

FILED

JAN 13 1989

BOOK 102 PAGE 230

JOSEPHINE VELTRI  
COUNTY CLERK

BEFORE THE BOARD OF COMMISSIONERS

FOR TILLAMOOK COUNTY, OREGON

In the Matter of Establishing Ambulance	)	
Service Areas; Setting Application Fees	)	
Assigning Ambulance Service Providers;	)	
Creating an Emergency Medical	)	ORDINANCE NO. 41
Services Advisory Council; Providing	)	
for Administration, Enforcement	)	
and Penalties; Prescribing Effective	)	
Dates; and Declaring an Emergency	)	

The Board of Commissioners for Tillamook County ordains as follows:

Section 1. Title

This ordinance shall be known as the "Tillamook County Emergency Medical Service Ordinance", and it may be cited and pleaded, and shall be cited herein as "this ordinance."

Section 2. Authority

This ordinance is enacted pursuant to ORS 823.180, 823.220 and ORS 203.035.

Section 3. Policy and Purpose

The Board of Commissioners finds:

A. That ORS 823.180 requires Tillamook County to develop and adopt a plan for the county relating to the need for and coordination of ambulance services and to establish Ambulance Service Areas consistent with the plan to provide efficient and effective ambulance services.

B. That this ordinance, which establishes Ambulance Service Areas, the methods for selecting ambulance providers for each Ambulance Service Area (ASA), and which establishes the Tillamook County Emergency Medical Services Advisory Council and Quality Assurance Committee, together with the document known as the Tillamook County Ambulance Service Area Plan (ASA Plan), attached hereto as Exhibit "A" and incorporated herein by this reference, make up the complete plan for ambulance service within Tillamook County and its incorporated cities.

Section 4. Definitions

A. For the purpose of this ordinance, words used in the present tense include the future, the singular number includes the plural, the word "shall" is mandatory and not directory, and the term "this ordinance" shall be deemed to include all amendments hereafter made to this ordinance.

B. The words and phrases in this ordinance shall have the meaning provided in ORS Chapter 823 and OAR Chapter 333, Division 28, unless specifically defined herein to have a different meaning.

C. Other specific definitions include:

Ambulance Service Area, Service Area or ASA. The geographical area in which ambulance service is provided by any person, and may include a county, two or more contiguous counties, or a portion of such county(ies).

Annual Call Volume. The number of emergency responses dispatched by the Tillamook County PSAP during the prior 12 month period.

Board. The Board of Commissioners for Tillamook County, Oregon.

Coordinator. The person designated by the Board to administer this ordinance and the duly authorized deputy or assistant of such person.

Council. The Tillamook County Emergency Medical Services Advisory Council established by this ordinance.

Emergency Medical Services Quality Assurance Committee or QA Committee. The Tillamook County Emergency Medical Services QA Committee.

Health Officer. The Tillamook County Health Officer.

Person. An individual, partnership, company, association, corporation, or any other legal entity, including any receiver, trustee, assignee or other representative.

Section 5. Exemptions

This Ordinance shall not apply to:

A. Ambulances owned by or operated under the control of the United States Government.

B. Vehicles being used to render temporary assistance in the case of a major catastrophe or emergency with which the ambulance service of the surrounding locality are unable to cope, or when directed to be used to render temporary assistance by an official at the scene of an accident.

C. Vehicles operated solely on private property within the confines of institutional grounds, whether or not the incidental crossing of any public street, road or highway through the property or grounds is involved.

D. Ambulances or vehicles transporting patients from outside the County to a health care facility within the County, or which are passing through without a destination in the County.

Section 6. Compliance

A. Upon the effective date of this ordinance, no person shall operate or allow to be operated an emergency ambulance in Tillamook County unless an Ambulance Service Area has been assigned to that person pursuant to this ordinance.

B. Upon the effective date of this ordinance, no person shall provide or allow to be provided emergency ambulance services in violation of this ordinance or the Tillamook County Ambulance Service Area Plan.

Section 7. Ambulance Service Areas

For the efficient and effective provision of ambulance services in accordance with the Tillamook County Ambulance Service Area Plan, the ambulance service areas shown on the map attached as Exhibit "B", attached hereto and incorporated herein by this reference, are hereby adopted as the Ambulance Service Areas for Tillamook County. The Board of Commissioners, by the adoption of an Order, may adjust the boundaries of the Ambulance Service Areas from time to time as necessary to provide efficient and effective ambulance services.

Section 8. Existing Ambulance Service Providers

Persons who meet the application requirements of Section 9 and who were providing service on the effective date of this ordinance shall be authorized to provide interim ambulance service for the ASA they were serving on the effective date of this ordinance and may continue providing such service until such time as the Board completes the initial provider selection process and assigns a provider for that ASA.

Section 9. Application for Ambulance Service Area

A. Any person desiring to provide ambulance services within Tillamook County shall submit an application to be assigned

an Ambulance Service Area prior to February 1, 1992. The applications shall be submitted to the Tillamook County QA Coordinator who shall review the applications, make documented findings and recommend the assignment of Ambulance Service Areas to the Board. The assignment of Ambulance Service Areas shall be made by an order of the Board.

B. An application required by subsection 9(A.) above shall include the following information:

1. The name and address of the person making the application;
2. The Ambulance Service Area the person desires to service, the location(s) from which ambulance service will be provided, and whether the level of service to be provided will be Basic Life Support (BLS) or Advanced Life Support (ALS);
3. A statement as to whether or not the provider will be subcontracting for any service to be provided. If some service will be provided by subcontract, a copy of the subcontract shall be provided;
4. A list of vehicles to be used in providing ambulance services, including the year, make and model, as well as verification that each vehicle is certified by the State of Oregon as a basic life support and/or advanced life support vehicle;
5. A list of personnel to be used in providing ambulance service and their current Oregon Emergency Medical Technician certificate number;
6. Proof of public liability insurance in the amount of not less than \$100,000 per person and \$300,000 per accident for bodily injury, and not less than \$50,000 for property damage, in the form of a certificate of insurance or letter from the carrier;
7. Sufficient additional information to allow for the review of the application in light of the review criteria established by the Tillamook County Ambulance Service Area Plan;
8. Such additional information deemed necessary by the Tillamook County Quality Assurance Coordinator or the Board of Commissioners.

C. Each application shall be reviewed for the applicant's conformity with the requirements of Oregon law for providing

ambulance services, the general and specific criteria of the Tillamook County Ambulance Service Area Plan and the need for efficient and effective ambulance services within Tillamook County.

D. The assignment of the initial Ambulance Service Areas shall be valid from the date of issuance until April 1, 1995. Thereafter, the assignment of Ambulance Service Areas may be renewed for additional three year terms commencing on the first day of April pursuant to subsection 9 E below and subject to the provisions for suspension or revocation as set forth in Section 12 below.

E. Not less than forty-five (45) days prior to the expiration of the assignment of an Ambulance Service Area (e.g. February 15, 1995 for the initial assignment), any person desiring the renewal of an assignment or a new assignment of an Ambulance Service Area shall submit an application to be assigned an Ambulance Service Area. The application shall include the information required by subsection 9 B above except that applications for renewal need only provide such information necessary to bring the original application up to date. The review of the application and assignment of the Ambulance Service Area shall be in accordance with this Section.

F. In the event that a person assigned an Ambulance Service Area discontinues service before the expiration of the assignment, the Board of Commissioners shall set a time by which applications must be submitted for reassignment of the Ambulance Service Area. The review of the application and assignment of the Ambulance Service Area shall be in accordance with this Section and the assignment shall be for the remainder of the term unless otherwise specified by the Board of Commissioners.

G. Not less than fifteen (15) days prior to any date when the applications for the assignment of an Ambulance Service Area are due, the Board shall cause notice of such application due date which shall also contain the date, time and place of a public hearing before the board to be published at least once in a newspaper of general circulation in Tillamook County.

H. At the date, time and place set forth in the notice, the Board shall conduct the public hearing for the purpose of receiving testimony and making findings on the application for an ASA.

I. Each applicant for the assignment or reassignment of an ASA shall pay a non-refundable fee at the time of filing

application, in the amount of 75¢ per call according the annual call volume within the ASA for which application is made, except ASAs of less than 51 calls where there shall be no fee.

Section 10. Application for Reassignment of Ambulance Service Area Following Provider Assignment.

In addition to the requirements contained in Section 9, any person desiring to make application to transfer or take over an ASA following completion of the initial provider selection process shall also provide the following:

A. A detailed summary of how the proposed change will improve patient care, including but not limited to ambulance response time, and the quality and level of services to the ASA. It shall include an assessment of how the proposed change will impact the existing first response system.

B. Evidence that the call volume in the ASA is sufficient to financially support the service to be provided or evidence additional funding sufficient to support the required level of service.

C. Evidence that the proposed change does not jeopardize the financial ability of other providers to serve the remaining ASAs in Tillamook County.

D. Information, in the form of run logs, medical records, physician advisory correspondence, audit reports, training records, policy and procedure manuals an equipment records and inventories, and any other records or materials requested.

Section 11. Duties of Ambulance Service Provider

Upon assignment of an Ambulance Service Area to a person in accordance with this ordinance, the person providing ambulance service:

A. Shall conduct its operations in strict compliance with all applicable State and Federal laws and regulations and the terms of this Ordinance and the Tillamook County Ambulance Service Area Plan.

B. Shall not fail or refuse to respond to an emergency call for service if the person's ambulance is available for service.

C. Shall not respond outside its assigned Ambulance Service Area except:

1. when a request for a specific ambulance service

provider is made by the person calling for the ambulance and the request does not indicate an emergency response;

2. when the ambulance service provider assigned to the Ambulance Service Area is unavailable to respond and the person is requested by the other provider or 9-1-1 dispatch to respond; or

3. when the response is for supplemental assistance or mutual aid.

D. Shall not transfer the assignment of an Ambulance Service Area without written notice to and approval of the Board of Commissioners. The written notice shall include an application for reassignment of the Ambulance Service Area submitted by the transferee.

E. Shall not voluntarily discontinue service to the assigned Ambulance Service Area without giving ninety (90) days written notice to the Board of Commissioners.

