI plan and recommend revisions to meet the County's need. Following Committee review, the Director of Emergency Management will be asked to append the changes to the medical component of the Marion County Operations Plan and the modified MCI plan will be promulgated.

Unless inconsistent with the plan, the structure coordination and operation of a Mass Casualty incident response shall follow the National Interagency Incident Management System/ Incident Command System, (NIIMS/ICS), as adopted by the Oregon State Fire Marshal. With each incident, command shall be established per the NIIMS/ ICS structure with the management positions and resources being assigned as needed throughout the NIIMS/ ICS.

Unless inconsistent with the MCI Plan, the Simple Triage And Rapid Treatment (START) triage system will be use for Mass Casualty Incident patient triage. START is designed to integrate and work within NIIMS/ ICS. Each local district may have unique situation, resources and operational procedures that need to be considered when implementing the MCI plan and Triage systems. It is not necessary to assign mid-management positions until maximum span of control is attained. Assigning first arriving units to hands on functions as much as possible can increase the efficiency and speed with which triage, treatment, and transport can be performed.

### D. Response to Terrorism

The County will establish, in consultation with the Office of Emergency Management, the Fire Defense Board, Law Enforcement agencies and ASA Committee, a plan for responding to terrorism incidents including, weapons of mass destruction and bio-

terrorism incidents. Law enforcement will be the lead agency in the immediate response and mitigation of terrorist threats or incidents. The Marion County Health Department will be the lead health agency in determining the appropriate health agency response. The Public Health Physician will be the lead physician at the agency. The Marion County Health Department will coordinate EMS resources.

#### E. Responses out of County

All ambulance providers shall cooperate with the County in rendering emergency assistance to its citizens and to other communities during disasters or other extraordinary emergencies

During such periods, and upon authorization from the County, ambulance providers will be exempted from responsibilities for response-time performance until notified that the assistance within the County or to other communities is no longer required. At the scene of the disaster or other extraordinary emergency, the ambulance providers' personnel shall perform in accordance with local emergency management procedures and protocols established by the affected County.

When an ambulance provider is notified that disaster assistance is no longer required, it shall return all of its resources to the primary area of responsibility, and shall resume all operations in a timely manner.

#### F. Incident Command System

Ambulance providers shall assure that their employees have been trained regarding the use of incident command systems will be required to provide specialized training to their employees regarding incident command systems.

Ambulance providers will be required to use the countywide incident command system (ICS) and personnel accountability system adopted by the Fire Defense Board.

#### G. Disaster Training

Ambulance providers shall participate in County disaster planning and training exercises.

### e. Personnel and Equipment Resources

#### A. Non-transporting EMS Provider

Advisory Board may recommend standards for certification, equipment, standards of care, clinical protocols and patient hand-off procedures for all non-transporting EMS providers. Individual agency Medical Directors will be responsible for implementing and supervising the agency's adherence to these standards.

## B. Hazardous Materials Response

All EMS providers shall provide training for their crews to the hazardous materials first responder (awareness) level as determined by the Occupational Safety and Health Administration.

The Fire Department having jurisdiction will be the lead agency in matters of hazardous materials and heavy extrication.

## C. Search and Rescue

The most appropriate lead agency for Search and Rescue and Specialized Rescue may vary with location and will be that agency identified through the incident command system.

## D. Incident Operations

All ambulance providers will participate in and comply with the countywide incident command and personnel accountability systems established by the Fire Defense Board.

## e. Emergency Communication and System Access

### A. Telephone

All of Marion County has 9-1-1 Enhanced emergency telephone access, as of this revision. The four PSAPs provide access to services available through the Medical Services System's centralized emergency phone numbers or field personnel may access services directly.

### B. Dispatch Procedures

1. The appropriate personnel shall be notified by the dispatcher via radio-pagers, or other means, within two (2) minutes of receipt of a life threatening call.
2. The dispatcher will obtain from the caller, and relay to the first responders the following:
  - (1) Location of the incident;
  - (2) Nature of the incident; and
  - (3) Any specific instructions or information that may be pertinent to the incident.

