BEFORE THE BOARD OF COMMISSIONERS
OF LANE COUNTY, OREGON

ORDINANCE NO: 17-02

IN THE MATTER OF AMENDING CHAPTER 18 OF LANE CODE TO REVISE THE AMBULANCE SERVICE AREA PLAN

WHEREAS, Lane County's Ambulance Service Area (ASA) Plan was first approved in 1987 through Board Order 87-03-25-14, and it was then adopted into Lane Code Chapter 18;

WHEREAS, the ASA plan was most recently updated in January of 2015, and ASA providers and the Public Health Advisory Committee have recommended certain code changes; and

WHEREAS, the Board of Commissioners agrees that code changes are desirable.

NOW, THEREFORE, THE BOARD OF COMMISSIONERS ORDAINS AS FOLLOWS:

1. Chapter 18 of Lane Code is amended by removing, substituting, and adding the following sections:

REMOVE THESE SECTIONS	**INSERT THESE SECTIONS**
18.010 – 18.020	18.010 – 18.020
18.030 – 18.060	18.030 – 18.060
18.090 – 18.110	18.090 – 18.110
18.120	18.120

2. That the Chair of the Board of Commissioners is authorized to execute the Certificate of Compliance required by OAR 333-260-0030(2).

Said sections are attached hereto and incorporated herein by reference. If any section, subsection, sentence, clause, phrase or portion of this Ordinance is for any reason held invalid or unconstitutional by any court of competent jurisdiction, such portion is deemed a separate, distinct, and independent provision, and such holding does not affect the validity of the remaining portions.

ENACTED this 11th day of April 2017.

Pat Farr, Chair
Lane County Board of Commissioners

APPROVED AS TO FORM
Date 3-7-17
LANE COUNTY OFFICE OF LEGAL COUNSEL

Recording Secretary for this Meeting of the Board

Revised 2/26/14

CERTIFICATE OF COMPLIANCE

Pursuant to Oregon State Administrative rule, OAR 333-260-0030(2)(a)-(c), the Lane County Board of Commissioners through the Chair certifies that:

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

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

C. To the extent that they are applicable, the County has complied with ORS 682.062 and 682.063 and existing local ordinances and rules.

DATED this 11th day of April, 2017

Pat Farr, Chair
Lane County Board of Commissioners

Chapter 18

LANE COUNTY AMBULANCE SERVICE AREA PLAN

18.005 Purpose.
This Ambulance Service Area Plan for Lane County is adopted pursuant to ORS 682.063. This Plan provides for efficient and effective provision of ambulance services through coordination of all providers of Emergency Medical Technician (EMT) supervised medical care within the established ambulance service areas at standards consistent with those provided by ORS 682.062, 682.063, and the assignment of each ambulance service area (ASA) to a single provider, unless otherwise noted in Lane Code, Oregon Administrative Rules, and existing local ordinances and rules. This Plan may be updated in order to maintain or promote efficiency and effectiveness. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01; 5-10, 08.27.10; 14-20, 01.27.15)*

18.010 Overview of Lane County.
Lane County lies in the central Willamette Valley and is bordered on the west by the Pacific Ocean, the north by Lincoln, Benton and Linn Counties, the east by Deschutes and Klamath Counties and the south by Douglas County. It encompasses 4,620 square miles and consists of both rugged mountains, the Coastal Mountain Range to the west and the Cascade Mountain Range to the east and gentle valleys. The elevation of the County seat-Eugene is 422 feet. The climate is characterized by an overall average January temperature of 40 degrees F and an average July temperature of 67 degrees F with an average annual precipitation of 46 inches.

The cities of Eugene, Springfield, Cottage Grove lie close to or border Interstate 5 which runs north and south. The city of Oakridge is located on State Highway 58 which runs east and west and which is a major access to central Oregon. The city of Florence lies at the intersection of State Highway 126 which runs east and west and US 101 which runs north and south, adjacent to the Pacific Ocean.

The principal industries are agriculture, education, fishing, food processing, logging, manufacturing of wood products, recreation and tourism. *(Revised by Ordinance No.7-97, Effective 6.6.97; 1-01, 12.20.01; 5-10, 08.27.10)*

18.015 Definitions.
As used in this Chapter 18, the words and phrases below have the following meanings:

Administrative Civil Penalty. May include a monetary penalty, restitution, costs and assessments.

Advanced Emergency Medical Technician (AEMT). A person who is licensed by the Authority as an Advanced Emergency Medical Technician.

Ambulance. Any privately or publicly owned motor vehicle, aircraft or watercraft that is regularly provided or offered to be provided for emergency and non-emergency transportation of persons who are ill or injured or who have disabilities.

Ambulance Services. Any person, governmental unit, corporation, partnership, sole proprietorship, or other entity that operates ambulances and that holds itself out as providing prehospital care or medical transportation to persons who are ill or injured or who have disabilities.

Ambulance Service Area (ASA). A geographic area which is served by one ground ambulance service provider, and may include all or a portion of a county, or all or portions of two or more contiguous counties.

Ambulance Service Subcontract. Agreement between an assigned ASA provider or hospital and an ambulance service provider contracting a portion of services. The

agreement requires compliance with the state and federal law and regulations and standards and requirements of LC Chapter 18 applicable to the services and includes clinical and financial provisions.

Ambulance Service Area (ASA) Plan. A written document that outlines a process for establishing a county ambulance services system including both emergency and non-emergency ambulance transport. 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 applicable law.

Ambulance Service Provider. 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.

Ambulance Service Area (ASA) Provider. Licensed ambulance service assigned an Ambulance Service Area that responds to 9-1-1 dispatched calls or provides pre-arranged non-emergency transfers or emergency or non-emergency inter-facility transfers.

ASA Advisory Committee (Committee). A committee formed to review standards, make recommendations to or set new standards for the Board of County Commissioners for all matters regarding ambulance services and review and make recommendations regarding soundness of the ASA Plan. For purposes of this Plan, the Lane County Public Health Advisory Committee functions as the ASA Advisory Committee.

ASA Advisory Sub-Committee. A standing subcommittee of the ASA Advisory Committee made up of ASA Advisory Committee Members, ASA Providers and PSAP Providers.

Authority. The Emergency Medical Services and Trauma Systems Program within the Oregon Health Authority.

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

Director. The Director of the Lane County Health and Human Services Department or designee.

Dispatch Center. Telecommunications center that sends off (dispatches) and supports EMS resources responding to emergency and/or non-emergency calls.

Division. The Public Health Division, Oregon Health Authority.

Effective Provision of Ambulance Services. Ambulance services provided in compliance with the County Ambulance Service Plan's provisions for boundaries, coordination and system elements.

Efficient Provision of Ambulance Services. Effective ambulance services provided in compliance with the County Ambulance Service Plan's provisions for provider selection.

Emergency. Any non-hospital occurrence or situation involving illness, injury or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.

Emergency Calls. 911 call placed in good faith where the caller believes a time sensitive medical emergency has occurred. The medical emergency is triaged through a State recognized Emergency Medical Dispatch (EMD) protocol to assign a response to the incident according to the criteria the ASA has in place regarding emergency driving protocol.

Emergency Care. 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.

Emergency Medical Dispatch (EMD) Protocol. A system approved by the State of Oregon designed to direct a public safety telecommunicator to determine the medical condition, prioritize the medical call and provide pre-arrival instruction and patient care while emergency responders are en route to the location of the incident.

Emergency Medical Responder. A person who is licensed by the Authority as an Emergency Medical Responder.

Emergency Medical Service (EMS). Those pre-hospital functions and services whose purpose is to prepare for and respond to medical and traumatic emergencies, ambulance services, patient care, communications and evaluation.

Emergency Medical Services Provider (EMS Provider). A person who has received formal training in prehospital and emergency care and is state-licensed to attend to any ill, injured or disabled person. Police officers, fire fighters, funeral home employees and other personnel serving in a dual capacity, one of which meets the definition of "emergency medical services provider" are "emergency medical services providers" within the meaning of ORS chapter 682.

Emergency Medical Technician (EMT). A person who is licensed by the Authority as an Emergency Medical Technician.

EMT-Basic. Has the same meaning as Emergency Medical Technician.

EMT-Intermediate. A person who licensed by the Authority as an EMT-Intermediate.

EMT-Paramedic. Has the same meaning as Paramedic.

First Responder. Has the same meaning as Emergency Medical Responder.

First Response Vehicle. A vehicle and personnel that provide initial response, assessment, and care.

Health Officer. The Lane County Health Officer.

Lane County Board of Commissioners (Board). An elected body consisting of five commissioners pursuant to Lane Charter and applicable law.

License. The document issued by the Authority to the owner of an ambulance service when the ambulance service and its ambulance are found to be in compliance with ORS Chapter 682 OAR Chapter 333.

NICU Transfer. The provision of ambulance services with specialized medical care for the stabilization and treatment of ill and newborn babies.

Non-Emergency Ambulance Services. Prearranged or non-immediate ambulance transfers, including those between facilities, provided by the assigned ASA provider or their contracted designee and under EMT supervision. Non-EMT attended transports are excluded from this definition, including but not limited to stretcher cars, medical taxis, wheelchair and secure transports.

Non-emergency Care. The performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24-hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed under ORS chapter 677, insofar as any of those acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the Oregon Medical Board in the course of providing prehospital care as defined by Oregon Administrative Rule.

Notification time. The length of time between the initial receipt of the request for emergency medical service by either a PSAP and/or an emergency dispatch center, and the notification of all responding emergency medical service personnel.

Owner. The person having all the incidents of ownership in an ambulance service or 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 of a lease for a term of 10 or more successive days.

Paramedic. A person who is licensed by the Authority as a Paramedic.

Patient. A person who is ill or injured, or who has a disability and who is transported in an ambulance.

Provider. Any public, private or volunteer entity providing EMS

Primary public safety answering point. A 24-hour public safety answering point that receives emergency calls directly from members of the public.

Public Safety Answering Point (PSAP). An agency that answers calls from citizens for emergencies involving requests for emergencies involving requests for emergency fire, police or medical assistance. An example of a PSAP is a 9-1-1 Center.

Response time. The length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene.

Scene. The confirmed address provided by dispatch.

Secondary public safety answering point. A public safety answering point that receives emergency calls from a primary public safety answering point on a transfer or relay basis.

Secure Transport. The provision of non-EMT attended transport for behavioral health patients in mental health crisis.

Stretcher Car. Non-emergency transport by a ground vehicle which is designed and equipped to transport individuals on a stretcher or gurney type apparatus that is operated to accommodate an incapacitated or disabled person who does not require EMT medical assistance during transport and which holds all required licenses to operate in the State of Oregon.

Supervising physician. A medical or osteopathic physician licensed under ORS Chapter 677, actively registered and in good standing with Oregon Medical Board of the State of Oregon, who provides direction of emergency or non-emergency care provided by emergency medical services providers.

Wheelchair Transport. Non-emergency transport by a ground vehicle which is designed and equipped with a wheelchair lift to transport individuals who do not require EMT medical assistance during transport. *(Revised by Ordinance No.7-97, Effective 6.6.97; 5-10, 08.27.10; 2-11, 8.12.11; 14-20, 01.27.15)*

18.016 Exemptions.

Notwithstanding any other provision, this Plan and the rules adopted in this Lane Code Chapter 18 do not apply to:

(1) Vehicles and ambulances being used under the circumstances set forth in ORS 682.035, as well as the persons listed in that statutory exemption.

