

AMBULANCE SERVICE AREA PLAN

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Overview of the County Plan

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 about 1,194 square miles and has a population of approximately 318,150. 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 20 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. 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, reporting, key stakeholder relationship building, and system improvement participation to periodically evaluate the effectiveness and efficiency of providers.

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

If at any time the County determines that the public interest is not being served as evaluated by the key indicators outlined in this section, the Board may incorporate an ASA into another one or conduct a selection process to assign another ambulance provider.

1. Definitions

"Address and consider" has the meaning given these terms by ORS 682.062(2) and (3).

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

"Advanced Emergency Medical Technician (AEMT/Advanced EMT)" means a person who is licensed by the OHA as an Advanced Emergency Medical Technician as defined in OAR 333-265-0000(1).

"Ambulance" or "ambulance vehicle" means a privately or publicly owned motor vehicle, aircraft or watercraft that is regularly provided or offered to be provided for the emergency transportation of persons who are ill or injured or have disabilities as defined in ORS 682.025(1).

"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 333-260-001.0(3).

"Ambulance Service Provider" means a licensed ambulance service that responds to 9-1-1 dispatched calls or provides pre-arranged non-emergency transfers or emergency or non-emergency inter-facility transfers. OAR 333-260-0010(5).

"Ambulance Service Plan (Plan)" means a written document, which outlines a process for establishing a county emergency medical services system. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules. Approval of a plan shall not depend upon whether it maintains an existing system of providers or changes the system. For example, a plan may substitute franchising for an open-market system. OAR 333-260-0010(4).

"ASA Advisory Committee (Committee)" means a committee formed to review Ambulance service and EMS system issues and make recommendations to the Board of County Commissioners.

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

"Dispatch Center" means any dispatch, communications, public safety answering point (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.

"OHA" means the Oregon Health Authority, Public Health OHA. OAR 333-260-0000(7),

"Emergency Care" means the performance of acts or procedures under emergency conditions in the observation, care and counsel of the ill, injured or disabled; in the administration of care or medications as prescribed by a licensed physician, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital emergency care. However, "emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures. OAR 333-250-0250(11).

"Emergency Medical Condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part. An emergency medical condition is determined based on the presenting symptoms (not the final diagnosis) as perceived by a prudent layperson (rather than a health care professional) and includes cases in which the absence of immediate medical attention would not in fact have had the adverse results described in the previous sentence. OAR 410-120-0000(64).

"Emergency Medical Responder (EMR)" means a person licensed by the OHA as defined in ORS 682.025(11) (a) or (b).

"Emergency Medical Service (EMS)" means those 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.

"Provider" means any public, private or volunteer entity providing EMS. OAR 333-260-0010(10).

Emergency Medical Technician (EMT)" means a person licensed by the OHA as defined in OAR 333-265-0000(17).

"Emergency Medical Technician-Intermediate (EMT-Intermediate)" means a person licensed by the OHA as defined in OAR 333-265-0000(18).

"First Response Vehicle (FRV)" means a vehicle and personnel that provide initial response, assessment and care.

"Fraud or Deception" 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 333-250-0205(16).

"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 OHA to the owner of an ambulance service and ambulance, when the service and ambulance are found to be in compliance with ORS 682.041 to 682.991, OAR 333-250-0000 through 333-250-0410.

"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. A Supervising Physician means a medical or osteopathic physician licensed under ORS Chapter 677, actively registered and in good standing with the Oregon Medical Board and affiliated with an EMS agency for the purpose of medical supervision, issuance of standing orders, and monitoring quality of care and education.

"Notification Time" means the length of time between the initial receipt of the request for emergency medical service by either a provider or an emergency dispatch center (9-1-1), and the notification of all responding emergency medical service personnel. OAR 333- 260-0010(9).

"On-line Medical Control" means a hospital emergency department that is capable of providing 24-hour physician consultation including necessary medical direction for prehospital care systems.

"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 vehicle or operation of an ambulance service under a security agreement or a lease for a term of 10 or more successive days. ORS 682.025(9).

"Paramedic" means a person licensed by the OHA as defined in OAR 333-265-0000(27).

"Patient" means an ill, injured, or disabled person who may be transported in an ambulance or evaluated by a non-transporting EMS provider.