F. Shall comply with the requirements for ASA boundaries, coordination of ambulance services and standards for service. Compliance with these requirements will be determined as part of the provider selection process, the application of Quality Assurance standards and the execution of mutual aid agreements.

G. Shall comply with the standards for effective delivery of pre-hospital care at a reasonable cost to the consumer. Compliance with these requirements will be determined as part of the provider selection process.

H. Shall not permit or allow an RN to perform pre-hospital emergency care in conjunction with an ambulance or quick response team unless the RN is certified at the EMT level at which the RN wishes to perform, or the RN is currently certified in Advanced Cardiac Life Support and has completed a Prehospital or Basic Trauma Life Support course, a Pediatric Advanced Life Support course and be certified by the physician advisor for the ambulance service for which the RN wishes to perform. This subsection does not apply to emergency inter-hospital patient transport.

Section 12. Corrective Actions, Suspension or Revocation of Assignment

A. Upon a recommendation by the Tillamook County QA Coordinator or upon its own motion, the Board of Commissioners may suspend or revoke the assignment of an Ambulance Service Area upon a finding that the holder thereof has:

1. willfully violated provisions of this Ordinance, the Tillamook County Ambulance Service Area Plan or provisions of State or Federal laws and regulations; or
2. materially misrepresented facts or information given in the application for the assignment of an Ambulance Service Area or as part of the review of the performance of the service furnished by the provider.

B. In lieu of the suspension or revocation of the assignment of Ambulance Service Area, the Board may order that the violation be corrected and make the suspension or revocation contingent upon noncompliance with the order within the period of time stated therein. Notice of the Board action shall be provided to the holder of the assignment which shall specify the violation, the action necessary to correct the violation and the date by which the action must be taken. If the holder of the assignment fails to take corrective action within the time required, the Board shall notify the holder that the assignment is suspended or revoked upon receipt of the notice.

C. At such time that the QA Committee finds that there is evidence that a provider is not in compliance with minimum standards, the QA Committee may transmit its documented findings to the QA Coordinator, who shall present the findings to the Board together with the Coordinator's recommended corrective actions.

D. Upon a revocation or vacation of an assigned ASA, the Board will negotiate with adjoining providers for interim coverage of the vacated ASA until reselection and reassignment can be completed.

E. As soon as practical, the Board shall advertise the ASA vacancy and request proposals under the application procedures contained in Section 10 of this ordinance.

### Section 13. Appeal

A person receiving a notice of the assignment, denial, suspension, revocation or contingent suspension of an Ambulance Service Area may request a hearing before the Board of Commissioners by filing with the Board of Commissioners a written request for hearing within fourteen (14) days of the decision, setting forth the reasons for the hearing and the issues proposed to be reviewed. The filing of a hearing request shall stay the action pending the hearing and final determination by the Board of Commissioners unless the Board of Commissioners makes a written finding that prompt implementation of the decision is required due to an immediate hazard to the public safety. The Board of Commissioners shall set a time and place for a hearing



which shall be de novo on the record or a full de novo hearing, as determined by the Board. Within fourteen (14) days after the conclusion of the hearing, the Board shall affirm, reverse or modify its original decision.

Section 14. Emergency Medical Services Advisory Council

A. There is hereby created a Tillamook County Emergency Medical Services Advisory Council, the membership of which is set forth in the Tillamook County ASA Plan. The members shall be appointed by the Board of Commissioners for two (2) year terms. The Council shall choose its own chairperson and adopt rules of procedure specifying a quorum, meeting times and other procedural matters.

B. The Council shall have the following powers, duties and responsibilities:

1. Advise the Board and QA Committee on all matters relating to pre-hospital emergency medical care;
2. Review and comment to the Board on all proposed changes or amendments to the ASA plan;
3. Annually review and update the ASA plan;
4. Plan, assist and coordinate programs for the improvement of EMS throughout Tillamook County;
5. Advise the Board as to the standards for information required of applicants for ASAs;
6. Provide an open forum for pre-hospital care providers and the consumers representative to discuss pre-hospital care;
7. Foster cooperation among pre-hospital care providers;
8. Serve as the EMS Curriculum Advisory Committee to the Tillamook Bay Community College.

Section 15. Emergency Medical Services Quality Assurance Committee

A. There is hereby created a Tillamook County Emergency Medical Services Quality Assurance (QA) Committee. The membership and terms of office are set forth in the Tillamook County ASA Plan.

B. The QA Committee shall develop and implement a quality assurance program to ensure compliance with the Tillamook County ASA Plan. As part of this program, the QA Committee shall develop and promulgate Quality Assurance Standards

for adoption by the Board of Commissioners as a part of the ASA Plan.

C. The QA Committee shall also have the authority and duties set forth in the Tillamook County ASA Plan.

Section 16. Initial Responder

A. Nothing in this Ordinance prohibits a 9-1-1 agency responsible for the dispatching of emergency services from dispatching an initial responder to the scene of a medical emergency in addition to dispatching an ambulance service provider. Such initial response shall only be in accordance with this Section.

B. The initial responder shall be a municipal corporation or a special district within Tillamook County that provides emergency services within its jurisdiction and requests to be dispatched to medical emergencies.

C. Upon the arrival of the ambulance service provider at the location of the medical emergency, the ambulance service provider shall be responsible for, the continuation of emergency medical services.

Section 17. Right of First Refusal on Inter-Hospital Emergency Transports

The Board finds and declares as follows:

A. Whenever any patient is transported to a medical facility by an ambulance service other than the provider for the ASA within which the medical facility is located, and it then becomes necessary for further emergency transport of that patient to another medical facility, such further transport is hereby declared to be a continuation of the original transport.

B. All persons providing ambulance service under a Tillamook County ASA shall permit a right of first refusal to the originating ambulance service for further transport of any patient as described in Section 17 above, provided that the originating ambulance service is able to provide the appropriate level of care in the continuation of transport.

C. Any such continuation of transport shall not incur additional billing of a new base rate.

Section 18. Regulation of Non-Emergency Transfers

The Board finds and declares:

A. In order to insure the delivery of effective and efficient pre-hospital care at reasonable rates within certain

ASAs, it is necessary to regulate non-emergency ambulance services; and

B. In those ASAs where the income from ambulance service, as defined by the formula for financial soundness contained in the ASA plan (X x Y x Z), is less than 5% above the cost of operation (A x B), the ASA applicant may apply for and receive the exclusive right to non-emergency transports within the ASA for which application is made.

C. Nothing in this section is intended to negate the right of any patient to request and receive a non-emergency transfer by an ambulance service of the patient's choosing.

#### Section 19. Penalties

A. Any person who violates any of the provisions of this Ordinance is guilty of a violation. Failure from day to day to comply with the terms of this Ordinance shall be a separate offense for each such day. Failure to comply with any provision of this Ordinance shall be a separate offense for each such provision.

B. Violations of the provisions of this Ordinance are punishable, upon conviction by a fine of not more than Five Hundred (\$500) Dollars for a non-continuing offense, i.e., an offense not spanning two (2) or more calendar days. In the case of a continuing offense, i.e., an offense which spans two (2) or more consecutive calendar days, violation of the provisions of this Ordinance is punishable by a fine of not more than Five Hundred (\$500) Dollars per day up to the maximum of One Thousand (\$1,000) Dollars as provided by law.

#### Section 20. Nuisance

In addition to penalties provided by Section 19, violation of any of the provisions of this Ordinance is declared to be a nuisance and may be regarded as such in all actions, suits and proceedings unless the Ordinance is declared invalid by a Court of competent jurisdiction. Pursuant to ORS 823.180(5), this Ordinance shall be enforceable by the Health Division of the State of Oregon, Department of Human Resources in a proceeding in Circuit Court for equitable relief.

#### Section 21. Repeal of Inconsistent Ordinances

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

#### Section 22. Severance Clause

If any section, subsection, provision, clause or paragraph of this Ordinance shall be adjudged or declared by any court of competent jurisdiction to be unconstitutional or invalid, such

judgment shall no affect the validity of the remaining portions of this Ordinance; and it is hereby expressly declared that every other section, subsection, provision, clause or paragraph of this Ordinance enacted, irrespective of the enactment or validity of the portion thereof declared to be unconstitutional or invalid, is valid.

Section 23. Declaration of Emergency

The Board of Commissioners finds:

A. That OAR 333-28-105 requires that each county submit and implement a State Health Division approved ground ambulance service plan by June 30, 1988; and

B. That there is an immediate need for coordination of ambulance services in order to provide efficient and effective ambulance service; and

C. That failure to provide for immediate coordination of ambulance services may result in diminished patient care and County liability for such failure; and

D. That in order to provide efficient and effective ambulance service in Tillamook County and thereby preserve the health, safety and welfare of the residents and visitors of the County, an emergency is hereby declared to exist and the terms and provisions of this ordinance shall become effective upon enactment of this ordinance.

Adopted the 28<sup>th</sup> day of December, 1988.

THE BOARD OF COMMISSIONERS  
FOR TILLAMOOK COUNTY, OREGON

Gerald J. Creasy  
Gerald J. Creasy, Chairman

John F. Loftis  
John F. Loftis, Vice-Chairman

APPROVED AS TO FORM:

Neal C. Lemery  
Neal C. Lemery, County Counsel

Dean J. Kinkade  
Dean J. Kinkade, Commissioner

EXHIBIT "A"

TILLAMOOK COUNTY  
AMBULANCE SERVICE AREA PLAN

PREPARED BY

TILLAMOOK COUNTY ASA PLANNING COMMITTEE

Dan Arthur, R.N.  
Ray Ferguson  
Bill Pollard  
Stan Sheldon  
Anne Robinson, M.D.  
Virginia Somerville

PAUL A. LEVESQUE  
TILLAMOOK COUNTY ASA PLANNING COORDINATOR

LETTER OF SUBMITTAL:

DATE

Doug Lee, ASA Program Coordinator  
Emergency Medical Service Section  
Oregon State Health Division  
Department of Human Resources  
1400 SW 5th Avenue  
Portland OR 97201

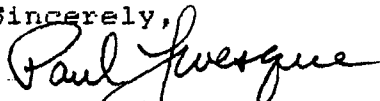
Dear Doug:

Purauant to OSHD Adminiistrative Rule 333-28-105(1), as authorized by  
ORS 823.180, attached please find Tillamook County's Ambulance  
Service Area Plan.