(2) Vehicles and transports which are excluded from the definition of non-emergency ambulance service in LC Chapter 18.

(3) Ambulances or vehicles used to transport a patient from outside the County to a location within the County, or through the County.

(4) Vehicles used by a hospital owner to provide secure non-EMT attended transport directly through a vehicle equipped for behavioral health patients in mental health crisis, or by subcontract with any State of Oregon certified secure transportation

provider. The hospital is not required, but may contract with the designated ASA provider for the area.

(5) Any person who drives or who attends an ill, injured or disabled person transported in a vehicle mentioned in subsections 1–4 of this section, or is licensed to do so. *(Revised by Ordinance 5-10, Effective 08.27.10; 14-20, 01.27.15)*

18.020 Ambulance Services Area Boundaries.

Lane County consists of nine Ambulance Service Areas (ASAs). The "Lane County Ambulance Service Areas and Estimated Emergency Response Time" map (see Appendix #1), adopted and incorporated here by this reference, represents the established ASAs, assigned ASA providers and estimated emergency response times, which include ASA provider response time. Actual response time is subject to the variables of access, weather, road and traffic conditions as well as other circumstances that can impact response time. The narrative description of the ASAs is generalized, more detailed information can be found on the Emergency Response Time Zone Map. Adjustments to the ASA boundaries may be made by the Director or the Board consistent with the requirements of this Plan pursuant to LC 18.030 below. By mutual aid agreement, an ambulance service provider may respond to another provider's ASA. This Plan applies to all transports originating in Lane County

(1) ASA #1. - Western. This area is bordered on the west by the Pacific Ocean. On the north, starting at about Milepost 174.3 on US 101 (the north end of the Rock Creek bridge), the boundary runs east approximately 10 miles, then north approximately 1.5 miles, then east for approximately 9 miles, then north for approximately 3 miles, then east again for approximately 6 miles. The boundary turns south and runs for approximately 7.5 miles, east for approximately ½- mile, then south for approximately 1.5 miles, intersecting State Highway 36 at Greenleaf Creek Road (approximately Milepost 21.5). From there, the boundary runs east and then south-southwest, crossing State Highway 126 at about Milepost 28.5, then runs southeast approximately 6 miles, including the Clay Creek Recreational Area, and then continues south to the Douglas County line.. Response into rural and frontier areas will be dictated by access capabilities.

(2) ASA #2. - North/West. This area is bordered on the west by the Pacific Ocean. Starting at about Milepost 174.3 on US 101 (the north end of the Rock Creek bridge), the boundary runs east approximately 10 miles and then north approximately 1.5 miles, then east for approximately 9 miles, then north to the Benton County Line. Response into rural and frontier areas will be dictated by access capabilities.

(3) ASA #3. - Benton. This area covers only a small portion of northern Lane County. Starting on the Benton County line approximately one mile east of the Lincoln County line, the boundary runs south approximately 1.75 miles, then east for approximately 6 miles, and then runs north to the Benton County line. Response into rural and frontier areas will be dictated by access capabilities.

(4) ASA #4. - West/Central. Starting at the Linn County line, this area is bordered by the eastern boundary of the Junction City Rural Fire Protection District, following that boundary south and then west to the intersection of Luckey Lane and River Road. The boundary then turns south on River Road to Beacon Drive, turns west on Beacon Drive, and then turns south, following the Urban Growth Boundary south and then west and then south again, to the intersection of Hyacinth Street and Torrington Ave. The boundary then runs generally south to the intersection of Hyacinth and Calla Street, staying west of Hyacinth so that addresses on both sides of Hyacinth, as well as addresses on cul-de-sacs connecting from Hyacinth, are in ASA #4. The boundary continues south, staying west of Calla and west of Kalmia Street, to Irving Road. The boundary turns west, following the

south side of Irving Road to the southeast corner of Irving and Northwest Expressway, then southeast on the east side of Northwest Expressway, staying east of the Beltline Hwy and Northwest Expressway interchange, and then follows the west side of Northwest Expressway south to Maxwell Road. The boundary turns west, following the north side of Maxwell Road to Prairie Road, then south to Hwy 99, then northwest on Hwy 99 to the east-bound Beltline off-ramp. The boundary turns southwest and then west, following the Eugene City Limits to the intersection of Barger Drive and Greenhill Road. From that point, the boundary continues west, following the southern boundary of Lane Rural Fire/Rescue, to the eastern shoreline of Fern Ridge Reservoir, then south following the eastern shore of Fern Ridge Reservoir to milepost 51 on Hwy 126, then generally south following Coyote Creek to Cantrell Road, and continuing generally south following Coyote Creek to the intersection of Crow Road, Erickson Road, and Petzold Road. From there the boundary runs generally southwest approximately 5 miles, crossing Territorial Highway at milepost 28, and continuing south approximately 4 miles. At that point the boundary turns east, in places following the southern boundary of Lane County Fire District #1 and the northern boundary of Lorane Fire District, and crossing Territorial Highway again at approximately milepost 33.3. The boundary then turns northeast, staying between Lane County Fire District #1 and the South Lane Fire and Rescue District. The boundary turns east and then north and then east again, following the northern boundary of South Lane Fire and Rescue District and the southern boundary of Goshen Fire District, until it reaches the northernmost point of the South Lane Fire and Rescue District. The boundary then runs east to Interstate 5; north on Interstate 5 to the Lane/Linn County border, then west to the point of beginning at the boundary of the Junction City Rural Fire Protection District. Response into rural and frontier areas will be dictated by access capabilities.

(5) ASA #5. - East/Central. This area is bordered on the north by the Linn County line and on the west by Interstate 5. On the south the area is bordered by the northern boundary of the South Lane County Fire and Rescue Fire District and by the southern boundaries of the Goshen Fire District and the Pleasant Hill Fire District. From there, the boundary turns south-southeast and runs approximately 5.8 miles to Bear Mountain, where it turns southeast and runs to Mount June, then turns north and intersects State Highway 58 at Milepost 17, where it turns east to Saddle Blanket Mountain, and continues east to the Deschutes County line. In the far northeastern corner of Lane County, the boundary turns west from the Deschutes County line, crosses Hwy 242 at about Milepost 61.85 (the snow gate), and then turns north to the Linn County line. Response into rural and frontier areas will be dictated by access capabilities. (This provider also serves an area of Linn County up to Harrisburg, which is not included in this Plan.)

(6) ASA #6. - Southern. Starting at a point on the Douglas County line approximately where Range 6 West meets Range 7 West, the boundary runs approximately 4.5 miles north, crossing Siuslaw River Road just east of Alma, and then turns east, eventually following the southern edge of Lane County Fire District #1 and the northern edge of Lorane Fire District, crossing Territorial Highway at approximately milepost 33.3. The boundary turns northeast, staying between Lane County Fire District #1 and South Lane Fire and Rescue District. The boundary turns east and then north and then east again, following the northern edge of South Lane Fire and Rescue District, crossing Interstate 5, and following the southern edge of Goshen Fire District to the Coast Fork Willamette River. The boundary turns south, following the river, then turns east, following the southern edge of the Pleasant Hill Fire District and northern edge of South Lane Fire and Rescue District. From there, the boundary turns south-southeast and runs approximately 5.8 miles to Bear Mountain, where it turns southeast and runs to Mount June, then southeast to Patterson Mountain, then south-southeast to Grass Mountain, then

continues south to the Douglas County line. Response into rural and frontier areas will be dictated by access capabilities.

(7) ASA #7. - South/East. Starting at Milepost 7 on State Highway 58, this area is bordered on the north by a line running east to Saddle Blanket Mountain, and continuing east to the Deschutes County line; and bordered on the west and south by a line starting at Milepost 17 on State Highway 58, running south to Mount June, then southeast to Patterson Mountain, the south-southeast to Grass Mountain, then continuing south to the Douglas County line. Response into rural and frontier areas will be dictated by access capabilities.

(8) ASA #8. - Northwest/Central. Starting at a point on the Lane/Benton County border, west of Prairie Mountain and east of Lobster Creek, this area is bordered on the west by a line running south approximately 9 miles, east approximately ½-mile, and then south approximately 1.5 miles, intersecting State Highway 36 at Greenleaf Creek Road (approximately Milepost 21.5). From there, the boundary runs east and then south-southwest, crossing State Highway 126 at about Milepost 28.5, and then runs southeast approximately 6 miles, including the Clay Creek Recreational Area, and then continues south to the Douglas County line. On the east, starting at the Benton County line, this area is bordered by the eastern edge of the Junction City Rural Fire Protection District to the intersection of Luckey Lane and River Road. The boundary then continues south on River Road to Beacon Drive, turns west on Beacon Drive, and then turns south, following the Urban Growth Boundary south and then west and then south again, to the intersection of Hyacinth Street and Torrington Ave. The boundary then runs generally south to the intersection of Hyacinth and Calla Street, staying just west of Hyacinth so that addresses on both sides of Hyacinth, as well as addresses on cul-de-sacs connecting from Hyacinth, are in ASA #4. The boundary continues south, staying just west of Calla and just west of Kalmia Street, to Irving Road. The boundary turns west, following the south side of Irving Road to the southeast corner of Irving and Northwest Expressway, then southeast on the east side of Northwest Expressway, staying east of the Beltline Hwy and Northwest Expressway interchange, and then following the west side of Northwest Expressway to Maxwell Road. The boundary turns west, following the north side of Maxwell Road to Prairie Road, then south to Hwy 99, then northwest on Hwy 99 to the east-bound Beltline off-ramp. The boundary turns southwest and then west, following the Eugene City Limits to the intersection of Barger Drive and Greenhill Road. From that point, the boundary continues west, following the southern boundary of Lane Rural Fire/Rescue, to the eastern shoreline of Fern Ridge Reservoir, then south following the eastern shore of Fern Ridge Reservoir to milepost 51 on Hwy 126, then generally south following Coyote Creek to Cantrell Road, and continuing generally south following Coyote Creek to the intersection of Crow Road, Erickson Road, and Petzold Road. From there the boundary runs generally southwest approximately 5 miles, crossing Territorial Highway at milepost 28, and continuing south to intersect the northern boundary of ASA #6, where the boundary turns west to Alma and then south to the Douglas County line. Response into rural and frontier areas will be dictated by access capabilities.

(9) ASA #9. - North/East. This ASA is in the far northeastern corner of Lane County, and is bordered on the north by the Linn County line and on the east by the Deschutes County line. The boundary between ASA #9 and ASA #5 crosses Hwy 242 at about MP 61.85 (at the snow gate). Response into rural and frontier areas will be dictated by access capabilities. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01; 15-04, 8.13.04; 7-07, 7.20.07; 5-10, 08.27.10; 14-20, 01.27.15)*

18.025 9-1-1 Fire Protection Providers and Incorporated Cities Map.
(See Appendix #2) *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 15-04, 8.13.04)*

18.030 Alternatives To Reduce Response Times.
ASA boundary lines were drawn considering such elements as 9-1-1 trunking, fire district boundaries, current EMT practices, response times, geographic or man-made barriers and public response. In many areas, the actual responding agency may vary for any of the following reasons:

(1) Inability to identify caller's address, area or district;
(2) Remote wireless calls to PSAP from outside the service area; and
(3) Variable weather and road conditions.