"Prehospital Care Report Form (PCRF)" means a OHA-approved form or electronic field data record that is completed for all patients receiving prehospital assessment, care for transportation to a medical facility. OAR 333-250-0205(21).

"Person" means any individual, corporation, association company, 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(26).

"Provider Selection Process" means the process to establish ambulance service provider or providers. OAR 333-261;

"Public Safety Answering Point (PSAP)" means a 24 he established as an answering location for 9-1-1 calls originates.

"Response Time" means the length of time between the arrival of each provider's emergency medical service Response time stops upon the arrival of an FRV.

"Rural Area I" means the area within the ASA, which is attached as Appendix #2.

"Rural Area 2" means the area within the ASA, which is attached Appendix #2,

"Suburban" means the area within the ASA, which is attached as Appendix #2.

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

"Urban Area" means the area with.in the ASA which is attached as Appendix #2.

2. Boundaries

a. ASA Map(s) with Response Time Zones

Marion County contains ten 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 derived from the attached ASA narrative descriptions 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. ASANarrativeDescriptions

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. Maps depicting 9-1-1, Fire District, and Incorporated Cities

Maps are on file in the Marion County Office of Emergency Management.

d. Alternatives Considered to Reduce Response Times and Improve Efficient Delivery of Care

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 and by establishing a procedure that monitors response time performances the County has created the framework from which ambulance providers in coordination with first response agencies 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 will allow for 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.

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3. System Elements

a. 9-1-1 Dispatched Calls

9-1-1 calls/requests for medical assistance are currently answered by two Public Service Answering Points. Notification Time for Providers shall be within a maximum of two (2) minutes of 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." The time begins when the call is answered, not upon completion of any Emergency Medical Dispatch (EMD) procedures.

b. Pre-arranged Non-Emergency Transfers and Inter-Facility Transfers

The Board has assigned exclusive franchises for both emergency and non-emergency ambulance transport to an Ambulance Service Provider in each ASA. ASA providers shall have the right of first refusal for nonemergency transfers and inter-facility transfers.

The Board reserves the right to reassign 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

a. 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.)

b. Response Times

Provider Response times shall be met for emergency calls at least 90% of the time. Emergency Calls are defined as a continuous emergency response with use of audible and visual warning devices, which commences with the notification of responders and ends with the arrival on scene. Emergency calls may be further defined by medical priority dispatch protocols. Calls initiating immediate response but not requiring the use of

audible and visual warning devices are not subject to reporting.

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 First Response Vehicle (FRV) or an Ambulance Provider. When a FRV is the first arriving unit, the clock will stop on their arrival if two conditions are met:

1. The FRV arrives within the prescribed ambulance response time standard.
2. The subsequent ambulance arrives within the extended response time standard.

c. First Response Vehicles (FRV)

A FRV may be used to extend the arrival time of the Ambulance Provider when a minimum of two personnel arrives 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 or EMR. Equipment must be sufficient to operate within the scope of practice.

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

Response times for Ambulance Providers may be extended by two minutes with the arrival of a BLS First Response Vehicle and by five minutes with the arrival of an ALS First Response Vehicle.

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

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

d. 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 more than one hundred qualifying Emergency Calls a month will submit the report monthly. All others will submit reports quarterly. Failure to report may be subject to penalties established under county ordinance.

e. 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 Provider's 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.

f. Penalties for Failure to meet Response Time/ Performance Criteria

Penalties for failure to meet response time requirements are set forth in the Marion County Ordinance. MCC 5.20.180.

g. 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 that are in an incorporated city with a population greater than 50,000 people.

"Suburban area" designation may be appropriate for areas within an ASA that 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 that are not urban, not suburban, and that are either an incorporated city of greater than 2,000 and less than 9,000 in 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 that are neither urban, suburban, nor rural areas, and for inaccessible or roadless areas. of the National Forest where a 43-minute-response 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 Health Authority, Public Health OHA, EMS and Trauma Services Section. Equipment and supplies for vehicles must meet or exceed standards as outlined in the Oregon Administrative Rules 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 Administrator will receive a copy of any subcontractor agreements.

The delivery of an Advanced Life Support assessment and treatment by Paramedics 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, when appropriate, 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 licensed EMT or above. The EMT must always be with the patient for the patient compartment of the ambulance.