I would like to acknowledge your assistance and cooperation in the  
development of this plan.

Hope to hear from you soon.

Sincerely,



Paul A. Levesque, ASA Coordinator  
Tillamook County

DEFINITIONS (333-28-100):

1. "Administrative Rules" means the rules adopted by the Oregon State Health Division relating to emergency medical services.
2. "Advanced Life Support Services" (ALS) means prehospital and interhospital emergency care which encompasses, in addition to basic life support functions, cardiac monitoring; cardiac defibrillation; administration of antiarrhythmic agents; intravenous therapy; administration of medications, drugs and solutions; use of adjunctive medical devices and other techniques and procedures as identified by law and administrative rules adopted by the State Health Division and the Board of Medical Examiners.
3. "Advanced Life Support Units" means those units licensed as such by the Emergency Medical Services Section of the Oregon State Health Division and staffed by an Oregon-certified Emergency Medical Technician III or IV.
4. "Ambulance" means any privately or publicly owned motor vehicle, aircraft or marinecraft that is regularly provided or offered to be provided for the regular emergency and non-emergency transportation of persons suffering from illness, injury or disability, including any unit registered with the Emergency Medical Services Section of the Oregon State Health Division as a basic life support or advanced life support ambulance. This plan applies only to ground ambulances.
5. "Ambulance Service" means any person, as hereinafter defined, who operates an ambulance which is either stationed within or without the County and dispatched from within or without the County to pick up and transport patients within the County; provided, however, that the provisions of this plan shall not apply to any ambulance which shall pass through the County in the delivery of patients picked up at points beyond the limits of the unincorporated areas of the County.
6. "Ambulance Service Area" (ASA) means a geographical area which is served by one ambulance service, and may include a county, two or more contiguous counties, or a portion of such county(ies).
7. "Ambulance Service Area Plan" means a plan which describes the need for and coordination of ambulance services and establishes ambulance service areas.
8. "Basic Life Support Units" means those units staffed by an Oregon-certified Emergency Medical Technician I, II or IID.
9. "Board" means the Board of Commissioners for Tillamook County, Oregon.
10. "BME" means the Oregon State Board of Medical Examiners.

11. "Communications System" means two-way radio communications between ambulances, dispatchers, hospitals and other agencies as needed.
12. "Coordinator" means the person designated by the Board to coordinate the implementation and administration of the EMS Ordinance and the County's ASA Plan.
13. "Council" means the Emergency Medical Services Advisory Council established by the EMS Ordinance.
14. "Disaster", also known as "Mass Casualty Incident", means any incident involving five (5) or more patients or two or more ALS patients requiring transport to a hospital.
15. "Emergency" means any non-hospital occurrence or situation involving illness, injury or disability requiring immediate medical or psychiatric services.
16. "Emergency Medical Services" (EMS) means those prehospital functions and services which are required to prepare for and respond to emergencies, including rescue, ambulance, treatment, communications, evaluation and public education.
17. "Emergency Medical Technician I" (EMT I) means a person certified by the Oregon State Health Division to attend any ill, injured or disabled person in connection with his/her transportation by ambulance and in accordance with ORS 820.310, 820.330, 820.350 and 823.010 thru 823.990.
18. "Emergency Medical Technician II" (EMT II) means a person certified as such by the BME as defined in ORS 677.610.
19. "Emergency Medical Technician IID" (EMT IID) means a person certified as such by the BME as defined in ORS 677.610.
20. "Emergency Medical Technician III" (EMT III) means a person certified as such by the BME as defined in ORS 677.610.
21. "Emergency Medical Technician IV" (EMT IV) means a person certified as such by the BME as defined in ORS 677.610.
22. "Employee" means an employee, agent or driver employed by a licensee.
23. "First Responder" means that person first on the scene of an emergency that is able to recognize the emergency, activate the EMS system and render emergency aid.
24. "Gross Response Time" means the notification time added to the response time.
25. "Health Officer" means the Tillamook County Health officer.



26. "License" means the document issued by the Oregon State Health Division to the owner of an ambulance when the vehicle is found to be in compliance with ORS 823.010 thru 823.990 and OAR 333-28-000 thru 333-28-130.
27. "Medical Advice" means medically related instruction, direction, advice and professional support given to an EMT via radio or telephone communications by physicians certified to State Trauma Advisory Board Standards at a medical resource hospital having the capability to provide verbal advice to EMTs at the scene of an emergency.
28. "Medical QA Committee" means the Emergency Medical Services Quality Assurance Committee as established by the Tillamook County EMS Ordinance.
29. "Medical Resource Hospital" means a medical facility having the capability to provide medical advice to EMTs at the scene of an emergency.
30. "Notification Time" means the length of time between the dispatch center's receipt of the request for the ambulance and the notification of the ambulance crew.
31. "Patient" means an individual who, as a result of illness, disability or injury, needs immediate medical attention.
32. "Person" means an individual, partnership, company, association, corporation, or any other legal entity, including any receiver, trustee, assignee or similar representative.
33. "R.N." means a licensed registered nurse in good standing with the Board of Nursing of the State of Oregon.
34. "Response Time" means the length of time between notification of the ambulance crew and the arrival of the ambulance at the incident scene.
35. "Scope of Practice" means the maximum functions that may be assigned to a certified Emergency Medical Technician II, IID, III or IV as defined by OAR Chapter 847, Division 35.
36. "Standing Orders" means the written detailed procedures for medical or trauma emergencies to be performed by an EMT II, IID, III or IV issued by the supervising physician commensurate with the scope of practice and level of certification of the EMT.
37. "Supervising Physician" means a medical or osteopathic physician licensed under ORS 677, actively registered and in good standing with the BME, and approved by the BME to direct medical services provided by an EMT II, IID, III or IV.

38. "Oregon State Health Division" (OSHD) means the Health Division of the Department of Human Resources of the State of Oregon, or its successor.
39. "Total Elapsed Incident Time" means the time from the recognition of the emergency until the arrival of the ambulance at the emergency scene.
40. "Vehicle" means an ambulance or fire department rescue unit which is used in the provision of emergency medical services, but does not include a fire engine or ladder truck.

#### ASA BOUNDARIES - 333-28-115(2)

All of Tillamook County is covered by an ASA. The intent of boundary definitions is to limit the effects of artificial and geographic barriers or response times, recognizing that response patterns will change due to local conditions such as road closures and weather. Tillamook County has many natural response barriers, including roads, bays, rivers, and large roadless areas, which were considered when designating ASAs. In addition, boundaries such as highways, nomenclature of county and city address systems, and county and telephone service areas also impacted the ASA designations. The current ASA Boundaries are as follows:

##### Medix Ambulance

Those portions of the community of Falcon Cove, located in the extreme Northwest corner of Tillamook County, that lie within the County, as well as those Sections of Township 3 North and Range 6 West lying within Tillamook County.

##### Nehalem Bay Ambulance

Those portions of Tillamook County bounded as follows: North on Hwy. 101 to Tillamook/Clatsop county line, just North of Oswald West State Park at approximately MP 36-37; Northeast on Hwy. 53 to the Tillamook/Clatsop county line, at approximately MP 8.5 (MP on Hwy. 53 run from MP 18 at Hwy. 101 junction to MP 0 at Hwy. 26 junction; South on Hwy. 101 to MP 247, approximately halfway between Brighton Moorage and Jetty Fishery; South from Hwy. 53 on Miami-Foley Rd. to MP 9, last residence in this ASA is 3-115; East boundary is the Tillamook/Washington county line.

##### Garibaldi Ambulance

Those portions of Tillamook County bounded as follows: North on Hwy. 101 to MP 247, approximately halfway between Brighton Moorage and Jetty Fishery; North on Miami-Foley Rd. to MP 9, last residence in this ASA is 29805; South on Hwy. 101 to Tillamook Avenue in Bay City, including the North side of the street (even numbers).

##### Tillamook Ambulance

North on Hwy. 101 to Tillamook Avenue in Bay City, including the South side of the street (odd numbers); South on Hwy. 101 to Sandlake Junction, approximately MP 77; West on Hwy 131 including all of Netarts, Oceanside and Cape Meares; South on Whiskey Creek Rd. to the

crest of Cape Lookout Road South of Cape Lookout State Park; East on Hwy 6 (Wilson River Hwy.) to Tillamook/Washington county line, approximately MP 33.

Nestucca Valley Ambulance

North on Hwy. 101 to Sandlake Junction, approximately MP 77; South on Hwy. 101 to Little Nestucca River Rd., approximately MP 91.5-92; East on Upper Nestucca River Rd. (Blaine Rd.) to Tillamook/Yamhill county line; East on Little Nestucca River Rd. to Dolph Junction; Southeast on Hwy. 22 to Tillamook/Yamhill county line, approximately MP 10.5, just East of Dolph Junction; West on Sandlake Rd. from Hwy. 101 to MP 1, up to and including residence #17000; West on Old Woods Rd. from Cloverdale to residence #9000 & higher (high #s start in Cloverdale beginning with 13505).

Pacific City-Woods Ambulance

Sandlake Rd. West from MP 1, starting with 17001 and higher; North on Cape Lookout Rd. to the Crest, just South of Cape Lookout State Park; South on Hwy. 101 from MP 91.5-92/Little Nestucca River Rd. junction to MP 99; Slab Creek Rd. from the junction of Hwy. 101 to the Neskowin Creek Campground. This area includes Meda Loop off of Hwy. 101 and Little Nestucca River Rd.; East on Old Woods Rd. up to and including residence #8999 at approx. MP 2; All of Resort Drive and Brooten Rd. West of Hwy. 101.