Any of the above listed conditions may cause more than one ambulance to be dispatched simultaneously to the scene. Alternatives or changes to existing ASA boundaries to reduce notification or response times were considered during the development of this Plan.

This Plan will be reviewed every three years or by request of the Committee, Director or Lane County ambulance provider. ASA boundaries may be modified after this Plan is adopted and implemented. When the existing assigned ASA providers agree in writing and request Director action, modifications to the ASA boundaries may be made by the Director after review and recommendation of the Committee, based upon annexation, changes in response time, dispatch equipment, enhanced 9-1-1 or EMT placement and practices and population. When ASA boundaries are adjusted due to annexation, consideration will be given to creating service areas that are well defined, thereby facilitating effective dispatch of response resources and data management. The Director shall maintain a written record of modifications made to the ASA boundaries. Affected ASA providers may appeal to the Board within 14 days after receipt of the Director's decision.

Response Time Zones may be modified after this Plan is adopted and implemented. When the ASA requests Director action, modifications to the Response Time Zones within an ASA may be made by the Director after review and recommendation of the Committee, based upon EMT placement, ASA practices and ASA population. The Director shall maintain a written record of modifications made to the Response Time Zones.

All other modifications must be made pursuant to one or more provisions, including LC 18.045, 18.070, 18.075, 18.080, or 18.100. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01; 13-01, 1.5.02; 15-04, 8.13.04; 14-20, 01.27.15)*

18.040 System Elements.
The following system elements apply to emergency services provided by each ASA provider:

(1) Notification/Response Time Zones.

(a) The Lane County ASA emergency response times must be as depicted on the Lane County Ambulance Service Area and Estimated Emergency Response Time map 90% of the time within a calendar quarter, barring inclement weather or other extraordinary conditions.

(b) Notification Times for ambulances must be within two minutes of the initial receipt of the call for 80% of emergency calls.

(c) Response time for emergency calls must be as follows for 90% of the calls: Zone 1 – Less than 10 minutes; Zone 2 – Less than 20 minutes; Zone 3 – 45 minutes or less; Zone 4 – up to 4 hours and 30 minutes.

(d) Monitoring of notification and emergency response times must be accomplished as provided in the quality assurance program.

(e) Response or Notification Time exceptions may be requested by a PSAP or ASA Provider to exclude a particular response from the uninterrupted emergency calls used to measure Notification or Response Time Compliance. Exception criteria are developed in consideration of factors, which may alter an ASA Provider's ability to respond within the response time standard requirements. The Director may revise conditions and criteria. The Director 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. Examples of criteria for excluding Emergency Responses from the count for reporting response time performance are listed below:

(i) Dispatch Services
- (aa) Language Barrier
- (bb) Unknown or Incorrect address
- (cc) Evolving Event
- (dd) Scene Hazard

(ii) Provider Services
- (aa) Adverse weather conditions
- (bb) Road Conditions
- (cc) Vehicle Problem
- (dd) Incorrect Address
- (ee) Unsafe Scene/Staging
- (ff) Multiple Incidents with multiple Patients
- (gg) Hazardous Materials Incident
- (hh) Crowd Control
- (ii) Train
- (jj) Second and subsequent unit(s) to a response

(iii) System Elements
- (aa) Hospital on divert
- (bb) Hospital holding paramedics with patients for extended time.
- (cc) Change in Response Code
- (dd) 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.
- (ee) Mutual aid response(s): when an agency is or has been requested to provide mutual aid to another ASA.

(2) ASA 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 AASA provider. When a FRV is the first arriving unit, the clock will stop on their arrival if two conditions are met:

(a) The FRV arrives within the prescribed ambulance response time standard

(b) The subsequent ambulance arrives within the extended response time standard.

A FRV may be used to extend the arrival time of the ASA provider when a minimum of one person arrives with the equipment who is licensed to operate within the scope of practice for the level of care at the Advanced EMT Scope of practice or above. This will extend the allowed response time by ten (10) minutes.

ASA providers must assure that staffing for FRVs meets plan standards when it uses a FRV to extend arrival time. The ASA 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. ASA providers are encouraged to support FRVs and improve patient care practices.

(3) Level of Care.

(a) An ambulance operating in Lane County must consist of a qualified driver and one certified EMT or above. The EMT must always be with the patient in the patient compartment of the ambulance.

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

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

(4) Non-Emergency Services. An ASA provider is responsible for the provision of all operated and contracted ambulance services in their ASA, including both emergency and non-emergency services except as provided in LC Chapter 18. This does not include non-EMT attended transports.

(5) Personnel. When operating an ambulance in Lane County, all personnel must meet the requirements of ORS 682.017 through 682.245 and OAR 333-255-0070 through 333-255-0073. The practice of staffing an ambulance on a part-time basis with EMTs certified to a higher level of care than is possible at other times does not create a requirement that the ambulance provide the same level of care on a regular basis.

(6) Medical Supervision. ASA providers utilizing EMTs must ensure that EMTs are supervised by a physician licensed under ORS chapter 677, who is registered and in good standing with the Oregon Medical Board.

(7) Patient Care Equipment. Patient care equipment must meet or exceed the Oregon Health Authority's requirements as specified in ORS 682.017 through 682.245 and OAR 333-255-0070 through 333-255-0073. The ASA provider must maintain a list of equipment for their ambulances and provide the list to the Director if requested.

(8) Vehicles. All ambulances must be either a Type I, II, or III and be licensed by the Oregon Health Authority. All ambulances must meet or exceed the requirements as set forth in ORS 682.017 through 682.245 and OAR 333-255-060. An ASA provider must provide as up-to-date list of each provider's ambulances to the Director if requested

(9) Training. Each ASA provider in Lane County shall provide for continuing medical education which meets re-certification standards as specified by the Oregon Health Division. EMT re-certification and continuing medical education must be obtained through in-house training programs, seminars that are sponsored by local EMS agencies or accredited teaching institutions as authorized by law. If necessary, individuals may obtain training at other accredited teaching institutions. All ASA providers shall maintain continuing medical education and re-certification standards required by the Oregon Health Authority.

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

(a) Process.

(i) The Board, in order to ensure the delivery of the most efficient and effective ambulance services possible with the available resources, has directed that

ASA administration responsibility be established with the Director with assistance from the Committee.

(ii) Each ASA provider's Supervising Physician must approve and participate in a Quality Improvement Process with their agency in accordance with OAR 333-250-0041. Copies of Quality Improvement Policies of each ASA will be submitted annually. Quality Assurance in Lane County is accomplished by the ASA providers through frequent case review, peer review, and periodic review by the supervising physicians.

(iii) Each ASA provider must have a complaint process in accordance with OAR 333-250-0085.

(b) ASA Provider Reporting Requirements. During the month following the end of each calendar quarter (January, April, July, October) each Lane County ASA provider and emergency dispatch center will submit the following information to the Director:

(i) Each ASA provider will submit a written response time zone report on forms or in a format approved by the Director and will list any factors (weather, road conditions etc.) that may have contributed to the delay if the overall response times were below the 90% response time for the reporting period.

(ii) Each ASA provider will submit the number and disposition of all non-confidential complaints made by consumers, the Oregon Health Authority, providers or the medical community related to operational standards.

(iii) Each emergency dispatch center will submit a written notification dispatch report on the forms or in a format approved by the Director. The report must list the number of emergency calls received, the number dispatched within two minutes and the number exceeding the two minute dispatch time.

(iv) ASA providers who:

(aa) Are based outside of Lane County, and

(bb) Are an ASA provider in their home county, and

(cc) Are a Lane County ASA provider in an ASA which accounts for less than 2% of the total number of households within Lane County boundaries are not required to submit Provider Reports to Lane County.

(c) Area Trauma Plan Coordination. All ASA providers shall comply with the approved Area Trauma Advisory Board Plan for the treatment and transport of patients.

(d) Problem Resolution. Problems involving protocol deviation by EMTs or dispatchers should be referred to the respective supervising physician or dispatch supervisor, and problems involving a non-compliant provider to the Director. The Director may seek background data and recommendations from the Committee in such instances and may refer the problem to the Board. Any member of the Committee who may have a conflict of interest in the matter shall declare such conflict and refrain from participating in any recommendations made.

(e) Sanctions for Non-Compliant Personnel or Providers. Upon a recommendation by the Director, who may seek background data and recommendations from the Committee, or upon its own motion, the Board may suspend or revoke the assignment of an ASA upon a finding that the provider has:

(i) willfully violated applicable provisions of an ordinance, this ASA Plan or State or Federal laws and regulations; or

(ii) materially misrepresented facts or information given in the application for assignment of an ASA or as part of the review of the performance of the service furnished by the provider.

In lieu of the suspension or revocation of the assignment of an ASA, the Board may order that the violation be corrected and make the suspension or revocation contingent upon compliance with the order, within the period of time stated. Notice of the Board's action must be provided to the holder of the assignment and it must 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 will notify the holder that the assignment is suspended or revoked upon receipt of the notice.

A person affected by the action and receiving a notice of the assignment denial, suspension, revocation or contingent suspension or revocation of an ASA may request a hearing before the Board by filing with the Board a written request for a hearing within 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 stays the action, pending the hearing and final determination of the decision, unless a change is required due to an immediate hazard to the public safety. The Board shall set a time and place for the hearing. Within 14 days after the conclusion of the hearing, the Board shall affirm, reverse or modify its original decision. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01; 5-10, 08.27.10; -11, 8.12.11; 14-20, 01.27.15)*

18.041 Designations.

Emergency, Pre-arranged Non-Emergency and Inter-facility Transfers.

(1) The Board designates only one emergency ambulance provider for each ASA and those designations are indicated on Appendix 1. Each of the designated ASA providers has the exclusive right to provide emergency ambulance services originating in their respective ASA, except if covered by an exemption or (3) of this section.

(2) Subject to any applicable exemption under this Code or (3) of this section, each of the designated ASA providers is also designated to exclusively provide non-emergency and inter-facility ambulance services for transports originating in their ASA area, with a right to subcontract such services in accordance with this Plan and ordinance, LC Chapter 18. No other designations are made, but the Board reserves its right to designate more than one provider for these services per ASA in the future.

(3) A hospital may directly provide NICU ambulance service transfers. In the alternative, a hospital may provide these services through a contractor as long as the contractor is a duly licensed ambulance service provider. The hospital may, but is not required to contract with the designated ASA provider for the area.

(4) Nothing in this LC Chapter 18 prevents an ASA provider from using ambulances and personnel deployed to meet its emergency responsibilities in non-emergency service, provided that the ASA provider's emergency service is not reduced below the level required.

(5) An ASA provider may subcontract non-emergency and inter-facility ambulance services within their ASA subject to the following:

(a) ASA providers will use an open competitive selection process, including qualifications, standards and requirements set forth in Lane Code Chapter 18, as well as any additional criteria and requirements deemed necessary by the ASA provider, except when the ASA provider has evidence through a public process that there is only one potential subcontractor (sole source) or the subcontractor would be another public entity through an intergovernmental agreement. In those exceptional circumstances, an open competitive process is not required.