3. Ambulance Service personnel shall inform the dispatch center when any of the following occurs:

- (1) In-route to scene or destination and type or response;
- (2) Arrival on scene or destination;
- (3) Transporting patient(s) to hospital or medical facility, the number of patients, and name of facility; and
- (4) Arrival at receiving facility.

4. Ambulance (service) personnel shall inform the receiving hospital by radio at the earliest possible time of the following:

- (1) Unit identification number;
- (2) Age and sex of each patient;
- (3) Condition and chief complaint of the each patient;
- (4) Vital signs of each patient;
- (5) Treatment rendered; and
- (6) Estimated time of arrival.

#### C. Radio System

Radios are used for communication between the ambulance crews and their departments. The radio is also used for communication between the ambulance crews and the dispatch centers. All radios will have access to fire channels within their ASA.

All ambulances will be equipped with a minimum of an 80-watt, multi-channel mobile radio. Each ambulance crew will have a minimum of one five-watt radio with a minimum two-channel capability. The mobile radio will have a frequency of 155.340.

All of the Marion County ambulance providers use the HEAR (Hospital Emergency Administrative Radio) systems to contact the receiving hospitals. The HEAR system can also be used to request physician advice.

The PSAP shall:

- (1) Restrict access to authorized personnel only;
- (2) Meet state fire marshal standards;
- (3) Maintain radio consoles capable of communication directly with all first response agencies dispatched by them.
- (4) Maintain radio logs, which contain all information required by the Federal Communications Commission and Oregon Revised Statutes;
- (5) Utilize plain English or 12-code; and
- (6) Be equipped with a back-up power source capable of maintaining all functions of the center.

In most instances, once an ambulance crew has been summoned by the dispatcher, there is further capability of radio communications between the ambulance and the dispatcher via mobile or hand-held radios. Requests for mutual aid, other resources or agencies, etc., generally must be arranged with the third-party assistance via radio or cell phone.

Unless specifically determined by the nature of the call (i.e., non-emergency patient transfer, etc.) the highest level of ambulance staffing available at that time shall be dispatched. Other resources (police, fire) will be dispatched as deemed appropriate.

#### D. Emergency Medical Services Dispatcher Training

- a. Marion County EMS dispatchers serving Marion County must successfully complete an Emergency Medical Dispatch (EMD) training course as approved by the Oregon Emergency Management Division and the Board on Public Safety Standards and Training.
- b. All EMS dispatchers are encouraged to attend any class, course or program, which will enhance their dispatching abilities and skills.

## **7. Provider Selection**

No person shall provide emergency ambulance services in Marion County unless such person is assigned an ASA in accordance with the applicable provisions of the Plan.

### **a. Initial Assignment**

The County has established eleven Ambulance Service Areas. A description of each ambulance service area is included as an attachment. The initial assignment of ambulance service providers will be considered as follows:

- ASA 1. Salem Fire Department
- ASA 2. Keizer Fire District
- ASA 3. St. Paul Rural Fire Protection District
- ASA 4. Marion County Fire District #1
- ASA 5 Woodburn Ambulance Service, Inc.
- ASA 6. Lyons Rural Fire Protection District
- ASA 7. Idanha/Detroit Rural Fire Protection District
- ASA 8. Santiam Memorial Hospital Ambulance
- ASA 9. Turner Rural Fire Protection District
- ASA 10. Jefferson Rural Fire Protection District
- ASA 11. Polk County Fire District #1

#### **Length of Assignment.**

The initial term of assignment of the franchise will be for five years. An additional assignment term of five years will/shall be granted to providers who have demonstrated compliant performance during the initial assignment term; and who request to receive the extension. The request shall be made in writing to the administrator at least 60 days prior to the end of the initial assignment term. The administrator shall recommend such term extensions to the Board for approval.

### **b. Reassignment**

No person shall provide ambulance services in Marion County, Oregon unless such person is assigned an ASA in accordance with the applicable provisions of this plan.