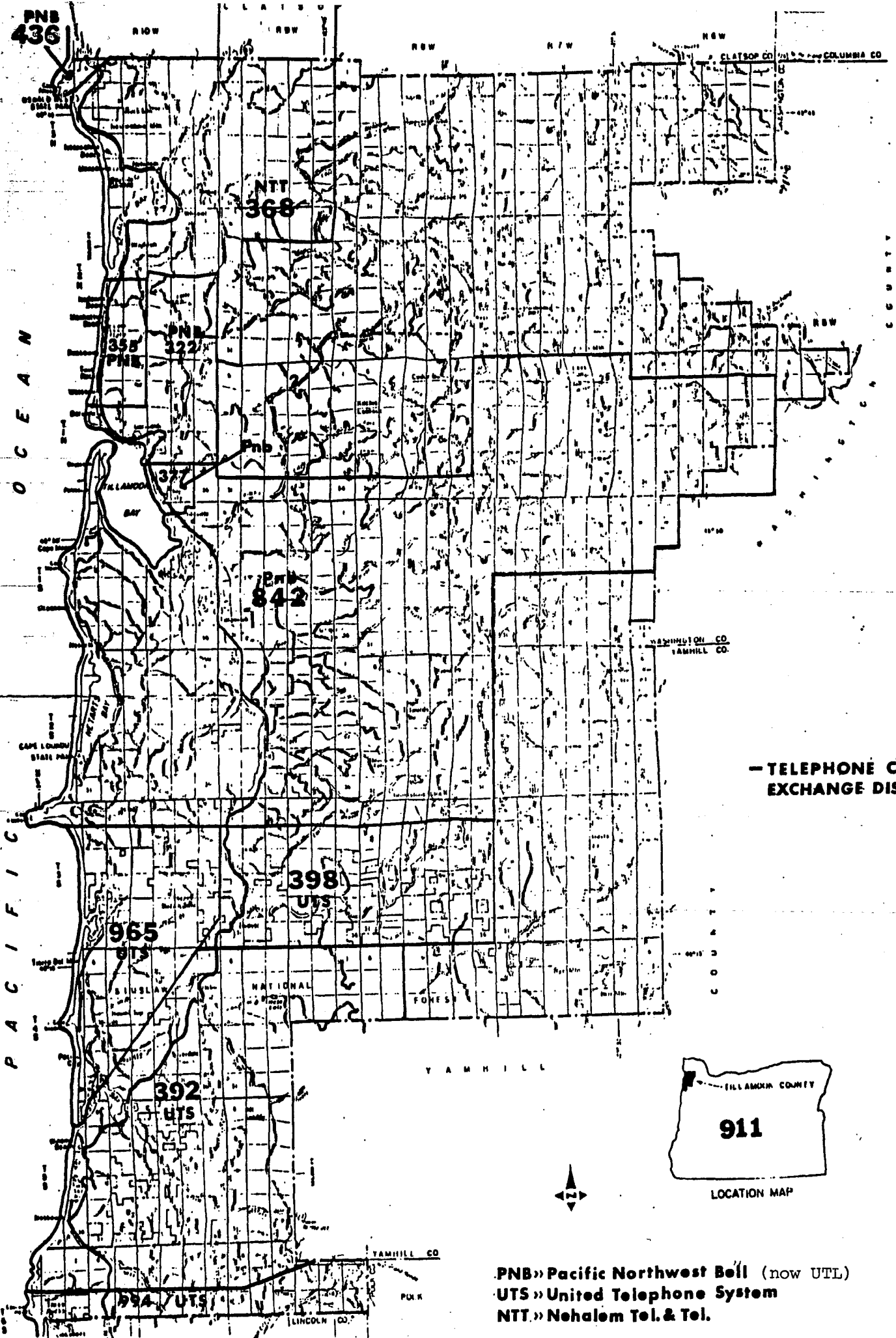
Lincoln City Ambulance

Hwy. 101 South from MP 99 to the Tillamook/Lincoln county line; Slab Creek Rd. South from the Neskowin Campground to the Tillamook/Lincoln County line; those portions of Sections 1, 2 and 3 of T6SR9W that lie within Tillamook County; Sections 7-18 of T6SR9W; those portions of T6SR10W, Section 6 that are accessed from Hwy. 101 South of MP 99; Sections 7, 8, and 12-18 of T6SR10W; and Sections 1-3 and 10-15 of T6SR11W.

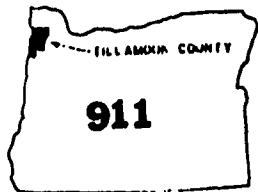
9-1-1 BOUNDARIES - 333-28-115(3)

"9-1-1" boundaries can be described as encompassing all of Tillamook County. The entire County is served by 9-1-1 as of September 30, 1986. The community of Falcon Cove, located in the extreme Northwest corner of the County, is served by the Seaside Public Safety Answering Point (PSAP). The community of Three Rocks, located in the extreme Southwest corner of the County, is served by the Lincoln City PSAP. The rest of the County is served by the Tillamook County 9-1-1 Center.

Reference: 9-1-1 map (Page 8)



— TELEPHONE CO.  
EXCHANGE DIST.



LOCATION MAP

PNB» Pacific Northwest Bell (now UTL)  
 UTS» United Telephone System  
 NTT» Nehalem Tel. & Tel.

"Fire District and incorporated city boundaries" are on file with the Tillamook County Clerk; legal descriptions are available on request.

Fire Districts on file:

1. Nestucca Rural Fire Protection District
2. Netarts Rural Fire Protection District
3. Oceanside Rural Fire Protection District
4. Tillamook Rural Fire Protection District
5. Garibaldi Rural Fire Protection District
6. Nedonna Rural Fire Protection District
7. Nehalem Rural Fire Protection District
8. Neahkahnie Water District
9. Twin Rocks Water District

Cities and Municipalities on file:

1. Tillamook, City of
2. Bay City, City of
3. Garibaldi, City of
4. Rockaway Beach, City of
5. Wheeler, City of
6. Nehalem, City of
7. Manzanita, City of

Reference: Map of Tillamook District, Northwest Oregon Area, Oregon Department of Forestry, 1988 edition. (on file with the Tillamook County Office of Emergency Management)

STANDARDS - 333-28-120

Levels of Response:

Medix Ambulance ASA - first responders, BLS Quick Response Team, ALS ambulance

Nehalem Bay Medics ASA - first responders, BLS Quick Response Team, ALS ambulance

Garibaldi Ambulance ASA - first responders, BLS Quick Response Team, BLS Ambulance, ALS Ambulance

Tillamook ASA - first responders, BLS Quick Response Team, BLS Ambulance, ALS Ambulance

Nestucca Valley Ambulance ASA - first responders, BLS Quick Response Team, BLS Ambulance, ALS ambulance on call (from Tillamook or Lincoln City)

Pacific City-Woods ASA - first responders, BLS Quick Response Team, BLS Ambulance, ALS ambulance on call (from Tillamook or Lincoln City)

Lincoln City Ambulance ASA - first responders, BLS fire/rescue, ALS ambulance

**Level of Care:**

The OSHD, Emergency Medical Services Section, shall have on file the current status of the levels of care (ALS/BLS) in the license files of the ambulance services serving Tillamook County. All levels of care will meet the requirements of ORS 823.990, and ORS 677.610 through 677.700.

**Staffing:**

The OSHD, Emergency Medical Services Section, shall have on file the current lists of personnel and their certification levels in the license files of the ambulance services serving Tillamook County.

**Patient Care Equipment:**

The OSHD, Emergency Medical Services Section, shall have on file the current inventory of equipment required for BLS and ALS ambulance services serving Tillamook County.

**Vehicles:**

The OSHD, Emergency Medical Services Section, shall have on file the descriptions of all emergency patient transport vehicles (ambulances) currently utilized by Tillamook County ambulance services or all services applicable to this plan as required.

**Training:**

All initial and continuing training for all ambulance personnel serving a Tillamook County ASA shall comply with all administrative rules pertaining to training.

Standards for initial training of EMT Ia employed within Tillamook County are contained in OAR 333-28-030; those for continuing education of EMT Ia are contained in OAR 333-28-045.

Standards for initial training of EMT IIa, IIDa, IIIa and IVa employed within Tillamook county are contained in OAR 847-35-010; those for continuing educations of EMT IIs, IIDs, IIIs and IVs are contained in OAR 847-35-040.

**Ambulance Notification and Response Times:**

A. Ambulance notifications are made by alerting crews as follows:

1. Medix Ambulance - call transfer from Public Safety Answering Point (PSAP) to ambulance dispatcher; radio encoding of pagers.
2. Nehalem Bay Medics - direct radio encoding of pager by PSAP.
3. Garibaldi Ambulance - direct radio encoding of pager by PSAP.

4. Tillamook Hospital Medics - direct radio encoding of pager by PSAP.
5. Nestucca Valley Ambulance - phone call with simultaneous direct radio encoding of pagers by PSAP.
6. Pacific City-Woods Ambulance - phone call followed by direct radio encoding of pagers by PSAP.
7. Lincoln City Ambulance - phone call from Tillamook County PSAP to Lincoln City PSAP; direct radio encoding of pager by Lincoln City PSAP.
8. Calls received by the Tillamook County 9-1-1 Communications Center requiring the response of ambulances from Clatsop, Washington, Yamhill, Polk or Lincoln counties are dispatched as follows: The Tillamook County 9-1-1 Center dispatches Tillamook County units, as appropriate, then telephones the appropriate PSAP with the request for an ambulance.
9. The following Quick Response Teams (QRTs) are notified by direct radio encoding of pagers by their respective PSAPs according to the current dispatch protocols used by the PSAPs:
  - a. Cannon Beach RFPD - Arch Cape
  - b. Elsie-Vinemapple RFPD
  - c. Manzanita Fire Dept.
  - d. Bay City Fire Dept.
  - e. Tillamook Fire Dept.
  - f. Oceanside RFPD
  - g. Netarts RFPD
  - h. Nestucca RFPD - Blaine
  - i. Nestucca RFPD - Beaver
  - j. Nestucca RFPD - Neskowin
  - k. Nestucca RFPD - Sandlake
  - l. Nestucca RFPD - Pacific City
  - m. Devils Lake RFPD - Rose Lodge
  - n. Devils Lake RFPD - Otis

**B. Ambulance Dispatch Protocols (T-COM Protocols)**

**4.00.00 AMBULANCE GUIDELINES**

**4.01.00 AMBULANCE DISPATCHING PROCEDURES**

**4.01.01 RECEIVING TELEPHONE REQUESTS FOR AMBULANCE SERVICE**

Most of the requests for ambulance service will be received via 9-1-1.