(b) The selected contractor must demonstrate the ability to provide the subcontracted service;

(c) The selected contractor must be capable of and agree to comply with all standards and requirements of LC Chapter 18, as well as state and federal law and regulations which apply to the services. This includes, but is not limited to, liability insurance and obligation to indemnify Lane County in LC 18.070(h).

(d) The ASA provider must be capable of and agree to perform the subcontracted services upon default, or until another provider is selected.

(e) The County must provide approval before final contractor selection and contract execution based on compliance with LC Chapter 18. The ASA provider shall provide the Director of Health and Human Services with documents as requested.

(6) No other subcontracting is authorized unless pre-approved by the County. Any current subcontracts that have been executed with approval of the County prior to adoption of these subcontracting provisions are enforceable for their duration. *(Revised by Ordinance No.5-10, Effective 08.27.10; -11, 8.12.11; 14-20, 01.27.15)*

18.045 Authority for Ambulance Service Area Assignments.

(1) The Board has the authority to assign an ASA within Lane County in compliance with ORS 682.015 through 682.245. Applications by new providers, changes to an existing ASA or requests for a new ASA, and requests for assignment change or revocation will be considered for approval if they will improve efficient service delivery and benefit public health, safety and welfare. Applications for new ASA assignment may be accepted only when the Director calls for the submittal of applications. This applies for all applications for ASA service areas based on vacancy or termination of the ASA provider as provided in this plan. Cities have the authority to develop and apply ambulance licensing ordinances within their jurisdictional boundaries, and nothing in this Plan is intended to affect that authority. Initial assignment of ambulance service areas in Lane County was made in 1987 by the Board in accordance with the laws, ordinances and Plan provisions then existing.

(2) Future updates to this Plan and proposals for assignment changes, request for a new ASA, or to change all or part of an existing ASA, requests for assignment by new providers or requests for revocation of a service area assignment, ultimately will be the responsibility of the Board. In addition, the Board has the authority to review ASA providers' records and initiate an assignment change or service area revocation.

(3) This ASA Plan was prepared with extensive input from all county ambulance service providers. This Plan requires that the ambulance services providers maintain service records in order that the County can carry out its ASA Plan responsibilities.

(4) Updates to this Plan, reassignment of ambulance service areas, requests for a new ASA, or to change all or part of an existing ASA, requests for assignment by new providers or requests for revocation of a service area assignment are processed as follows:

(a) The Director receives or initiates a request.

(b) The Committee reviews all information pertinent to the request and advises the Director.

(c) The Director prepares a proposal for Board consideration.

(d) The Board conducts a public hearing and takes action on the request.

(5) In developing their recommendations, the Committee and the Director shall determine compliance with ORS 682.025 through 682.245 and meet the following criteria for service:

(a) Substantially improve ambulance response time, quality and level of services to the proposed area without adversely impacting the existing first response system.

(b) Demonstrate that the call volume in the proposed service area is sufficient to financially justify the service provided or otherwise demonstrate financial soundness.

(c) Does not jeopardize the financial ability of other ambulance service providers to provide efficient service to the remainder of Lane County.

(6) Existing and proposed providers shall make available information necessary for the Director to make a recommendation. The information must include, but not be limited to, run logs, physician advisor correspondence, audit reports, personnel training records, procedure manuals and equipment inventories. In the case of a proposed service provider, records, reference and audit reports may be requested in order to determine qualifications and experience.

(7) The Director may initiate a request for revocation and reassignment of a service area if there is evidence that an existing provider or personnel of that provider is not meeting minimum standards, is not providing minimum response times to their assigned area or if another provider can improve efficient service delivery and benefit public health, welfare and safety. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01; 5-10, 08.27.10; 14-20, 01.27.15)*

18.050 Coordination.

(1) Mutual Aid Agreements. Each ASA provider shall sign a mutual aid agreement with the other ASA providers in the County and with other ASA providers in adjoining counties to respond with needed personnel and equipment in accordance with the agreement. All requests for mutual aid must be made through the appropriate PSAP.

(2) Disaster Response.

(a) The Director will coordinate with EMS as required disaster planning with any formal disaster management plan developed by the Lane County Sheriff (designated as County Emergency Services Coordinator) or other appropriate county authorities.

(b) Ambulance provider personnel faced with a multiple-casualty incident should examine the situation in terms of its potential or actual magnitude of disaster, and request any appropriate additional resources that may be available.

(c) When County resources other than ambulances are required for the provision of emergency medical services during a disaster, a request for additional resources will be made to the appropriate agency through the County Emergency Management Office.

(i) The Director of the County Emergency Management Office is responsible for locating and coordinating all county EMS resources any time that the Mass Casualty Incident (MCI) Plan is implemented.

(ii) The Director of the County Emergency Management Office will work directly with local agencies, departments and governments to coordinate necessary resources during any implementation of the MCI Plan.

(d) When resources from outside Lane County are required for the provision of emergency medical services during a disaster, a request for those resources will be made through the appropriate PSAP to the appropriate agency. The Director of the County Emergency Management Office will be responsible for requesting and coordination all out of county resources any time the MCI Plan is implemented.

(e) The Mass Casualty Incident (MCI) Plan is a component of the Lane County Health & Human Services Emergency Operations Plan, which is part of the Lane County Emergency Operations Plan (EOP) ANNEX H - Medical Services. The EOP is the responsibility of the Lane County Sheriff as mandated by the state. If this ASA Plan

conflicts with the MCI Plan, then the MCI Plan prevails unless otherwise specified by the Board.

The purpose of the MCI Plan is to provide guidance to EMS response personnel in the coordination of response activities relating to mass casualty incidents in Lane County. The MCI 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 Health Officer. It is expected the MCI Plan will address the responsibility of providers concerning:

(i) coordination;
(ii) communication;
(iii) move up;
(iv) triage; and
(v) transportation.

The Director or designee will periodically review the MCI Plan and recommend revisions to meet the County's need. Following review, the Director will work with the Preparedness Coordinator to review recommendations.

(f) All ASA providers shall follow Hazard Specific Annex 1 titled Terrorism Incident/Hazard Specific Annex 1 of the Lane County Emergency Operations Plan in response to terrorism. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01; 5-10, 8.27.10; -11, 8.12.11; 14-20, 01.27.15)*

18.060 Personnel and Equipment Resources.

Under special circumstances, additional specialized resources may be required for the management of unusual problems and situations. The initial response agency or the agency with jurisdiction will coordinate with the following agencies to the extent specialized resources are needed.

(1) Non-Transporting EMS Providers:
(a) McKenzie Fire & Rescue
(b) Lane County Fire District #1
(c) Goshen Rural Fire District
(d) Mohawk Valley Rural Fire Department
(e) Lake Creek Rural Fire Protection District
(f) Lorane Rural Fire Protection District
(g) Junction City Rural Fire Protection District
(h) Santa Clara Fire District
(i) Dexter Rural Fire Protection District
(j) Lowell Rural Fire Protection District
(k) Coburg Fire District
(l) Pleasant Hill Fire District
(m) Upper McKenzie Rural Fire Protection District
(n) Deadwood Creek
(o) Siuslaw Valley Fire and Rescue
(p) Mapleton Fire Department
(q) Monroe Rural Fire Protection District

(2) Hazardous Materials:

(a) Emergency Responder Services (ERS): provides notification and activation of State Agencies

(b) Environmental Services: provides oil spill contaminate clean-up 24 hours a day

(c) US Coast Guard: responsible for response in bays and most navigable waters

(d) HAZMAT

(3) Search and Rescue:

(a) Lane County Sheriff Office

(b) Eugene Mountain Rescue

(4) Specialized Rescue: Eugene Springfield Fire & EMS Dept Technical Rescue Team

(5) Extrication:

(a) McKenzie Fire & Rescue

(b) Lane County Fire Authority

(c) Goshen Rural Fire District

(d) Mohawk Valley Rural Fire Dept

(e) Lake Creek Rural Fire Protection District

(f) Lorane Rural Fire Protection District

(g) Junction City Rural Fire Protection District

(h) Santa Clara Fire District

(i) Dexter Rural Fire Protection District

(j) Lowell Rural Fire Protection District

(k) Coburg Fire District

(l) Pleasant Hill Fire District

(m) Upper McKenzie Rural Fire Protection District

(n) Emergency Action Services (EASE)

(o) South Lane Fire & Rescue

(p) Eugene Fire & EMS Dep

(q) Springfield Fire & Life Safety

(r) Lane Rural Fire Rescue

(s) Siuslaw Valley Fire and Rescue

(t) Monroe Rural Fire Protection District

(6) Emergency Communication Access:

(a) Telephone:

(i) To establish single access throughout Lane County, 9-1-1 must be available to all telephone exchanges within Lane County.

(ii) Advertising for or otherwise soliciting requests for emergency medical services utilizing any telephone number other than 9-1-1 is prohibited.

(iii) All requests for emergency medical services must be received by one of the three Public Safety Answering Points (PSAP's). NOTE: This requirement will be reviewed, and modified as appropriate, after the recently legislatively mandated consolidation of PSAP's in each county.

(b) Dispatch Procedures. To establish a minimum standard of medical dispatching within Lane County, all First Response Agencies, ASA Providers, PSAP's and Dispatch points shall:

(i) Follow the established standards of emergency medical dispatching and follow those procedures and protocols as approved by the State Emergency Medical Services Committee, Oregon Trauma System Area Trauma Board (ATAB) Rules, and OAR 333-260-0050(1) (2),

(ii) Conform to a call received to notification of Initial Responders and ASA providers of < 2 minutes 80% of the time (*see* LC 18.040(1)(b)).

(iii) Notify Initial Responders and ASA Providers by the use of radio communications including pagers and other tone activated devices.

(iv) Include in every radio dispatch the following:

(aa) Announcement identifying agency(ies) to respond, nature of problem identified through the use of dispatch priority protocols and the exact location of the patient; and

(bb) Any specific instructions or information pertinent to the emergency.

(cc) Repeat the announcement to each agencies first response unit(s) when they respond to include any additional information obtained about the patient's situation, history or problem.

(dd) Simultaneously dispatch Advanced Life Support (ALS) Assist according to protocols approved by the State Emergency Medical Services Committee and ATAB on all EMS calls identified as ALS in nature.

(c) Radio System

(i) Each PSAP/Dispatch shall: (note that in some cases, the PSAP and Dispatch Center are at separate locations, e.g., Central Lane 9-1-1 PSAP, Junction City Police Dispatch)

(aa) Restrict access to authorized personnel only;

(bb) Meet future state or county standards;

(cc) Maintain radio consoles capable of communication directly with all Initial Response agency(ies) dispatched by them;

(dd) Maintain radio logs which contain all information required by the Federal Communications Commission and Oregon Revised Statues, including, but not limited to: Location of call; nature of the emergency; reporting party; time received, dispatched, en-route, arrived, transported, arrived at destination, in-service and in quarters; number of patient(s); and type of response to the scene and transport destination; and

(ee) Utilize plain English.