An ambulance operating in Marion County and providing intermediate life support level care must consist of a minimum of one licensed EMT and one licensed EMT- Intermediate or Advanced EMT. An EMT-Intermediate or Advanced EMT must always be with the patient in the patient compartment of the ambulance when intermediate or advanced level care is required or rendered.

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

When operating an ambulance in Marion County, all personnel must meet the requirements of ORS 682.017 to 682.991 and OAR 333-250-0270, 333-250-0280. The practice of staffing an ambulance on a part-time basis with EMTs licensed 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.

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

f. Medical Supervision

Each EMS agency utilizing EMTs shall be supervised by a physician licensed 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 Oregon Medical Board 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 333-250-0300

g. Patient Care and Equipment

Patient care equipment must meet or exceed the OHA's requirements as specified in ORS 682.017 to 682.991 and OAR 333-255-0000 through 333-255-0093. The ambulance service provider shall maintain a list of equipment for their ambulances, which shall be furnished to the Administrator or Board upon request.

FRV's must maintain sufficient equipment to allow personnel to operate within their Standing Orders. Ambulance service providers are encouraged to work with FRV providers to establish equipment and training standardization.

h. Vehicles

All ambulances must be licensed by the OHA EMS and Trauma, all ambulances must meet or exceed the requirements as set forth in ORS 682.041 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 request.

i. Training

Ambulance Service EMTs and First Responders will meet continuing education requirements for recertification as described by the OHA. 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. The County encourages collaboration between agencies to enhance training opportunities and build working relationships between field providers.

j. Quality Improvement

a. Structure

Each Agency Medical Director must approve and have participation in a Quality Improvement Program within their agency.

The ASA Committee may make recommendations for establishing

standards for Quality Improvement Programs.

b. Process

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

- Provide evidence of a comprehensive internal quality improvement program regarding all aspects of EMS care.
- 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 on a timely basis.
- Where questions of clinical performance are concerned, EMS providers shall satisfy OHA, DHS, EMS and County administrative representatives.
- Maintain relationships with key stakeholders in the medical and public service arenas designed to enhance patient care.

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 Response Providers

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 shall be referred to the ASA Provider Representative, Medical Director as appropriate.

Problems involving a non-compliant service provider shall be referred to the Administrator.

e. Sanctions for Non-Compliant Personnel or Providers

Sanctions which may be taken against Ambulance Providers are listed in Chapter 5.20 of the Marion County Code.

4. Coordination

- a. The Entity That Shall Administer and Revise the ASA Plan
- a. The Board

The Marion County Board of Commissioners (Board) has the authority to assign an ASA within Marion County in compliance with ORS 682.041 to 682.991. Applications by providers other than the current franchisee and requests for assignment change or revocation may be considered within guidelines outlined by County Ordinance, if it can be demonstrated that a new provider would significantly improve efficient service delivery and benefit public health, safety and welfare.

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.

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, if complaints were directed to the Administrator and referred 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 by the Administrator with assistance from the Committee. The Committee is established to:

- Promote an EMS system that meets the needs of Marion County;
- Establish guidelines and benchmarks for Quality Improvement practices for EMS System delivery;
- To develop and administer performance standards for Ambulance Services within the County; and
- Evaluate written proposals for amendments to this ASA Plan. Recommendations in regard to proposals will be forwarded to the Board.

The Committee will make recommendations for:

- Internal Audit and Quality Improvement Processes for Ambulance Services;
- Performance Criteria to demonstrate plan compliance for Ambulance Services;
- Improved system performance through a forum that allows public input and ASA plan review;
- Revision of standards that have been found to be not applicable for comment practice standards; and
- Interagency cooperation and building provider relationships including but not limited to the development and implementation of the medical component of the County Disaster Plan and operational guidelines for Mutual Aid.

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 provider 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 Oregon Health Authority, Public Health(OHA).

b. Complaint Review Process

Complaints regarding violation of this ASA Plan or questions involving prehospital care provided shall be submitted in writing to the Administrator. The Administrator may then forward the complaint to the Committee for its review and recommendations. The Committee may also be tasked with 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 through the Administrator.

c. 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.

d. Disaster Response

A County Resources Other Than Ambulances

Access to other resources shall be through incident command and the Marion County Emergency Operation Center (EOC).