The provider selection process is set forth in the Marion County Ambulance Service Ordinance Section 8 through Section 19.

The Ordinance provides mechanisms for determining provider selections:

1. Responding to an application by a provider for an ASA;

2. Assignment and reassignment of providers to ASA;
3. Responding to notification that an ASA is being vacated;
4. Procedures for resolving disputed cases, including appeal to Board of Commissioners; and
5. Procedure for maintenance of existing level of service after notification that a provider is vacating an ASA.

c. Application for ASA

The application process for applying for an ASA is set forth in the Marion County Ambulance Service Ordinance Sections 9, 11, and 12.

d. Notification of Vacating ASA

In the event that an ASA provider wishes to vacate their ASA, the provider shall provide at least sixty (60) days written notice to the Administrator. The ASA provider must provide notification in accordance with the provisions of the initial service agreement or County Ordinance.

e. Maintenance of Level of Service

In the event that an ASA provider is unable to comply with the standards promulgated for the ASA by this Plan, the Provider or the Committee will notify the Administrator in writing of the inability of the Provider to comply standards along with an explanation of the standards which are involved. The Board will determine if other qualified providers are available for the ASA who can comply with the standards. If the Board determines no other qualified providers are available it will apply to the Division for a variance, under ORS 682.285, from the standards so that continuous ambulance service can be maintained by the existing provider of that ASA

## 8. Marion County Ordinance

The Marion County Board of Commissioners shall adopt a county emergency medical services ordinance. The ordinance shall include criteria for administering the Marion County Ambulance Service Area Plan; limiting ambulance services that may operate in the county; establishing an application process; ambulance franchise terms; enforcement; preventing interruption of service; appeals, abatement and penalties; duties of the franchisee; and establishing membership and duties of the advisory committee.

## **Attachment 1: ASA Boundary Descriptions**

### **ASA -1**

**Narrative:** The northwest corner of ASA 1 is the Willamette River at the Salem Fire Department (SFD) and Keizer Fire District (KFD) boundary, and travels east along the KFD and SFD fire service boundaries to the Chemawa Rd and I-5 interchange, then east on Chemawa Rd. to Indian School Rd. then south to Blossom Dr. then east to HWY 99E/Portland Rd., then travels south along Portland Rd. to the City limits of Salem\*, then travels along the city limits to Glendale Ave. then east along a straight line to Hollywood Rd. then south to Carolina Ave. then east along Carolina Ave. to Walker Rd. then travels south on Walker Rd. to Swegle Rd. then travels west on Swegle Rd. to Royalty Dr. then travels south to Center St. then travels west on Center St. to the city limits at I-5, then south along the eastside of I-5 to HWY 22 at the I-5 interchange, then east along HWY 22 to the southwest corner of the MCFD #1 boundary, then south to the northern boundary of ASA 9, then west along the boundary of ASA 9 to the northwest corner of ASA 9, then travels south along the west boundary of ASA 9 to Township 9s Range 3w. The boundary then goes west along the section line between section 3 and 10 to Liberty Road. The boundary continues south as Liberty Road turns into Buena Vista Road and continues west to Sydney Road. The boundary continues north on Sydney Road and continues past the railroad tracks to the Willamette River and then follows the Willamette River and the east boundary of ASA 11 until it reaches the northwest corner of ASA 1.

(\* the city limit boundaries as established and in existence on January 1, 2003)

### **ASA-2**

**Narrative:** The northwest corner of ASA 2 is the Willamette River and the southern boundary of Marion County Fire District #1. The boundary continues east along the Marion County Fire District #1 and Keizer Fire District boundary. The boundary then turns south and then west along the Keizer Fire District boundary and the city limits of Salem until it intersects with the Willamette River. The west boundary is the Willamette River.

### **ASA-3**

**Narrative:** The western and northern borders are defined by the center of the Willamette River. The east border runs from Champoeg Park along Case Creek to St Paul-Broadacres Road, then west to Champoeg Creek, then southwest to Fairfield on the bank of the Willamette River.