**4.01.02 AMBULANCE DISPATCH FOR ASSISTANCE AT FIRES**

An ambulance will be sent on all fire and police calls involving the following:

1. Heart Attack
2. Injury accidents
3. Attempted suicide
4. Injuries or Burns
5. When requested by any agency involved
6. Fire Mutual Aid - 2nd or greater alarm

**4.02.00 AMBULANCE CALLS FOR TRANSPORT**

Calls received via 9-1-1 for a non-emergency transport will be referred to the appropriate ambulance agency. **IMPORTANT:** An individual has the right to request response from a particular

ambulance agency. These requests shall be honored on any non-emergency request.



4.10.00 EMERGENCY AMBULANCE CALL - TILLAMOOK HOSPITAL AMBULANCE  
The call will be dispatched via the ambulance frequency -

MED 9.

1. Record the following on the Call Intake Card:
  - A. Nature of Problem - extent of injuries
  - B. Number of injured
  - C. Location - Obtain cross street/directions to scene.
  - D. Name of person calling and number they are calling from.
2. Dispatch Duty Crew
  - A. Press button on Med frequency.
  - B. Ascertain that channel is clear.
  - C. Pre-alert tone; Preannounce once.
  - D. Activate appropriate tone.
  - E. Announce nature, location, and cross street or location.
  - F. Repeat E.
  - G. Give Time and Call Sign.
  - H. Ambulance will go enroute on radio, stating unit number, nature of call and location of call.
  - I. T-COM will acknowledge, giving additional information, if any, and correcting anything incorrect, as necessary.
  - J. T-COM will record the following times on the Radio Log:
    - 1). Time call received
    - 2). Time crew paged
    - 3). Time enroute
    - 4). Time of arrival at scene
    - 5). Time of departure for hospital
    - 6). Time of arrival at hospital
    - 7). Time unit available for next call

EXAMPLE:

T-COM: (Tone) Preannounce once.

T-COM: "Station 75. Respond to a possible heart attack at the Shopping Guide, 1315 Third Street, cross street Douglas. (repeat message) (time) KDU387."

7542: "7542 responding to a possible heart attack at the Shopping guide, 1315 Third Street, cross street Douglas."

T-COM: "(time) KDU387"

7542: "7542"

4.10.01 TILLAMOOK HOSPITAL UNIT NUMBERS

1. 7541
2. 7542
3. 7543
4. 7544

4.10.02 ALERTING BACKUP CREW (If outside Tillamook city limits or if requested by responding unit, or if backup crew is required for a transfer or to respond to scene of initial call)

EXAMPLE: T-COM: "(Tone) Backup crew, please report to the hospital (or \_\_\_\_\_) for backup (or transfer or \_\_\_\_\_). (REPEAT MESSAGE) (time) KDU387."

The backup crew should respond to the hospital ambulance quarters to prepare for a second call, respond to assist the first crew, or assist in the Emergency Room. When they arrive they should call T-COM via non-emergency line to advise that the second ambulance is staffed and ready for response.

4.10.03 BACKUP CREW ASSIGNMENTS

4.20.00 QUICK RESPONSE TEAM (QRT) CALLS

In areas served by QRTs responding ambulances may request their dispatch, should they deem it desirable.

4.20.01 DISPATCH OF QRT

1. Proceed as per 3.01.01-5-A-6).
2. Dispatch as a "Medical Emergency."
3. Advise QRT of unit number of responding ambulance.

4.20.02 NESTUCCA RESCUE RESPONSE

Nestucca Rescue will be automatically dispatched on the following types of calls:

1. Injury accidents within the Nestucca RFPD.
2. Any ambulance call at Sandlake recreation area.
3. Medical calls within the Nestucca RFPD.

4.30.00 EMERGENCY AMBULANCE CALLS - OTHER AMBULANCE PROVIDERS

4.30.10 DISPATCH OF GARIBALDI AMBULANCE

For Garibaldi Ambulance use the following procedure:

1. Obtain sufficient information to fill out Call Intake Card.
2. Press button on Fire 1 channel.
3. Listen to be sure that channel is clear.
4. Pre-alert tone; Preannounce once.
5. Activate appropriate tone.
6. Give Nature of call.
7. Give location of call, including cross street or directions.
8. Repeat 6 & 7.
9. Give time and call sign.
10. Ambulance will come on air stating unit number, nature and location of call.
11. T-COM will acknowledge with time and call sign, correcting information, if necessary, and giving additional information as appropriate.

EXAMPLE:

T-COM: Preannounce twice.

T-COM: "(tone) Garibaldi Station 31. Respond to a possible heart attack at 225 Third Street, Garibaldi. 2nd house from Ivy on the right. (Repeat).

225 3141: "3141 responding to a possible heart attack at Third Street, Garibaldi, 2nd house from Ivy on the right."

T-COM: "3141 responding at (time), WYV312."

4.30.20 DISPATCH OF PACIFIC CITY-WOODS AMBULANCE

All medical calls for Pacific City-Woods Ambulance, this includes medical and MVA, are to be done this way.

1. Call PC-Woods Ambulance by 9-1-1 phone using speed dial 2-

051, and complete call info to ambulance crew.

2. Select fire freq. and pre-announce for BOTH PC-Woods Ambulance and Nestucca Rescue.
3. Set off tones for BOTH PC-Woods Ambulance and Nestucca Fire.
4. Double announce information.

On MVA, make sure you use multi-select and bring up sheriff and OSP freq. if needed. On ALS, make sure you use multi-select and bring up EMS if its in Tillamook's area.

ON MVA AND ALS MAKE SURE YOU PRE-ANNOUNCE FOR 200 CARS AND STATION 75, TILLAMOOK AMBULANCE.

ALSO ON ANY ALS CALL THAT REQUIRES LINCOLN CITY AMBULANCE'S ALS RESPONSE, PLEASE SAY ON YOUR PRE-ANNOUNCE AND ANNOUNCEMENTS "FOR LINCOLN CITY ALS."

EXAMPLE: (Pre-announce medical call in Neskowin)

"For PC-Woods Ambulance, Nestucca Rescue and Lincoln City ALS, heart call at 43567 Yamhill Dr., Neskowin." (REPEAT)

DON'T FORGET - YOU STILL NEED TO FOLLOW UP LINCOLN CITY ALS WITH A PHONE CALL TO LINCOLN CITY 9-1-1 (994-3636) OR USE THE SYNTOR AND CALL STATION 50 ON CHANNEL 12.

Also remember, Nestucca Valley and PC-Woods Ambulance are NOT the same and the protocols are not the same.

#### 4.30.25 DISPATCH OF NESTUCCA VALLEY AMBULANCE

For Nestucca Valley Ambulance use the following procedure:

All medical calls for Nestucca Valley Ambulance, this includes medical and MVA, are to be done this way.

1. Select up fire freq.
2. Call Nestucca Valley Ambulance by 9-1-1 phone using speed dial 2-057, and complete call.
3. Pre-announce for Nestucca Valley Ambulance and Nestucca Rescue while talking on the phone to the ambulance crews.
4. Activate tones for Nestucca Valley Ambulance which is also the Nestucca Fire.

On MVA, make sure you use multi-select and bring up sheriff and OSP freq. if needed. On ALS, make sure you use multi-select and bring up EMS if its in Tillamook's area.

ON MVA AND ALS MAKE SURE YOU PRE-ANNOUNCE FOR 200 CARS AND STATION 75, TILLAMOOK AMBULANCE.

ALSO ON ANY ALS CALL THAT REQUIRES LINCOLN CITY AMBULANCE'S ALS RESPONSE, PLEASE SAY ON YOUR PRE-ANNOUNCE AND ANNOUNCEMENTS "FOR LINCOLN CITY ALS."

EXAMPLE: (Pre-announce medical call in Cloverdale)

"For Nestucca Valley Ambulance, Nestucca Rescue and Lincoln City ALS, heart call at Nestucca High School gym, Cloverdale." (REPEAT)

DON'T FORGET - YOU STILL NEED TO FOLLOW UP LINCOLN CITY ALS WITH A PHONE CALL TO LINCOLN CITY 9-1-1 (994-3636) OR USE THE SYNTOR AND CALL STATION 50 ON CHANNEL 12.

Also remember, Nestucca Valley and PC-Woods Ambulance are NOT the same and the protocols are not the same.

#### 4.30.30 DISPATCH OF NEHALEM BAY MEDICS

1. Obtain sufficient information to fill out Call Intake Card.
2. Secure as much information as possible as to the exact nature of the call, including the caller's last name and the phone number they are calling from.

3. Be sure the address is correct and exact. Repeat it back to the caller. Be sure you have both number and street, not just a business or family name. If the call is at a trailer park or campground get the space number. If at an apartment or motel building complex, get unit number, building name or number and name of apartment or motel complex. If the address is unknown try to get a name or description of a prominent landmark. If the caller is not at the exact location of the emergency, obtain caller's name, location calling from, and number calling from. Fill out a Call Intake Card for an emergency call.
4. After the information has been entered on a Call Intake Card, dispatch the call as follows:
  - A. If a house number and street name have been given:
    - 1) select the proper street name in the alphabetical street index on computer data base.
    - 2) determine the location of the particular street, nearest cross-street and determine the proper response.
    - 3) Activate pre-alert tones on Fire Freq. 2.
    - 4) Preannounce once on Fire Freq. 2.
    - 5) Manual Entry page code of 1140 and activate.
    - 6) KZC492 is the call sign to be used when using this phone/radio patch.

#### 4.30.40 NON-EMERGENCY MEDICAL TRANSPORTS

For Nehalem, Tillamook, Pacific City-Woods, & Nestucca Valley Ambulances:

When call is received a call intake is to be filled out and the call to be handled in the same manner as all other medical calls as outlined in the procedure manual.

For Garibaldi Ambulance:

1. When the call is received a call intake is to be filled out.
2. Page Chief Sheldon(3150), pager code 1451, to call dispatch for non-emergency transport information.
3. If you get no answer from Chief Sheldon, page the Garibaldi Fire Dept. officers, pager code 1431, to call dispatch for non-emergency transport information.
4. When either Chief Sheldon or one of the officers call dispatch, the transport information is to be relayed as received.

B. Response Times (as recorded on run sheets): (The monitoring process for response times is described in the Quality Assurance Program section of this plan.)