(ii) All ASA Providers shall:

(aa) Equip each ambulance with an FCC approved, multi-channel radio with the highest allowable wattage;

(bb) Equip each ambulance with a portable handheld radio with a minimum of two channel capability;

(cc) Install the Hospital Emergency Ambulance Radio (HEAR) frequency of 155.340mHz in each installed and portable handheld radios;

(dd) License and operate all radio equipment subject to FCC licensure in accordance with current FCC rules and regulations; and

(ee) Coordinate communications with the appropriate dispatch center for that agency. Times kept by the dispatch center will be times of record. The dispatch center appropriate for that agency must be notified when in-service units are no longer available for responses.

(d) Emergency Medical Services Dispatcher Training. All emergency medical services dispatchers must successfully complete an Oregon Department of Public Safety Standards and Training (DPSST) approved Emergency Medical Dispatch (EMD) course, and continuing education and training as required by DPSST to maintain EMD certification. *(Revised by Ordinance No.5-10, Effective 08.27.10; -11, 8.12.11; 14-20, 01.27.15)*

18.070 Application for New Assignment or Reassignment.

(1) Any person desiring to provide new or reassigned ambulance services within Lane County must submit an application to the Director to be assigned an ASA.

(2) In addition to information required by LC 18.070(3) below, the Director, the Committee or the Board may require additional information deemed necessary to insure compliance with this Plan and applicable law.

(3) The applicant must provide the following information:

(a) The name and address of the person or agency applying.

(b) The ASA the person desires to serve, the location(s) from which ambulance services will be provided, and the level of service to be provided.

(c) A statement as to whether or not the person will subcontract for any service to be provided. If some service will be provided by subcontract, a copy of that subcontract must be provided.

(d) A list of vehicles to be used in providing ambulance services including year, make and model, and verification that each vehicle is licensed by the Health Division.

(e) A statement that all equipment and supplies in each ambulance conforms to Health Division standards.

(f) A list of personnel to be used in providing ambulance service and their current Emergency Medical Technician level and certificate number, or other appropriate certification.

(g) Proof of financial ability to operate, including an operating budget for public bodies or financial statement for private entities, references and/or statement of past ambulance service. Private companies must include a profit and loss statement in addition to the above materials. Other appropriate financial information, such as income tax returns, or reports by governmental authorities must also be submitted upon request. Public bodies must provide information regarding the sources and amounts of funding for ambulance services.

(h) Proof of liability insurance in the amounts not less than that required by ORS 682.105 through 682.109 or the Oregon Tort Claims Act. The applicant shall provide to the County a certificate of insurance, letter from the carrier, or letter from the Oregon Health Authority approving self-insurance. In addition, upon the County's decision to approve an application, in whole or in part, or otherwise change service boundaries or providers under LC Chapter 18, the applicant shall defend, indemnify and hold Lane County, its officers, agents and employees harmless from all claims, liability or damage resulting from any error, omission or act on the part of the successful applicant, its officers, agents or employees, arising out of performance or failure to perform activities described in LC Chapter 18. This indemnity obligation is subject to any applicable legal limitations and applies to any County decision that is effective on or after November 1, 2001. Nothing in this provision limits any other legal right to defense or indemnification that is otherwise available to the County related to actions of any other providers under LC Chapter 18.

(i) A statement of experience in providing ambulance service of a comparable quality and quantity to insure compliance with this ASA Plan.

(j) Proof of ability to comply with the terms and conditions of this ASA Plan and applicable county ordinances, in the form of a narrative summary.

(k) A description of any prepaid Ambulance Service Plan, including number of members, number of years of operation, funding and term.

(l) Information, in the form of run logs, medical records, medical director correspondence, audit reports, training records, policy and procedure manuals and equipment records and inventories, and any other records or materials requested.

(m) In the case of an application to transfer or take over an already assigned ASA:

(i) A detailed summary of how the proposed change will improve ambulance response time, and the quality and level of services to the ASA. The application must also include an assessment of how the proposed change will impact the existing first response system.

(ii) Evidence that the call volume in the ASA is sufficient to financially or otherwise justify the change in service.

(4) The new applicant must submit a non-refundable application fee in an amount determined by order of the Board to defray the actual reasonable cost incurred by Lane County in processing the application.

(5) The Board may from time to time, by order, amend the amount of application fees to defray the actual reasonable costs incurred by Lane County in processing applications. The Board may also adopt annual fees applicable to all providers assigned an ASA to defray the reasonable costs of Lane County in administering this Plan.

(6) The Director and the Committee will review applications and make a recommendation on the assignment of the ASA to the Board under LC 18.045 above. The assignment or reassignment of an ASA is made by an Order of the Board. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 13-01, 1.5.02; 5-10. 08.27.10; -11, 8.12.11; 14-20, 01.27.15)*

18.075 Review of Application for New Assignment or Reassignment.

(1) The Director and the Committee will review applications for new or reassigned ambulance services under LC 18.045 above, and make such investigation as deemed appropriate and they may request assistance of other persons as necessary.

(2) The Director shall notify the holder of an assignment for providing ambulance service to an ASA of any applications by another person to take over that area.

(3) Unless the time is extended by the Board for good cause, the Director shall make its recommendation to the Board to grant, deny, modify or attach appropriate conditions to the application within 90 days after the application and any required supplemental information has been received. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 5-10, 08.27.10; 14-20, 01.27.15)*

18.080 Board Action on Application for New Assignment or Reassignment.

Following receipt of a recommendation, the Board, consistent with LC 18.045 above:

(1) Will publish notice in a newspaper of general circulation in Lane County of its intent to hold a public hearing on the application and recommendations at least 10 days, but not later than 30 days following publication of notice.

(2) May require additional investigation by the Committee if it finds that there is insufficient information on which to base its action.

(3) Will, upon the basis of the application, the Committee's recommendation, such other information as is permitted by this Plan, and such information as is presented to the Board at the public hearing make an order granting, denying or modifying the application or attaching conditions thereto.

(4) Will make any order adverse to the applicant or to the holder of, or applicant for, another assignment effective at least 30 days after the date of such order and will notify such persons in writing of the order. The Board may suspend operation of this subsection and enter an emergency order if it finds that there is an immediate and serious danger to the public or that a health hazard or public nuisance would be created by a delay. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 14-20, 01.27.15)*

18.090 Notification of Vacating an ASA.

In the event that an ASA provider wishes to vacate their ASA, the provider must provide at least sixty (60) days written notice to the Board. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.095 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 will notify the Board in writing of its inability to comply and identify which standards are involved. The Board will determine if other qualified providers are available for the ASA who can comply with the standards. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.100 Transfer of Assignments.
Except as provided in LC 18.030, an ASA provider may transfer an assignment to another ASA provider only upon written notice to and approval by the Board. Review of an application for transfer of an assignment is conducted in the same manner as an application for assignment or reassignment. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 14-20, 01.27.15)*

18.110 Preventing Interruption of Service.
Whenever the Board finds that the failure of service or threatened failure of service would adversely impact the health, safety or welfare of the residents of this county, the Board will, after reasonable notice, but not less than 24 hours notice to the ASA provider, hold a public hearing. Upon appropriate findings after the hearing, the Board may authorize another provider or other person to provide services. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 14-20, 01.27.15)*

18.115 Appeals, Abatement and Penalties.
(1) All the decisions of the Board are reviewable by the Circuit Court of the State of Oregon for the County of Lane, by way of writ of review.

(2) The provision of ambulance service by any person or provider in violation of this Plan, or regulations promulgated thereunder, is a nuisance and the Court may, in addition to other remedies provided by law institute injunctive abatement or other appropriate legal proceedings to temporarily or permanently enjoin or abate such emergency ambulance service.

(3) The provision of ambulance services covered by this Plan, by any person who is not the assigned ASA provider will constitute a failure to comply with this section.

(4) Failure to comply with this section is enforceable under the applicable provisions of Lane Code Chapter 5, except as follows:

(i) Responsible Person is defined as any person providing Ambulance Services, who has not received the area assignment under this Chapter

(ii) Fines for failure to comply with 18.115(3) are assessed under LC18.130. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 5-10, 08.27.10; 14-20, 01.27.15)*

18.120 Duties of Ambulance Service Providers.
Any ASA provider operating in Lane County:

(1) Shall conduct its operation in compliance with all applicable state and federal laws, rules and regulations, and this ASA Plan;

(2) Shall not fail or refuse to respond to an emergency call for service when an ambulance is available for service;

(3) Shall not respond to a medical emergency located outside its assigned ASA except:

(a) When the provider assigned to the ASA is unavailable to respond and the responding provider is requested by that provider or 9-1-1 dispatcher to respond; or

(b) When the response is for supplemental assistance or mutual aid.

(4) Shall not voluntarily discontinue service to an assigned ASA until the ASA provider has:

(a) Given 60 days written notice to the Director, or

(b) Obtained written approval of the Board.

(5) This section does not apply to:

(a) Change, restriction or termination of service when required by any public agency, public body or court having jurisdiction; or

(b) Transfer of assignments. *(Revised by Ordinance No. 5-10, Effective 5-10, 08.27.10; 14-20, 01.27.15)*

18.130 Classification of Failure to Comply.

A responsible person as defined in LC 18.115(4) is subject to the following penalty amounts for Failure to Comply:

(1) Initial Failure to Comply – For Initial Failure to Comply, the monetary penalty is $500.

(2) Second Failure to Comply - If the responsible person had a prior occurrence of failure to comply within 12 months of the date of the failure to comply, the monetary penalty is $1000.

(3) Third and Subsequent Failure to Comply – If the responsible person had two or more prior occurrences of failure to comply within 12 months of the incident, the monetary penalty is $2,500. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 5-10, 08.27.10; 14-20, 01.27.15)*