### **ASA-4**

**Narrative:** The northwest corner of ASA-4 is located at the northwest corner of Marion County Fire District #1 boundary and the Willamette River. The northernmost boundary then runs east along Waconda Road to the intersection of Waconda and Howell Prairie Road; the eastern boundary of ASA-4 travels south along the eastern edge of the Marion County Fire District #1 boundary until it intersects with the Aumsville Rural Fire Protection District boundary. The southern boundary then travels west, following the Aumsville Rural Fire Protection District boundary, and the Turner Fire District boundary and then travels west along the boundary of Marion County Fire District #1 to the southwest corner of Marion County Fire District #1, then travels west along Hwy 22 to I-5 interchange, then north along the eastside of I-5 to Center St then east to Royalty Dr then north to Swegle Rd then east to Walker Rd then north on Walker Rd to Carolina Ave. then west along Carolina Ave to Hollywood Dr. then north to a point where a straight line west connects to Glendale Ave. then west along Glendale Ave to the city limits then north along the city limits of Salem\* to Hwy 99E/Portland Rd. then north along Portland Rd. to Blossom Dr. then west along Blossom Dr. Indian School Rd then north on Indian School Rd to the Keizer Fire District boundary, then west to the Willamette River.

(\* city limits boundary as established and in existence on January 1, 2003 )

### **ASA-5**

**Narrative:** Starting from Waconda Road and Wheatland Road west to Willamette River including Willamette Mission State Park and Matheney Road. North along Willamette River to include Mahoney Road. Mahoney Road east to intersection of Mahoney Road and State Hwy 219. East approximately 3/4 mile on St. Paul

Highway. Then north to Arbor Grove and St. Paul Hwy, including Case Road. Then north to the Willamette River. Then follow the Willamette River east to include Arndt Road to Pudding River. South on Marion County line following Pudding River then to Butte Creek to include all of Crooked Finger Road. Then south on Marion County line to a point directly north of Gates. Then west to northeast corner of Silver Falls Park, including all of Silver Falls Park following park boundary. The southern border is the fire district line from Silver Falls Park west between Sublimity Fire District and Silverton Fire District. West to 119<sup>th</sup> then north to 105<sup>th</sup>. West on Kauffman to 81<sup>st</sup>. North to include Howell Prairie Road, north of Waconda. Waconda west to Willamette Mission State Park.

#### **ASA-6**

**Narrative:** The northwest boundary starts at the northeast corner of Silver Falls State Park, runs east along the border to a point that is directly north of Detroit Lake. The eastern border is a diagonal line that travels southwest to the southern county border just east of Niagara, west along the southern border to Mehama crossing Highway 22 at milepost 20 and northeast to 21011 Fern Ridge Road, then north to the southwest corner of Silver Falls Park.

#### **ASA-7**

**Narrative:** The north, east and south borders follow the Marion County boundary. The west border is made up of a point along the south border one mile east of Niagara, running northeast to a point on the North Marion County boundary that is due north of Detroit Lake.

#### **ASA-8**

**Narrative:** Starting at the Marion County line at the Santiam River, follow the Stayton Rural Fire Department boundary to Shaff Road. Follow Aumsville Rural Fire Protection District boundary north to 71<sup>st</sup> Street then east to Waldo Hills Drive. Follow the Sublimity Fire District boundary north to 119<sup>th</sup> then east to Silver Ridge Drive to the southwest corner of Silver Falls State Park to 21011 Fern Ridge Road to MP 20 Highway 22. South to the county border, Santiam River, follow the river to the point of origin.