B. Out-of-County Resources

Ambulance Services shall follow the Incident Command System (ICS) and National Incident Management System (NIMS) during any large-scale event. All resource requests shall be initiated through the command structure. PSAPs will communicate with each other to obtain out of area resources as requested through incident command.

C. Mass Casualty Incident Plan

The Mass Casualty Incident (MCI) 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 that 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 needs. Following Committee review, the Director of Emergency Management will be asked to append the changes to the medical component of the Marion C01mty 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 NIMS/ICS, as adopted by the Oregon State Fire Marshal. With each incident, command shall be established per the NIMS/ICS structure with the management positions and resources being assigned as needed throughout NIMS/ICS.

Unless inconsistent with the MCI Plan, the Simple Triage and Rapid Treatment (START) triage system will be used for Mass Casualty Incident patient triage. START is designed to integrate and work within NIMS/ICS. Each local district may have unique situations, 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 fast 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 incidents of bio-terrorism.

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.

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. 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.

Incident Command System

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

Disaster Training

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

e. Personnel and Equipment Resources

All ambulance providers will participate in and comply with the countywide incident command structure.

a. Non-transporting EMS Provider

The ASA Committee may recommend best practices for certification, equipment, standards of care, clinical protocols and patient hands-off procedures for all non-transporting EMS providers. Individual agency Medical Directors and Administration will be responsible for implementing and supervising the agency's adherence to these recommendations.

b. Hazardous Materials

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

Search and Rescue is coordinated between the Marion County Sheriff and Agencies.

d. Specialized Rescue

Appropriate resources will be determined and obtained by Incident Command.

e. Extrication

Ambulance providers shall determine a policy on extrication with first response agencies within their assigned ASA.

f. Emergency Communication and System Access

a. Telephone

All of Marion County has 9-1-1 enhanced emergency telephone access as of this revision. The three 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

Ambulance services must have reliable dispatch services capable of interoperable communication with PSAPs and first response providers within their ASA.

c. Radio System

All radios will have access to fire frequencies within their ASA.

All ambulances will have a two-way radio for HEAR contact with receiving hospitals on frequency 155.340.

All ambulances in Marion County shall have radio access to the HEAR system. In addition, all ambulances shall have radio access to any frequencies designated by Oregon Health Authority, Public Health OHA, EMS and Trauma Services for the purpose of disaster response communication by EMS providers.

d. Emergency Medical Services Dispatcher Training

Ambulance dispatchers shall have training necessary that meets Oregon State Requirements OAR 259-008-0025, 259-008-0064.

5. Provider Selection

No person shall provide emergency or non-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. Santiam Memorial Hospital Ambulance
- ASA 8. Turner Rural Fire Protection District
- ASA 9. Jefferson Rural Fire Protection District
- ASA 10. Polk County Fire District #1

Length of Assignment.

The initial term of assignment of the franchise will be for five years. An additional two assignment terms of five years each will be granted to providers who have demonstrated compliant performance during the current assignment term and who request to receive the extension. The request shall be made in writing to the Administrator not more than 180 days and not less than 120 days prior to the expiration of the franchise, or such other times as may be allowed by board order. The Administrator will recommend such term extensions to the Board for approval. There will only be one period of contested boundary renewal during each 5-year term as established by the ASA Administrator.

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 or has been delegated the task of non-emergency transport by a franchised Marion County provider in accordance with this language. The provider selection process is set forth in the Marion Code Chapter 5.20.

The Marion County Code 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. Procedure 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 an ASA

The application process for applying for an ASA is set forth in the Marion County Code Chapter 5.20.

d. Notification of Vacating an ASA

In the event that an ASA provider wishes to vacate their ASA, the provider shall provide at

least ninety (90) 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 with standards and an explanation of the standards involved. The Board will determine if other qualified providers are available for the ASA that can comply with the standards. If the Board determines no other qualified providers are available it will apply to the OHA for a variance, under ORS 682.079, from the standards so that continuous ambulance service can be maintained by the existing provider of that ASA.

Appendix 1: ASA Boundary Descriptions

Appendix 2: Response Exception Reporting

Appendix 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 extended time.

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.