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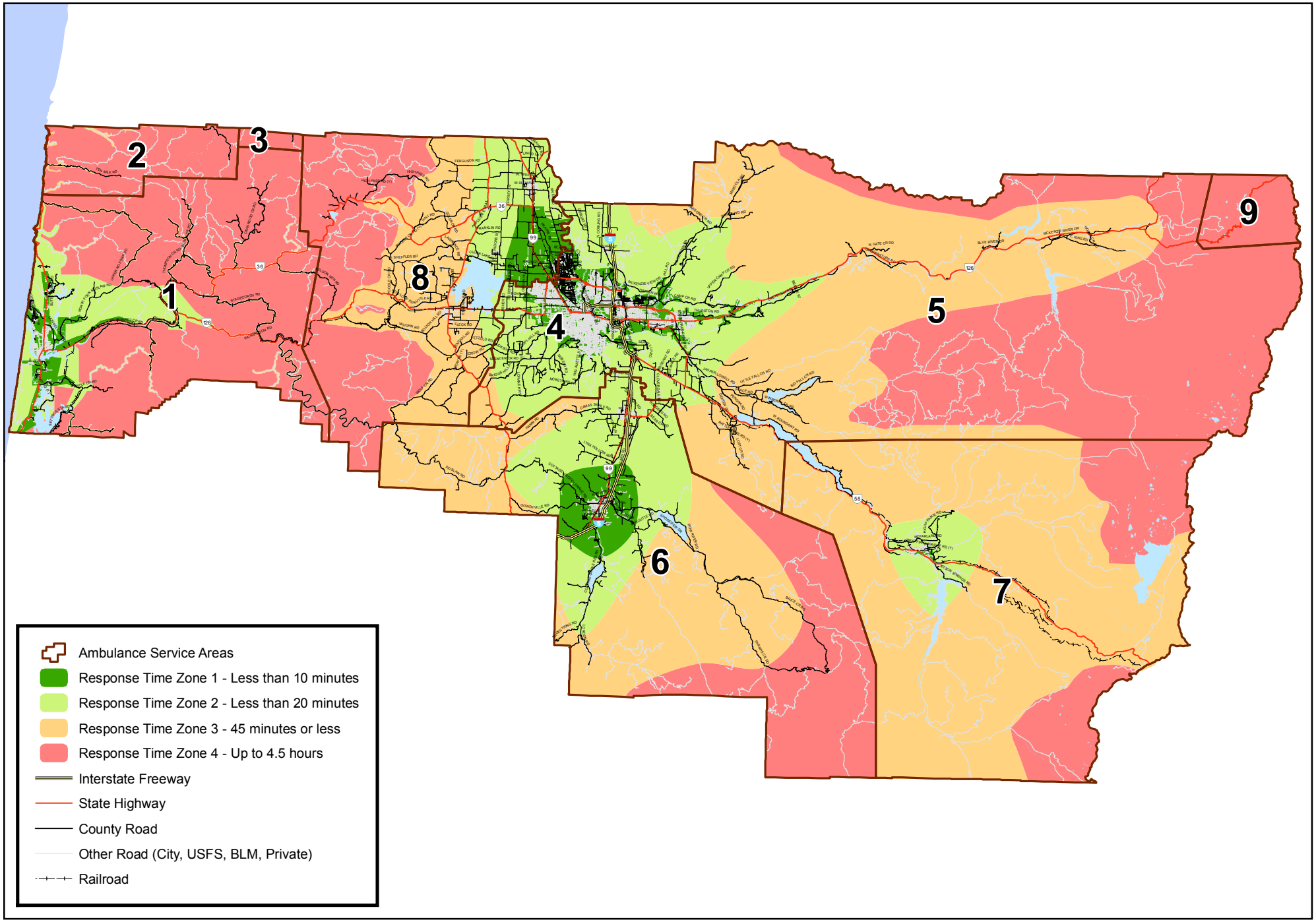

The information on this map was derived from digital databases on the Lane County regional geographic information system. Care was taken in the creation of this map, but is provided "as is". Lane County cannot accept any responsibility for errors, omissions or positional accuracy in the digital data or the underlying records. Current plan designation, zoning, etc., for specific parcels should be confirmed with the appropriate agency. There are no warranties, expressed or implied, accompanying this product. However, notification of any errors will be appreciated.

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LANE COUNTY OREGON

Lane County Ambulance Service Areas & Response Times Zones

Date: 2/24/2017

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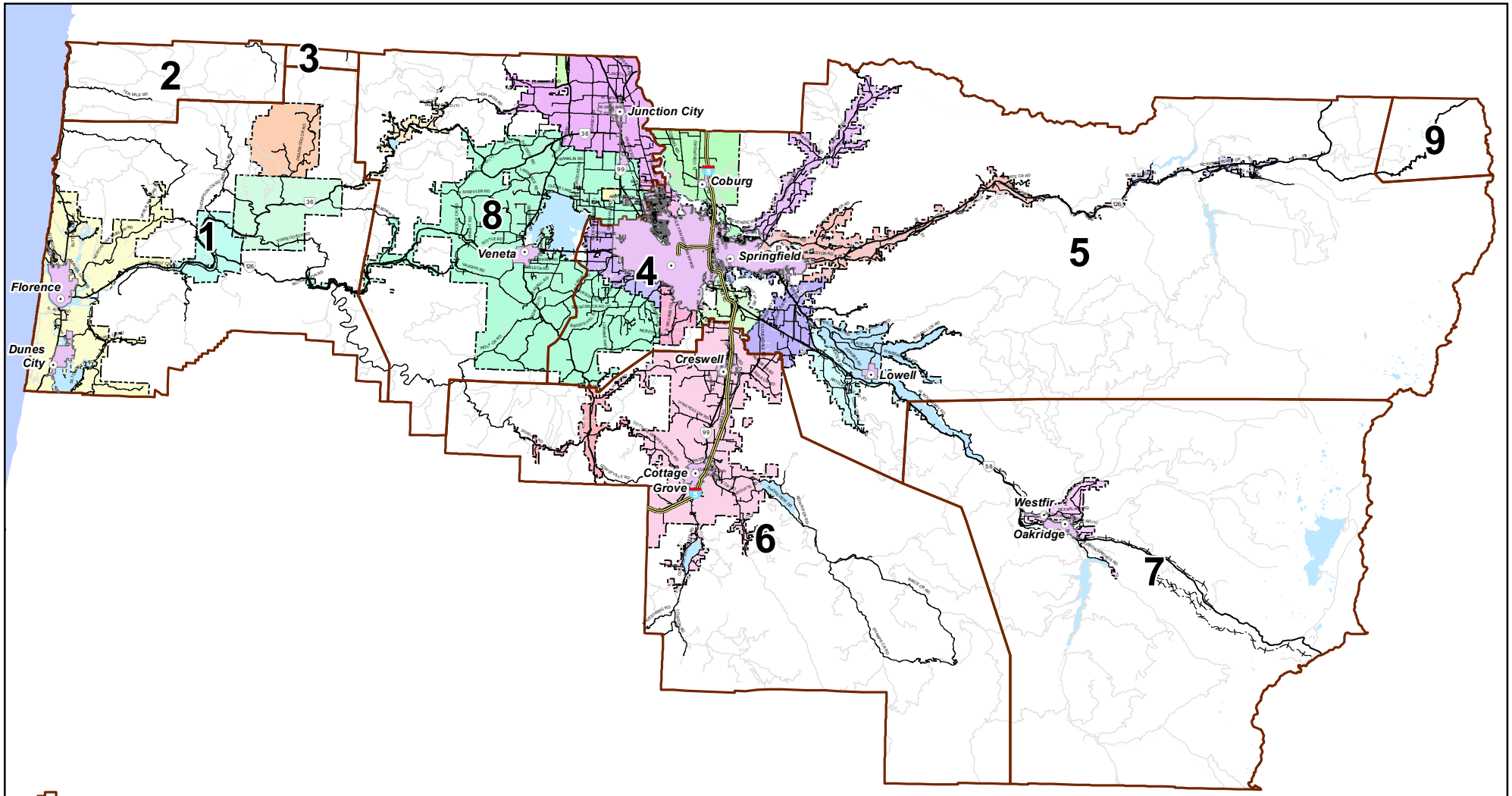

Ambulance Service Areas

ASA #	ASA Name	Provider
1	Western	Western Lane Ambulance
2	North/West	South Lincoln Ambulance Association
3	Benton	Corvallis Fire & Ambulance Dept
4	West/Central	Eugene Fire & EMS
5	East/Central	Springfield Dept of Fire & Life Safety
6	Southern	Cottage Grove Fire & Ambulance Dept
7	South/East	Oakridge Fire & Ambulance Dept
8	Northwest/Central	Lane Fire Authority
9	North/East	Sisters-Camp Sherman Fire District

Rural Fire Protection Districts

- Bailey-Spencer RFPD
- Coburg RFPD
- Deadwood Volunteer
- Dexter RFPD
- Eugene #1 RFPD
- Eugene Airport
- Eugene Fire & EMS Department
- Glenwood WD
- Goshen RFPD
- Hazeldell Rural Fire District
- Junction City RFPD
- Lake Creek RFPD
- Lane Fire Authority
- Lorane RFPD
- Lowell RFPD
- Mapleton FD
- McKenzie Fire & Rescue
- Mohawk Valley FD
- Monroe RFPD
- Oakridge FD
- Pleasant Hill RFPD
- Rainbow WD
- River Road WD
- Santa Clara RFPD
- Siuslaw Valley Fire & Rescue
- South Lane County Fire & Rescue
- Springfield Fire and Life Safety
- Swisshome-Deadwood RFPD
- Upper McKenzie RFPD
- Westfir FD
- Willakenzie/Eugene RFPD
- Willakenzie/Springfield RFPD
- Zumwalt RFPD

The information on this map was derived from digital databases on the Lane County regional geographic information system. Care was taken in the creation of this map, but is provided "as is". Lane County cannot accept any responsibility for errors, omissions or positional accuracy in the digital data or the underlying records. Current plan designation, zoning, etc., for specific parcels should be confirmed with the appropriate agency. There are no warranties, expressed or implied, accompanying this product. However, notification of any errors will be appreciated.

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Lane County Ambulance Service Areas, Rural Fire Protection Districts & Incorporated Cities

Date: 2/24/2017

Chapter 18

LANE COUNTY AMBULANCE SERVICE AREA PLAN

18.005 Purpose.
This Ambulance Service Area Plan for Lane County is adopted pursuant to ORS 682.063. This Plan provides for efficient and effective provision of ambulance services through coordination of all providers of Emergency Medical Technician (EMT) supervised medical care within the established ambulance service areas at standards consistent with those provided by ORS 682.062, 682.063, and the assignment of each ambulance service area (ASA) to a single provider, unless otherwise noted in Lane Code, Oregon Administrative Rules, and existing local ordinances and rules. This Plan may be updated in order to maintain or promote efficiency and effectiveness. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01; 5-10, 08.27.10; 14-20, 01.27.15)*

18.010 Overview of Lane County.
Lane County lies in the central Willamette Valley and is bordered on the west by the Pacific Ocean, the north by Lincoln, Benton and Linn Counties, the east by Deschutes and Klamath Counties and the south by Douglas County. It encompasses 4,620 square miles and consists of both rugged mountains, the Coastal Mountain Range to the west and the Cascade Mountain Range to the east and gentle valleys. The elevation of the County seat-Eugene is 422 feet. The climate is characterized by an overall average January temperature of 40 degrees F and an average July temperature of 67 degrees F with an average annual precipitation of 46 inches.

The cities of Eugene, Springfield, Cottage Grove lie close to or border Interstate 5 which runs north and south. The city of Oakridge ~~lies~~ **is located** on State Highway 58 which runs east and west and which is a major access to central Oregon. The city of Florence lies at the intersection of State Highway 126 which runs east and west and US 101 which runs north and south, adjacent to the Pacific Ocean.

The principal industries are agriculture, education, fishing, food processing, logging, manufacturing of wood products, recreation and tourism. *(Revised by Ordinance No.7-97, Effective 6.6.97; 1-01, 12.20.01; 5-10, 08.27.10)*

18.015 Definitions.
As used in this Chapter 18, the words and phrases below have the following meanings:

Administrative Civil Penalty. May include a monetary penalty, restitution, costs and assessments.

Advanced Emergency Medical Technician (AEMT~~ or Advanced EMT~~). A person who is licensed by the Authority as an Advanced Emergency Medical Technician.

Ambulance. Any privately or publicly owned motor vehicle, aircraft or ~~marine~~ **water**craft ~~operated by a Division licensed ambulance service~~ that is regularly provided or offered to be provided for ~~EMT supervised~~ emergency and non-emergency transportation of persons ~~suffering from illness, injury or disability~~**who are ill or injured or who have disabilities**.