1. Medix Ambulance - average response time to Falcon Cove 18 minutes; Hwy 26 30 minutes.
2. Nehalem Bay Medica - average response time 6.1 minutes.
3. Garibaldi Ambulance - average response time 6.3 minutes.

4. Tillamook Hospital Medics - average response time 7.1 minutes.
5. Nestucca Valley Ambulance - average response time 14.2 minutes.
6. Pacific City - Woods Ambulance - average response time 14.2 minutes.
7. Lincoln City Ambulance - average response time 11.0 minutes.

Response Time Standards: (See diagram - Page 17)

It is the goal of this plan that 80% of BLS Gross Response Times be 4 minutes or less.

It is the goal of this plan that 80% of ALS Gross Response Times be 8 minutes or less, based upon BLS being on the scene in 4 minutes or less 80% of Gross Response Times.

**Financial Soundness:**

An ASA provider is required to be financially stable. In order to ensure financial stability, each ASA provider shall provide documentation to the Board that they have a means to establish reasonable rates to support the required level of service to be provided or that they have alternate funding sources sufficient to support the required level of care to be provided.

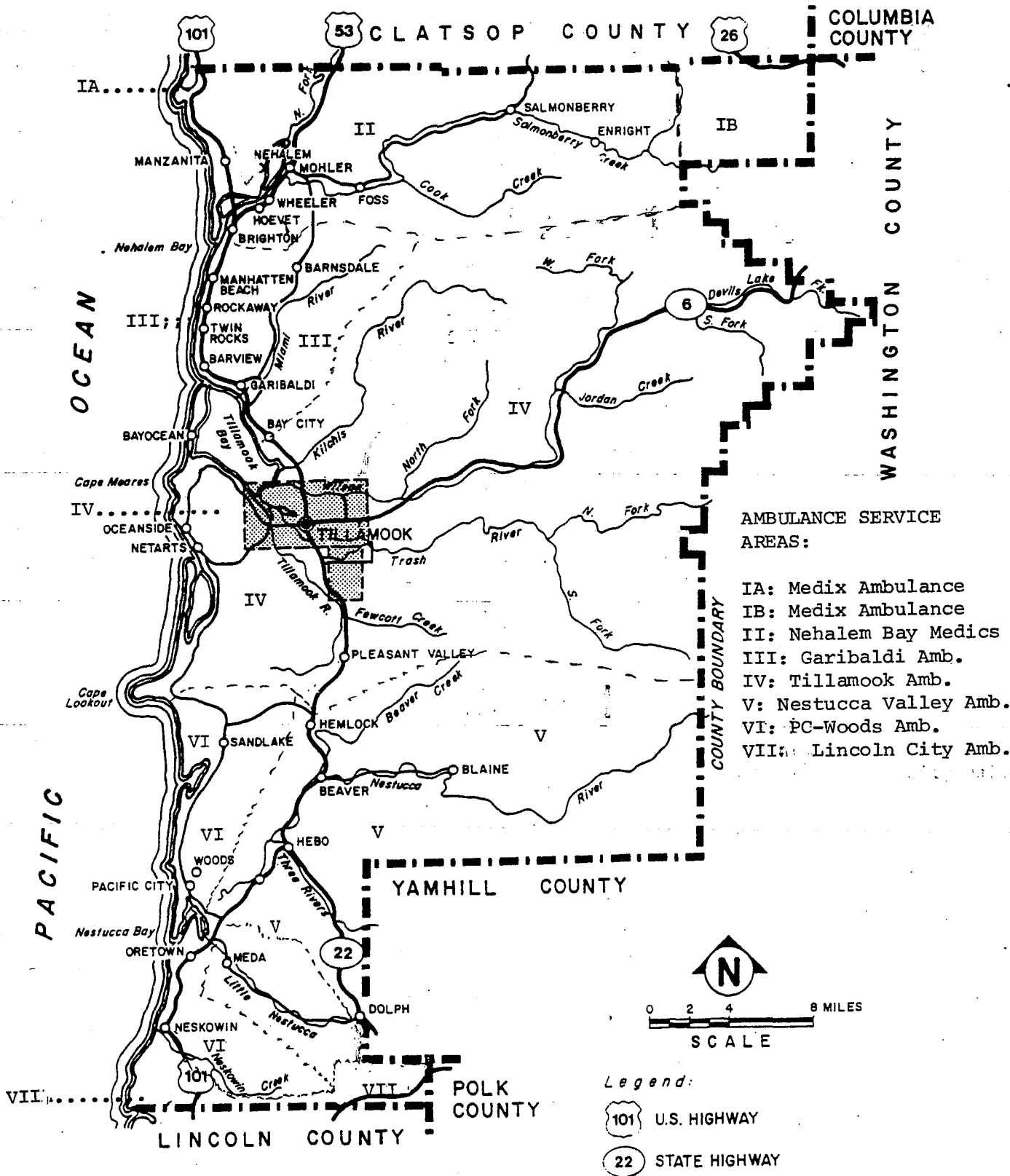
The documentation required of each provider/applicant shall include the information necessary to complete the following computation:

$$A \times B \text{ should not be greater than } X \times Y \times Z$$

- where
- A = Cost per ambulance (Projected cost to run one ambulance per year, including personnel, administrative operations, vehicle, equipment and insurance costs)
  - B = Number of ambulances needed to meet response time goals
  - X = Number of Transports
  - Y = Cost for service charged to consumer
  - Z = Collection Rate

# TILLAMOOK COUNTY

## STATE OF OREGON



**AMBULANCE SERVICE AREAS:**

- IA: Medix Ambulance
- IB: Medix Ambulance
- II: Nehalem Bay Medics
- III: Garibaldi Amb.
- IV: Tillamook Amb.
- V: Nestucca Valley Amb.
- VI: PC-Woods Amb.
- VII: Lincoln City Amb.



0 2 4 8 MILES

SCALE

*Legend:*

- U.S. HIGHWAY
- STATE HIGHWAY

COORDINATION - 333-28-125

**EMS Advisory Council:**

Described in Quality Assurance portion of this plan.

**Mutual Aid Agreements:**

Tillamook County's Emergency Medical Services have in force a mutual aid agreement signed by their respective agents (see copy attached to this plan).

The scope of this agreement includes: purpose and intent; the agreement itself, where it states that each signatory agency agrees to be available for response outside its service area, as long as their service area is covered, and to respond to disaster situations.

In addition, the agreement addresses claims, reimbursements, command, amendments, procedures for litigation of refusal of services and appeal processes.

Services under this agreement include all ambulance services within Tillamook County: Nehalem Bay Medics, Garibaldi Ambulance, Tillamook Hospital Medics, Nestucca Valley Ambulance, Pacific City-Woods Ambulance, and Lincoln City Ambulance. In addition, most of the QRTs in Tillamook County have signed this agreement.

Talks are currently in progress with prehospital care providers in adjacent counties regarding mutual aid agreements.

The Tillamook County EMS Mutual Aid Plan addresses the orderly move-up of resources.

Reference: Tillamook County EMS Mutual Aid Agreement; Tillamook County EMS Mutual Aid Plan

**Disaster Responsibilities:**

The disaster responsibilities of ambulance providers in Tillamook County include, but are not limited to:

1. implementing the EMS Mutual Aid Plan;
2. providing prehospital care to the injured or ill;
3. providing transportation for the injured or ill;
4. assisting in establishment of emergency medical care centers;
5. assisting with the evacuation of patients;
6. establishing triage teams at incident sites; and
7. implementing the EMS Disaster Response Plan, as appropriate.

Reference: Tillamook County Emergency Operations and Management Plan, Annex E; Tillamook County EMS Disaster Response Plan

**Out of County Resources:**

**Helicopters:** Life Flight 1-800-452-7434; 1-280-5433  
U.S. Coast Guard 322-3531  
304th M.A.S.T. 1-288-5611 ext. 315

**Poison Control Center:** 1-800-452-7165

**CHEMTREC:** 1-800-424-8300

**OERS (Oregon Emergency Response System)** 1-800-452-0311

State of Oregon, Emergency Management Division (access to Civil Air Patrol, National Guard, and National Disaster Medical System)

**Additional Personnel and Equipment Resource:**

The following additional personnel and equipment resources are available to support the ASA providers:

**A. Hazardous Materials**

1. Title III Emergency Planning and Community Right to Know
2. Hazardous Materials Emergency Response Plan: State of Oregon Emergency Operations Plan, Annex O
3. Tillamook County Hazardous Materials Incident Management Plan

**B. Search & Rescue**

1. Within Tillamook County search and rescue is the responsibility of the Tillamook County Sheriff.
2. References
  - a. ORS 401.066
  - b. Tillamook County Emergency Operations & Management Plan, Annex M
  - c. Search and Rescue Operations Plan - Land Search Operations, Tillamook County Sheriff's Office, 1977

**C. Specialized Rescue**

1. Air Search & Rescue
  - a. Oregon Wing, Civil Air Patrol
  - b. U.S. Coast Guard
  - c. 304th Aerospace Rescue and Recovery Squadron
  - d. Army Aviation, Oregon Air National Guard
  - e. Oregon State Police
  - f. Tillamook County Sheriff's Air Posse
2. Ground Search
  - a. U.S. Forest Service
  - b. U.S. Bureau of Land Management
  - c. U.S. Coast Guard
  - d. Oregon Dept. of Forestry
    - a. Tillamook Emergency Amateur Radio Service
    - f. Local fire departments
    - g. Man trackers
    - h. Bloodhounds



3. Marine Search
  - a. U.S. Coast Guard
  - b. Sheriff's Dive Posse
  - c. Sheriff's Marine Patrol
4. Extrication Equipment
  - a. Tillamook Fire Dept.
    - 1) Hurst Tool
    - 2) Air Chisel
    - 3) Generators and Floodlights
    - 4) Air Bags
    - 5) Ropes and climbing belts
  - b. Nehalem Fire Dept.
    - 1) Lucas Tool
    - 2) Generator and Floodlights
  - c. Beaver GRT
    - 1) Hurst Tool
    - 2) Air Chisel
  - d. Blaine GRT
    - 1) Air Bags
  - e. Bay City GRT
    - 1) Portapower
    - 2) Air Chisel
    - 3) Generator and Floodlights
  - f. Garibaldi Fire Dept.
    - 1) Amkus Tool
    - 2) Portapower
    - 3) Generator and Floodlights
5. Additional Ambulances
  - a. Rinehart Hospital - 1 BLS ambulance, 1 ALS ambulance
  - b. Clatsop County - Medix Ambulance
  - c. Washington County - Metro West Ambulance
  - d. Yamhill County - Task Forces as outlined in Yamhill County EMS Mutual Aid Plan
  - e. Lincoln County - Lincoln City Ambulance

**Emergency Radio and Telephone Communications System:**

A. Radio Communications System - The 9-1-1 central dispatch center (T-COM) monitors 10 radio channels at all times. The radio console uses microprocessor based technology with pre-programmed direct paging capabilities. An instant recall "call check" is provided at each work station to provide the dispatcher with a quick review of the caller's information, if needed, to clarify the details of the call. The radio console remotely controls 10 base stations and four mountaintop repeater sites. All ambulance service providers except Lincoln City Ambulance and Medix Ambulance are direct dispatched from T-COM. T-COM telephones request for Lincoln City Ambulance to the Lincoln City 9-1-1 Center, while requests for Medix Ambulance are telephoned by T-COM to the Seaside 9-1-1 Center.