## **ASA-9**

**Narrative:** The northwest boundary starts near Sunnyside and Delaney roads, travels northeast in a saw tooth pattern until it crosses I-5 at approximately milepost 249.5. The boundary then travels north (just to the eastern border of I-5) until Boone Road, turns east and travels down the center of Boone Road. The boundary turns south at Eastland Avenue and travels south down the center of Eastland Avenue to the 5500 block and then heads in a southeast direction, travels east across the 6000 block of Turner Road, and then turns north (just east of Turner Road) and travels across the 4900 block of Gath Road. Just north of Gath Road, the boundary heads east encompassing the section of Lipscomb road west of Witzel road 54<sup>th</sup> Ct., 56<sup>th</sup> Ct., 59<sup>th</sup> Ct., and then travels down the center of the section of Lipscomb Road east of Witzel road. At the end of Lipscomb Road, the boundary travels south down the center of 70<sup>th</sup> Avenue, turns east at Little Road, travels east down the center of Little Road to the 7500 block. The boundary then travels south to the 8100 block of Shaff Road, turns west down the center of Shaff Road. In the 7800 block of Shaff Road, the boundary turns south and travels southward to the 11,800 block of Marion Road. (The boundary travels south down the center of Marion Road to the 12,300 block and then turns west. The boundary continues west down the center of Pearson Road to the 5200 block of Pearson Road. At the 5200 block of Pearson Road the boundary turns south and travels south to the 12,900 block of Parrish Gap Road. The boundary then travels in a northwesterly direction (encompassing all of Summit Loop Road.) across Enchanted Way and I-5 at approximately milepost 244.5. The boundary continues in a northwesterly direction crossing Jackson Hill Road in the 8100 block back to the area of Sunnyside and Delaney Roads.)

## **ASA-10**

**Narrative:** The northwest boundary starts at the Willamette River and proceeds south on Sydney Road to Buena Vista Road west on Buena Vista Road to Liberty Road north on Liberty to the section line between section 3 and 10 of Township 9s Range 3w. East on the section line to the Turner Fire District Boundary. South on the Turner Fire district boundary to Parish Gap Road, generally east on Parish Gap Road, east on Pearson Road to Duckflat Road, south on Duckflat Road to approximately 1/4 mile south of E Street, then east to Santiam River, generally following the Stayton Fire District

boundaries. South to Jefferson Road, east to the county boundary at the North Santiam river, downstream to the Santiam River, and downstream to the Willamette River and Buena Vista Road.

**ASA-11**

**Narrative:** The northwest boundary starts at Sawmill Road and the Willamette River, runs south along Riverdale Road, continues south along Orville Road until it intersects with the Burlington Northern tracks, then southeast along the track in a straight line until it intersects with the Willamette River, and follows the river upstream until it reaches Sawmill Road.

## **Attachment 2: Response Exception Reporting**

It is understood that unusual circumstances and conditions beyond an ambulance provider's reasonable control can produce response times that exceed the standards. If the ambulance provider feels that any run or group of runs should be excluded from the response time standards due to unusual circumstances beyond the provider's reasonable control, it may request in writing that these runs be excluded from the response time performance calculations and from any penalty assessments that could be imposed. If the Administrator concurs that the circumstances were due to unusual circumstances beyond the provider's reasonable control, the Administrator will allow such exceptions in calculating the overall response time performance.

Examples of criteria for excluding Emergency Responses from the count for reporting response time performance are listed below:

### **Dispatch Services**

- Language Barrier
- Incorrect address

### **Provider Services**

- Adverse weather conditions
- Road Conditions
- Vehicle Problem
- Unsafe Scene/ Staging
- Multiple, multiple Patient Incidents
- Hazardous Materials Incident
- Crowd Control
- Second and subsequent unit(s) to a response

### **System Elements**

- Hospital on divert
- Hospital holding paramedics with patients for more than twenty minutes.
- Change in Response Code
- Delayed Response Area: Specific areas, which have been shown to cause, delayed or increased response times due to limited access, speed bumps, and other traffic controlling measures or devices. The Plan Administrator may approve these areas for exception based upon review by the Committee and approval. Exceptions will need to be listed and reported on the required Response Time Report form.
- Mutual aid response(s): when an agency is or has been requested to provide mutual aid to another ASA.