Ambulance Services. **Any person, governmental unit, corporation, partnership, sole proprietorship, or other entity that operates ambulances and that holds itself out as providing prehospital care or medical transportation to persons who are ill or injured or who have disabilities.**~~Includes the transportation of an ill,~~

~~injured or disabled individual in an ambulance under the supervision of an EMT and, in connection therewith, the administration of pre-hospital and out-of-hospital medical emergency or non-emergency care, if necessary.~~

Ambulance Service Area (ASA). A geographic area which is served by one **ground** ambulance service provider, and may include all or a portion of a county, or all or portions of two or more contiguous counties.

Ambulance Service Subcontract. Agreement between an assigned ASA provider or hospital and an ambulance service provider contracting a portion of services. The agreement requires compliance with the state and federal law and regulations and standards and requirements of LC Chapter 18 applicable to the services and includes clinical and financial provisions.

Ambulance Service Area **(ASA)** Plan. A written document that outlines a process for establishing a county ambulance services system including both emergency and non-emergency ambulance transport. 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 applicable law.

Ambulance Service Provider. **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.**

Ambulance Service Area (ASA) Provider. Licensed ambulance service assigned an Ambulance Service Area that responds to 9-1-1 dispatched calls or provides pre-arranged non-emergency transfers or emergency or non-emergency inter-facility transfers.

ASA Advisory Committee (Committee). A committee formed to review standards, make recommendations to or set new standards for the Board of County Commissioners for all matters regarding ambulance services and review and make recommendations regarding soundness of the ASA **Plan**. For purposes of this Plan, the Lane County Public Health Advisory Committee functions as the ASA Advisory Committee.

ASA Advisory Sub-Committee. A standing subcommittee of the ASA Advisory Committee made up of ASA Advisory Committee Members, ASA Providers and PSAP Providers.

Authority. The Emergency Medical Services and Trauma Systems Program within the Oregon Health Authority.

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

Director. The Director of the Lane County Health and Human Services Department or designee.

Dispatch Center. Telecommunications center that sends off (dispatches) and supports EMS resources responding to emergency and/or non-emergency calls.

Division. The **Public Health Division,** Oregon Health Authority~~, Department of Human Resources.~~**.**

Effective Provision of Ambulance Services. Ambulance services provided in compliance with the County Ambulance Service Plan's provisions for boundaries, coordination and system elements.

Efficient Provision of Ambulance Services. Effective ambulance services provided in compliance with the County Ambulance Service Plan's provisions for provider selection.

Emergency. Any non-hospital occurrence or situation involving illness, injury or disability requiring immediate medical or psychiatric services, wherein delay in the provision of such services is likely to aggravate the condition and endanger personal health or safety.

Emergency Calls. 911 call placed in good faith where the caller believes a time sensitive medical emergency has occurred. The medical emergency is triaged through a State recognized Emergency Medical Dispatch (EMD) protocol to assign a response to the incident according to the criteria the ASA has in place regarding emergency driving protocol.

Emergency Care. 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.

Emergency Medical Dispatch (EMD) Protocol. A system approved by the State of Oregon designed to direct a public safety telecommunicator to determine the medical condition, prioritize the medical call and provide pre-arrival instruction and patient care while emergency responders are en route to the location of the incident.

Emergency Medical Responder. A person who is licensed by the Authority as an Emergency Medical Responder.

Emergency Medical Service (EMS). Those pre-hospital functions and services whose purpose is to prepare for and respond to medical **and traumatic** emergencies, ~~including rescue and~~ ambulance services, patient care, communications and evaluation.

Emergency Medical Services Provider (EMS Provider). A person who has received formal training in prehospital and emergency care and is state-licensed to attend to any ill, injured or disabled person. Police officers, fire fighters, funeral home employees and other personnel serving in a dual capacity, one of which meets the definition of "emergency medical services provider" are "emergency medical services providers" within the meaning of ORS chapter 682.

Emergency Medical Technician **(EMT)**. A person who is licensed by the Authority as an Emergency Medical Technician.

~~Emergency Medical Technician Basic (~~EMT-Basic~~)~~. Has the same meaning as Emergency Medical Technician.

~~Emergency Medical Technician Intermediate (~~EMT-~~-~~Intermediate~~)~~. A person who licensed by the Authority as an EMT-Intermediate.

~~Emergency Medical Technician Paramedic (~~EMT-Paramedic~~)~~. Has the same meaning as Paramedic.

First Responder. Has the same meaning as Emergency Medical Responder.

First Response Vehicle. A vehicle and personnel that provide initial response, assessment, and care.

Health Officer. The Lane County Health Officer.

Lane County Board of Commissioners (Board). An elected body consisting of five commissioners pursuant to Lane Charter and applicable law.

License. The document issued by the ~~Division~~ **Authority** to the owner of an ambulance service~~ and ambulance,~~ when the ambulance service and **its** ambulance are found to be in compliance with ORS **Chapter** 682~~.017 through 682.245 and~~ OAR **Chapter** 333~~ 250-0000 through 333-250-0070 and 333-255-0000 through 333-255-0093~~.

NICU Transfer. The provision of ambulance services with specialized medical care for the stabilization and treatment of ill and newborn babies.

Non-Emergency Ambulance Services. Prearranged or non-immediate ambulance transfers, including those between facilities, provided by the assigned ASA provider or their contracted designee and under EMT supervision. Non-EMT attended transports are excluded from this definition, including but not limited to stretcher cars, medical taxis, wheelchair and secure transports.

Non-emergency Care. The performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24-hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed under ORS chapter 677, insofar as any of those acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the Oregon Medical Board in the course of providing prehospital care as defined by Oregon Administrative Rule.

Notification time. The length of time between the initial receipt of the request for emergency medical service by either ~~a provider or~~ a PSAP **and/or an emergency dispatch center**, and the notification of **all** responding emergency medical service personnel.

Owner. The person having all the incidents of ownership in an ambulance service or 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 of a lease for a term of 10 or more successive days.

Paramedic. A person who is licensed by the Authority as a Paramedic.

Patient. A ~~n~~**person who is** ill **or** ~~,~~ injured, or ~~disabled person~~**who has a disability and** who ~~may be~~**is** transported in an ambulance.

Provider. Any public, private or volunteer entity providing EMS~~ in an assigned ASA~~

Primary public safety answering point. A 24-hour public safety answering point that receives emergency calls directly from members of the public.

Public Safety Answering Point (PSAP). An agency that answers calls from citizens for emergencies involving requests for emergencies involving requests for emergency fire, police or medical assistance. An example of a PSAP is a 9-1-1 Center.

~~Quick Response Team (QRT). An agency that provides initial response and basic life support care without transportation capabilities by certified First Responders.~~

Response time. The length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene.

Scene. The confirmed address provided by dispatch.

Secondary public safety answering point. A public safety answering point that receives emergency calls from a primary public safety answering point on a transfer or relay basis.

Secure Transport. The provision of non-EMT attended transport for behavioral health patients in mental health crisis.

Stretcher Car. Non-emergency transport by a ground vehicle which is designed and equipped to transport individuals on a stretcher or gurney type apparatus that is operated to accommodate an incapacitated or disabled person who does not require EMT medical assistance during transport and which holds all required licenses to operate in the State of Oregon.

~~Response time. The length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene.~~

Supervising physician. A medical or osteopathic physician licensed under ORS Chapter 677, actively registered and in good standing with Oregon Medical Board of the State of Oregon, who provides direction of emergency **or non-emergency** care provided by emergency medical ~~technicians~~**services providers**.

~~System response time. The elapsed time from when the PSAP receives an emergency call until the arrival of the appropriate provider unit(s) on the scene.~~

Wheelchair Transport. Non-emergency transport by a ground vehicle which is designed and equipped with a wheelchair lift to transport individuals who do not require EMT medical assistance during transport. *(Revised by Ordinance No.7-97, Effective 6.6.97; 5-10, 08.27.10; 2-11, 8.12.11; 14-20, 01.27.15)*

18.016 Exemptions.

Notwithstanding any other provision, this Plan and the rules adopted in this Lane Code Chapter 18 do not apply to:

(1) Vehicles and ambulances being used under the circumstances set forth in ORS 682.035, as well as the persons listed in that statutory exemption.

(2) Vehicles and transports which are excluded from the definition of non-emergency ambulance service in LC Chapter 18.

(3) Ambulances or vehicles used to transport a patient from outside the County to a location within the County, or through the County.

(4) Vehicles used by a hospital owner to provide secure non-EMT attended transport directly through a vehicle equipped for behavioral health patients in mental health crisis, or by subcontract with any State of Oregon certified secure transportation provider. ~~-~~The hospital is not required, but may contract with the designated ASA provider for the area.

(5) Any person who drives or who attends an ill, injured or disabled person transported in a vehicle mentioned in subsections 1~~-9~~ **-4** of this section, or is licensed to do so. *(Revised by Ordinance 5-10, Effective 08.27.10; 14-20, 01.27.15)*

18.020 Ambulance Services Area Boundaries.

Lane County consists of nine Ambulance Service Areas (ASAs). The "Lane County Ambulance Service Areas and Estimated Emergency ~~System~~ Response Time" map (see Appendix #1), adopted and incorporated here by this reference, represents the established ASAs, assigned ASA providers and estimated emergency ~~system~~ response times, which include ~~notification time and~~**ASA** provider response time. Actual response time is subject to the variables of access, weather, road and traffic conditions as well as other

circumstances that can impact response time. The narrative description of the ASAs is generalized, more detailed information can be found on the Emergency Response Time Zone Map. Adjustments to the ASA boundaries may be made by the Director or the Board consistent with the requirements of this Plan pursuant to LC 18.030 below. By mutual aid agreement, an ambulance service provider may respond to another provider's ASA. This Plan applies to all transports originating in Lane County

(1) ASA #1. - Western. This area is bordered on the west by the Pacific Ocean. On the north, starting at about Milepost 174.3 on US 101 (the north end of the Rock Creek bridge), the boundary runs east approximately 10 miles, then north approximately 1.5 miles, then east for approximately 9 miles, then north for approximately 3 miles, then east again for approximately 6 miles. The boundary turns south and runs for approximately 7.5 miles, east for approximately ½- mile, then south for approximately 1.5 miles, intersecting State Highway 36 at Greenleaf Creek Road (approximately Milepost 21.5). From there, the boundary runs east and then south-southwest, crossing State Highway 126 at about Milepost 28.5, then runs southeast approximately 6 miles, including the Clay Creek Recreational Area, and then continues south to the Douglas County line.. Response into rural and frontier areas will be dictated by access capabilities.

(2) ASA #2. - North/West. This area is bordered on the west by the Pacific Ocean. Starting at about Milepost 174.3 on US 101 (the north end of the Rock Creek bridge), the boundary runs east approximately 10 miles and then north approximately 1.5 miles, then east for approximately 9 miles, then north to the Benton County Line. Response into rural and frontier areas will be dictated by access capabilities.

(3) ASA #3. - Benton. This area covers only a small portion of northern Lane County. Starting on the Benton County line approximately one mile east of the Lincoln County line, the boundary runs south approximately 1.75 miles, then east for approximately 6 miles, and then runs north to the Benton County line. Response into rural and frontier areas will be dictated by access capabilities.