B. Tillamook County's 9-1-1 telephone system provides for emergency calls to be switched onto outgoing trunks at each telephone exchange and are terminated directly at the 9-1-1 central dispatch center located in Tillamook. Here calls for emergency medical assistance are

processed and the direct method of dispatching is used to alert ambulance services. This 9-1-1 system requires 16 separate dedicated trunks from eight telephone exchanges throughout the County. The 9-1-1 system covers the following exchanges and companies:

1. United Telephone Company
  - a. 398 - Beaver
  - b. 392 - Cloverdale
  - c. 965 - Pacific City
  - d. 355 - Rockaway Beach
  - e. 322 - Garibaldi
  - f. 377 - Bay City
  - g. 842 - Tillamook
2. Nehalem Telephone Company
  - a. 368 - North Tillamook County

A separate 7-digit number is provided to the telephone company operators for direct access to the 9-1-1 center should a problem arise with any of the incoming 9-1-1 trunk lines.

The 9-1-1 center's phone capabilities include such features as Forced Hold, Forced Disconnect and Ring Back. In addition, confirmation of a caller's telephone number, address and location can be obtained from the telephone company in minutes, should the need arise.

Should a power failure occur, an on-demand battery system will instantly kick in, backed by an emergency generator, thus providing non-interruptable power to the phone system.

Should a major telephone electronic switch failure occur, a backup 9-1-1 center can be activated in the Tillamook County Emergency Operations Center in the Courthouse basement within a matter of minutes.

The 9-1-1 emergency telephone system was designed to provide a P.001 or better grade of service on emergency lines (one busy signal per 1,000 attempts.) No automatic alarms are allowed on 9-1-1 trunks (as per Tillamook County Ordinance 35). Communications personnel have direct contact with the person reporting the emergency.

The 16 dedicated 9-1-1 trunks are tested on each 8 hour shift by each dispatcher to ensure that each 9-1-1 emergency trunk is in working order.

Exchange 436, located in Falcon Cove off Hwy. 101 in the extreme North end of Tillamook County is served by the Seaside 9-1-1 Center, while the 994 prefix in the extreme South end of Tillamook County is served by the Lincoln City 9-1-1 Center.

#### Access to EMS System:

9-1-1 is the only emergency telephone number recognized and approved by the State of Oregon for use in Tillamook County. When a person needing emergency medical assistance dials 9-1-1 within Tillamook County the call is switched onto outgoing telephone trunks at each

telephone exchange and is terminated directly at the 9-1-1 central dispatcher center in Tillamook, a 24 hour a day, seven day a week operation where a dispatcher takes the information, provides emergency medical instruction and dispatches the appropriate emergency services.

All 9-1-1 telephone calls are recorded and held for a period of seven months as required by state law.

Call intake sheets are completed for each medical incident handled by T-COM.

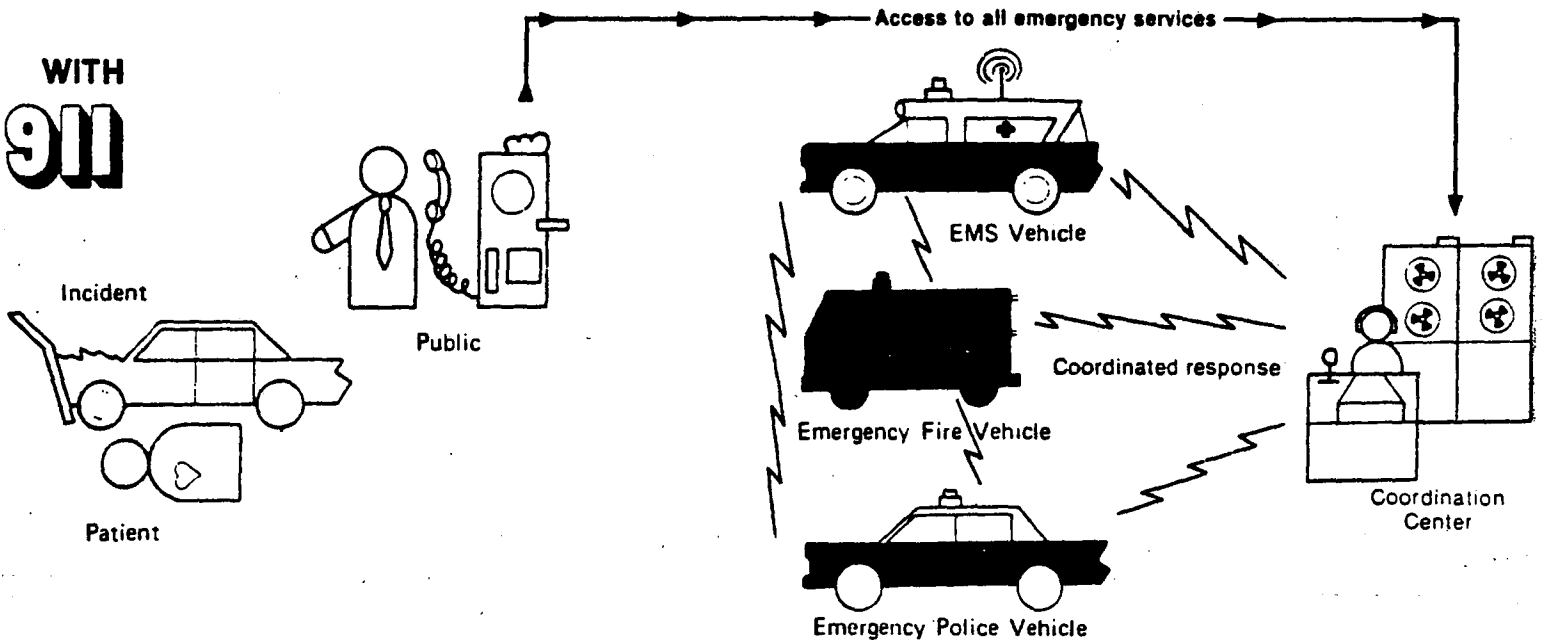
Separate administrative phone lines are provided for the 9-1-1 central dispatch center.

Public pay telephones located within Tillamook County have toll-free access to 9-1-1.

Reference: ORS 401.710 et. seq.; Tillamook County Ordinance 35;  
Tillamook County 9-1-1 Service Area Map (on file at the  
Tillamook County Office of Emergency Management)

Dispatcher Training - The Priority Dispatch System developed by Dr. Clawson of Salt Lake City is the system used for dispatching EMS calls by T-COM. New employees are trained to use this system as training classes are available.

**WITH  
911**



## TILLAMOOK COUNTY EMS QUALITY ASSURANCE PROGRAM

The Board, in order to ensure the delivery of efficient and effective prehospital emergency care, has directed that an Emergency Medical Services Quality Assurance Program be developed and implemented.

### EMS ADVISORY COUNCIL--

As part of the Quality Assurance Program, the Board will create an EMS Advisory Council which shall consist of the following:

1. Two representatives nominated by and from each ambulance organization.
2. One representative nominated by and from each Quick Response organization.
3. One representative nominated by and from each hospital within Tillamook County.
4. One Representative nominated by and from the Tillamook County Office of Emergency Management.
5. One representative nominated by and from the Tillamook County Emergency Communications District.
6. One member of the public not involved with the health care industry or any of the above categories, appointed by the Board.
7. One representative nominated by and from the Tillamook County Medical Society.
8. One representative nominated by and from the Lincoln County Medical Society.
9. One representative nominated by and from the Clatsop County Medical Society.
10. One representative nominated by and from the Tillamook County Board of Commissioners.

The members of the EMS Advisory Council shall be appointed by the Board. Members shall serve without compensation. The term of office shall be two years. The Council shall adopt rules of procedure specifying a quorum, meeting times and other procedural matters.

The Council shall advise the Board and the Quality Assurance Committee on all matters relating to prehospital emergency medical care. The specific authority, duties and responsibilities of the Council shall be established by the Board.

### EMS QA COMMITTEE--

As a part of the Quality Assurance Program the Board will create an EMS QA Committee which shall consist of the following:

1. A physician advisor to a provider serving a Tillamook County ASA and who is in practice in emergency medicine.
2. A physician whose primary practice is in Tillamook County.
3. One hospital emergency department nurse who is Advanced Cardiac Life Support and Trauma Nurse Core Curriculum certified.
4. One Oregon Certified Emergency Medical Technician I.
5. One Oregon Certified Emergency Medical Technician II.
6. One Oregon Certified Emergency Medical Technician III.
7. One Oregon Certified Emergency Medical Technician IV.

The Board will announce vacancies, receive nominations, screen candidates and make appointments to the QA Committee.

The QA Committee members shall serve at the pleasure of the Board without compensation. Terms of appointment shall be for three years and expire on June 30th, except that the initial terms shall be one, two and three years. The members of the committee will choose their chairperson, who shall be a physician.

The QA Committee shall have the following authority and duties:

1. Investigate medically related issues and items.
2. Recommend to the Board amendments to the ASA Plan. The Board shall advise the EMS Advisory Council of such recommendations so that they may review and comment on such changes in a timely manner.
3. Maintain familiarization with the policies and procedures of facilities in Tillamook County that receive or send patients via ambulance.
4. Periodically conduct a random review of 2% of each ASA's cases.
5. Perform such other duties as are required to carry out the requirements of the ASA Plan as directed by the Board.
6. Attempt to negotiate the correction of substandard prehospital care provided within Tillamook County.
7. Follow the guidance set forth in the Quality Assurance Guidelines for the Quality Assurance Committee.
8. Report directly to the Board on all matters coming before the Committee.
9. Review and make objections, if any, to the Board as to the QA Coordinator's recommendation(s) for provider selection.
10. Adopt rules of procedure. A quorum shall include a physician.

#### EMS QA COORDINATOR--

Upon creating and funding of the position by the Board, the Board shall appoint an EMS QA Coordinator who will perform the following duties:

1. Act as staff to the QA Committee.
2. Maintain a filing system for the records of the QA Committee.
3. Provide for the administration of appeals and hearings to the appropriate government bodies.
4. Administer the ASA Ordinance.
5. Review all applications for an ASA and make documented findings and recommendations to the Board on provider selection.

#### HEARING AND APPEALS PROCESS--

The procedures for resolving disputes and conducting hearings and appeals regarding the ASA Plan are as follows:

1. If the QA Committee identifies a problem involving compliance with the ASA Plan, the QA Committee will investigate the problem and, upon findings of non-compliance, may serve written notice to the ASA provider to comply with the ASA Plan.

2. If compliance is not evident within 10 days of receipt of notice, the QA Committee will set a meeting within 10 days and attempt to gain compliance.
3. The QA Committee shall attempt to obtain voluntary compliance or correction. In the event that such compliance or correction is not obtained, the QA Committee shall request a hearing on the matter before the Board.
4. The hearing shall be conducted by the chairperson of the Board or vice-chairperson of the Board, in accordance with the Attorney General's Model Rules of Procedures, Rule 137-03-030 thru 137-03-050 (Dec. 1978).
5. In the event that the Board is unable to obtain compliance or correction as a result of the hearing, the Board shall petition and request relief from the Emergency Medical Services Section of OSHD, the BME, or Circuit Court, as appropriate.
6. A person receiving notice from the QA Committee of a practice not consistent with the provisions of the ASA Plan will meet with the QA Committee and attempt to resolve the problem.
7. If dissatisfied with the results of the meeting with the Committee, the person may request a hearing before the Board by filing a written request with the QA Coordinator within 30 days of receipt of the notice, setting forth the reason(s) for the hearing and the issue(s) to be heard. The Board may prescribe forms for the filing of a request for hearing. The decision of the Board may be appealed to Circuit Court.

#### PUBLIC MEETINGS, PUBLIC RECORDS, AND ETHICS IN GOVERNMENT

The Emergency Medical Services Advisory Council and the Quality Assurance Committee members shall conduct their meetings in accordance with the Oregon Public Meetings laws and comply with the Oregon Public Records law, ORS Chapter 192. Executive sessions closed to the public may be held by these committees when conducting investigations and reviews of patient care. Both the records and minutes of executive sessions shall be handled to ensure patient confidentiality in compliance with state and federal laws.

The Emergency Medical Services Advisory Council and the Quality Assurance Committee members shall fully comply with the requirements of the Oregon Ethics in Government Act (ORS Chapter 244), including the requirements of filing statements of economic interest with the Oregon Government Ethics Commission.

Authority for Ambulance Service Area Assignment:

The Board has the authority to assign ambulance service areas in Tillamook County in compliance with ORS 823.010 to 823.990. Applications by new providers and requests for assignment change or revocation will be considered for approval if such change or revocation will improve efficient service delivery and benefit public health, welfare and safety at a reasonable cost. Cities have the authority to develop and apply licensing ordinances within their jurisdictional boundaries, and nothing in this plan is intended to obviate that authority.

Process for Assignment and Reassignment of an ASA:

- A. All persons desiring an assignment or reassignment of an ASA shall make application with the QA Coordinator.
- B. The QA Coordinator will review all applications and shall make documented findings and a recommendation on each application.
- C. Each assignment and reassignment of an ASA shall be based on the application of the General and Specific Criteria for Provider Selection.
- D. In developing Findings and Recommendations the QA Coordinator shall comply with ORS 823.010 to 823,990, the ASA Plan and the Tillamook County EMS Ordinance.
- E. Not less than 30 days prior to the date set for hearing, the QA Coordinator shall file documented Findings of Fact and Recommendations with the Board and with the QA Committee.
- F. Prior to the date set for hearing the QA Committee may file with the Board an objection to any portion of the QA Coordinator's Findings and Recommendations. Any such objection shall be based on the application of QA Standards found in the EMS Ordinance, the ASA Plan, or based on State or Federal laws or regulations.
- G. At the time and date set for hearing the Board shall conduct a hearing for each application or request for which no objection has been filed.
- H. At the time and date set for hearing on an application for which an objection has been filed, the Board shall announce that an objection has been filed and state the basis for that objection. At that time the Board shall also schedule a contested case hearing to consider the objection and other relevant matters to be held not less than 30 days nor more than 45 days thereafter.
- I. The Board shall cause notice of the time and date for a contested case hearing to be published in a newspaper of general circulation not more than 15 days prior to the date set for hearing.
- J. At the time and date set for a contested case hearing the Board shall receive testimony concerning the objection(s) and any other matters relevant to the provider selection.



**GENERAL CRITERIA FOR ASSIGNMENT OR REASSIGNMENT OF AN ASA:**

1. Improve ambulance response time, quality and level of service to the ASA without adversely affecting the existing first response system.
2. Demonstrate that the call volume is sufficient to financially justify the service provided or otherwise demonstrate financial soundness.
3. Does not jeopardize the financial ability of other ambulance service providers to provide efficient service to the remainder of the County.

**SPECIFIC CRITERIA FOR ASSIGNMENT OR REASSIGNMENT OF AN ASA:**

The following standards are those which an ambulance service provider assigned an ASA in Tillamook County is expected to meet:

**A. Level and Quality of Service Delivered**

1. Level of Care - There shall be at least one of the following levels of care:
  - a. Advanced Life Support Services
  - b. Basic Life Support Services
2. All persons shall be in compliance with OAR Chapter 847, Division 35.
3. Equipment
  - a. Vehicles - to meet OAR 333-28-055 unless a variance from this specification has been granted by the Administrator of the State Health Division.
  - b. Equipment carried on vehicles will meet current OAR 333-28-050.

**B. Response Time Standards**

1. Ambulance Locations  
Ambulances will be situated within the service area so that 80% of the population in the service area can be responded to within an average response time of 4 minutes or less. This may be waived if a QRT or another ambulance dispatched with the ambulance can arrive within 4 minutes of dispatch.
2. Staffing
  - a. Sufficient staff will be maintained, either on duty at the ambulance location or on call, to permit standard B-1 to be met.
  - b. Secondary (backup) ambulances will be manned and in service in the service area within 15 minutes of request.
3. Percent Immediate Availability
  - a. ASAs served by one or two ambulances will have an ambulance immediately available for response in and for that ASA 90% of the time.
  - c. ASAs served by three or more ambulances will have an ambulance immediately available for response in and for that ASA 95% of the time.

**C. Business Practice Standards**

**1. Management Structure**

- a. An organizational chart will be maintained that accurately reflects the service's organizational structure, including lines of administration authority and operational supervision, and training officer.
- b. Job descriptions will be maintained for the positions (as appropriate) of First Responder, EMT I, EMT II, EMT IID, EMT III, EMT IV, manager/supervisor/administrator, that provide the following minimum information:
  - 1) Job Title
  - 2) Salary
  - 3) Benefits
  - 4) Work Schedule
  - 5) Immediate Supervisor and Title
  - 6) General Statement of Duties
  - 7) Supervision Received
  - 8) Supervision Exercised
  - 9) Typical Examples of Work
  - 10) Desirable Qualifications for Employment
    - a) Knowledge
    - b) Skills
    - c) Experience
  - 11) Experience Required
  - 12) Training Required

**2. Vehicle and Equipment Maintenance**

- a. A vehicle maintenance schedule will be maintained.
- b. Vehicle inventory check lists signed and dated by the person making the inventory will be regularly maintained.
- c. First line vehicles will be repowered and refurbished, replaced or rotated into backup service after 100,000 miles.
- c. Inspection, maintenance, and replacement schedules will be maintained for equipment carried on ambulances.

**3. Insurance Coverage - To Meet or Exceed the Following:**

- a. Personal Liability and Property Damage
  - 1) \$100,000/person
  - 2) \$300,000/accident
  - 3) \$50,000 property damage
- b. Vehicle Replacement - Actual Cash Value
- c. Equipment Replacement - Actual Cash Value
- d. Errors and Omissions
- e. Malpractice

**4. Billing Practices**

Services will demonstrate and document a system for billing that is well-documented and easy to audit and addresses third parties, private and public parties, collection policies and write-off policies.

**5. Employee Benefits**

- a. Workers Compensation will be carried for each employee based on a wage of \$800/month or actual salary from the ambulance service, whichever is greater.
- b. Malpractice/errors and omissions coverage shall be provided.

D. Communications Standards

1. Licenses - All radio equipment subject to FCC licensure will be licensed in accordance with current FCC Rules and Regulations.
2. Operation - All radio equipment subject to FCC licensure will be operated in accordance with current FCC Rules and Regulations.
3. Coordination
  - a. Communications will be coordinated with the Tillamook County 9-1-1 Communications Center (T-COM).
  - b. Times kept by T-COM will be the times of record.
  - c. T-COM will be advised of vehicles out of service and returning to service.

E. Continuing Education

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

F. Quality Assurance

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

G. Mutual Aid

1. The ASA Provider will be a signatory to the Tillamook County EMS Mutual Aid Agreement.
2. The ASA provider will be a signatory to EMS mutual aid agreements for adjacent counties, as appropriate.
3. The ASA provider will participate in disaster planning, training and response as coordinated by the Tillamook County Office of Emergency Management.

H. Continuity of Service

Each ASA applicant will provide a written procedure for ensuring continuity of service should any of the following occur:

1. Decreased personnel levels
2. Financial failure
3. Revocation of contract due to noncompliance