(4) ASA #4. - West/Central. Starting at the Linn County line, this area is bordered by the eastern boundary of the Junction City Rural Fire Protection District, following that boundary south and then west to the intersection of Luckey Lane and River Road. The boundary then turns south on River Road to Beacon Drive, turns west on Beacon Drive, and then turns south, following the Urban Growth Boundary south and then west and then south again, to the intersection of Hyacinth Street and Torrington Ave. The boundary then runs generally south to the intersection of Hyacinth and Calla Street, staying west of Hyacinth so that addresses on both sides of Hyacinth, as well as addresses on cul-de-sacs connecting from Hyacinth, are in ASA #4. The boundary continues south, staying west of Calla and west of Kalmia Street, to Irving Road. The boundary turns west, following the south side of Irving Road to the southeast corner of Irving and Northwest Expressway, then southeast on the east side of Northwest Expressway, staying east of the Beltline Hwy and Northwest Expressway interchange, and then follows the west side of Northwest Expressway south to Maxwell Road. The boundary turns west, following the north side of Maxwell Road to Prairie Road, then south to Hwy 99, then northwest on Hwy 99 to the east-bound Beltline off-ramp. The boundary turns southwest and then west, following the Eugene City Limits to the intersection of Barger Drive and Greenhill Road. From that point, the boundary continues west, following the southern boundary of Lane Rural Fire/Rescue, to the eastern shoreline of Fern Ridge Reservoir, then south following the eastern shore of Fern Ridge Reservoir to milepost 51 on Hwy 126, then generally south following Coyote Creek

to Cantrell Road, and continuing generally south following Coyote Creek to the intersection of Crow Road, Erickson Road, and Petzold Road. From there the boundary runs generally southwest approximately 5 miles, crossing Territorial Highway at milepost 28, and continuing south approximately 4 miles. At that point the boundary turns east, in places following the southern boundary of Lane County Fire District #1 and the northern boundary of Lorane Fire District, and crossing Territorial Highway again at approximately milepost 33.3. The boundary then turns northeast, staying between Lane County Fire District #1 and the South Lane Fire and Rescue District. The boundary turns east and then north and then east again, following the northern boundary of South Lane Fire and Rescue District and the southern boundary of Goshen Fire District, until it reaches the northernmost point of the South Lane Fire and Rescue District. The boundary then runs east to Interstate 5; north on Interstate 5 to the Lane/Linn County border, then west to the point of beginning at the boundary of the Junction City Rural Fire Protection District. Response into rural and frontier areas will be dictated by access capabilities.

(5) ASA #5. - East/Central. This area is bordered on the north by the Linn County line and on the west by Interstate 5. On the south the area is bordered by the northern boundary of the South Lane County Fire and Rescue Fire District and by the southern boundaries of the Goshen Fire District and the Pleasant Hill Fire District. From there, the boundary turns south-southeast and runs approximately 5.8 miles to Bear Mountain, where it turns southeast and runs to Mount June, then turns north and intersects State Highway 58 at Milepost 17, where it turns east to Saddle Blanket Mountain, and continues east to the Deschutes County line. In the far northeastern corner of Lane County, the boundary turns west from the Deschutes County line, crosses Hwy 242 at about Milepost 61.85 (the snow gate), and then turns north to the Linn County line. Response into rural and frontier areas will be dictated by access capabilities. (This provider also serves an area of Linn County up to Harrisburg, which is not included in this Plan.)

(6) ASA #6. - Southern. Starting at a point on the Douglas County line approximately where Range 6 West meets Range 7 West, the boundary runs approximately 4.5 miles north, crossing Siuslaw River Road just east of Alma, and then turns east, eventually following the southern edge of Lane County Fire District #1 and the northern edge of Lorane Fire District, crossing Territorial Highway at approximately milepost 33.3. The boundary turns northeast, staying between Lane County Fire District #1 and South Lane Fire and Rescue District. The boundary turns east and then north and then east again, following the northern edge of South Lane Fire and Rescue District, crossing Interstate 5, and following the southern edge of Goshen Fire District to the Coast Fork Willamette River. The boundary turns south, following the river, then turns east, following the southern edge of the Pleasant Hill Fire District and northern edge of South Lane Fire and Rescue District. From there, the boundary turns south-southeast and runs approximately 5.8 miles to Bear Mountain, where it turns southeast and runs to Mount June, then southeast to Patterson Mountain, then south-southeast to Grass Mountain, then continues south to the Douglas County line. Response into rural and frontier areas will be dictated by access capabilities.

(7) ASA #7. - South/East. Starting at Milepost 7 on State Highway 58, this area is bordered on the north by a line running east to Saddle Blanket Mountain, and continuing east to the Deschutes County line; and bordered on the west and south by a line starting at Milepost 17 on State Highway 58, running south to Mount June, then southeast to Patterson Mountain, the south-southeast to Grass Mountain, then continuing

south to the Douglas County line. Response into rural and frontier areas will be dictated by access capabilities.

(8) ASA #8. - Northwest/Central. Starting at a point on the Lane/Benton County border, west of Prairie Mountain and east of Lobster Creek, this area is bordered on the west by a line running south approximately 9 miles, east approximately ½-mile, and then south approximately 1.5 miles, intersecting State Highway 36 at Greenleaf Creek Road (approximately Milepost 21.5). From there, the boundary runs east and then south-southwest, crossing State Highway 126 at about Milepost 28.5, and then runs southeast approximately 6 miles, including the Clay Creek Recreational Area, and then continues south to the Douglas County line. On the east, starting at the Benton County line, this area is bordered by the eastern edge of the Junction City Rural Fire Protection District to the intersection of Luckey Lane and River Road. The boundary then continues south on River Road to Beacon Drive, turns west on Beacon Drive, and then turns south, following the Urban Growth Boundary south and then west and then south again, to the intersection of Hyacinth Street and Torrington Ave. The boundary then runs generally south to the intersection of Hyacinth and Calla Street, staying just west of Hyacinth so that addresses on both sides of Hyacinth, as well as addresses on cul-de-sacs connecting from Hyacinth, are in ASA #4. The boundary continues south, staying just west of Calla and just west of Kalmia Street, to Irving Road. The boundary turns west, following the south side of Irving Road to the southeast corner of Irving and Northwest Expressway, then southeast on the east side of Northwest Expressway, staying east of the Beltline Hwy and Northwest Expressway interchange, and then following the west side of Northwest Expressway to Maxwell Road. The boundary turns west, following the north side of Maxwell Road to Prairie Road, then south to Hwy 99, then northwest on Hwy 99 to the east-bound Beltline off-ramp. The boundary turns southwest and then west, following the Eugene City Limits to the intersection of Barger Drive and Greenhill Road. From that point, the boundary continues west, following the southern boundary of Lane Rural Fire/Rescue, to the eastern shoreline of Fern Ridge Reservoir, then south following the eastern shore of Fern Ridge Reservoir to milepost 51 on Hwy 126, then generally south following Coyote Creek to Cantrell Road, and continuing generally south following Coyote Creek to the intersection of Crow Road, Erickson Road, and Petzold Road. From there the boundary runs generally southwest approximately 5 miles, crossing Territorial Highway at milepost 28, and continuing south to intersect the northern boundary of ASA #6, where the boundary turns west to Alma and then south to the Douglas County line. Response into rural and frontier areas will be dictated by access capabilities. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01; 15-04, 8.13.04; 7-07, 7.20.07; 5-10, 08.27.10; 14-20, 01.27.15)*

18.025 9-1-1 Fire Protection Providers and Incorporated Cities Map.
(See Appendix #2) *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 15-04, 8.13.04)*

18.030 Alternatives To Reduce Response Times.
ASA boundary lines were drawn considering such elements as 9-1-1 trunking, fire district boundaries, current EMT practices, response times, geographic or man-made barriers and

public response. In many areas, the actual responding agency may vary for any of the following reasons:

(1) Inability to identify caller's address, area or district;

(2) Remote wireless calls to PSAP from outside the service area; and

(3) Variable weather and road conditions.

Any of the above listed conditions may cause more than one ambulance to be dispatched simultaneously to the scene. Alternatives or changes to existing ASA boundaries to reduce notification or response times were considered during the development of this Plan.

This Plan will be reviewed every three years or by request of the Committee, Director or Lane County ambulance provider. ASA boundaries may be modified after this Plan is adopted and implemented. When the existing assigned **ASA** providers agree in writing and request Director action, modifications to the ASA boundaries may be made by the Director after review and recommendation of the Committee, based upon annexation, changes in response time, dispatch equipment, enhanced 9-1-1 or EMT placement and practices and population. When ASA boundaries are adjusted due to annexation, consideration will be given to creating service areas that are well defined, thereby facilitating effective dispatch of response resources and data management. The Director shall maintain a written record of modifications made to the ASA boundaries. Affected **ASA** providers may appeal to the Board within 14 days after receipt of the Director's decision.

Response Time Zones may be modified after this Plan is adopted and implemented. When the ASA requests Director action, modifications to the Response Time Zones within an ASA may be made by the Director after review and recommendation of the Committee, based upon EMT placement, ASA practices and ASA population. The Director shall maintain a written record of modifications made to the Response Time Zones.

All other modifications must be made pursuant to one or more provisions, including LC 18.045, 18.070, 18.075, 18.080, or 18.100. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01; 13-01, 1.5.02; 15-04, 8.13.04; 14-20, 01.27.15)*

18.040 System Elements.

The following system elements apply to emergency services provided by each ASA provider:

(1) Notification/Response Time Zones.

(a) The Lane County ASA emergency ~~system~~ response times must be as depicted on the Lane County Ambulance Service Area and Estimated Emergency ~~System~~ Response Time map ~~85~~**90**% of the time within a calendar quarter, barring inclement weather or other extraordinary conditions.

(b) Notification Times for ambulances must be within two minutes **of the initial receipt of the call** for ~~90~~**80**% of emergency calls.

(c) ~~Emergency system~~ **R**~~r~~esponse time **for emergency calls** must be as follows for 90% of the calls: Zone 1 – Less than 10 minutes; Zone 2 – Less than 20 minutes; Zone 3 – 45 minutes or less; Zone 4 – up to 4 hours and 30 minutes.

(d) Monitoring of notification and emergency response times must be accomplished as provided in the quality assurance program.

(e) Response or Notification Time exceptions may be requested by a PSAP or ASA Provider to exclude a particular response from the uninterrupted

emergency calls used to measure Notification or Response Time Compliance. Exception criteria are developed in consideration of factors, which may alter an ASA Provider's ability to respond within the response time standard requirements. The Director may revise conditions and criteria. The Director 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. Examples of criteria for excluding Emergency Responses from the count for reporting response time performance are listed below:

(i) Dispatch Services
(aa) Language Barrier
(bb) Unknown or Incorrect address
(cc) Evolving Event
(dd) Scene Hazard

(ii) Provider Services
(aa) Adverse weather conditions
(bb) Road Conditions
(cc) Vehicle Problem
(dd) Incorrect Address
(ee) Unsafe Scene/Staging
(ff) Multiple Incidents with multiple Patients
(gg) Hazardous Materials Incident
(hh) Crowd Control
(ii) Train
(jj) Second and subsequent unit(s) to a response

(iii) System Elements
(aa) Hospital on divert
(bb) Hospital holding paramedics with patients for extended time.
(cc) Change in Response Code
(dd) 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.
(ee) Mutual aid response(s): when an agency is or has been requested to provide mutual aid to another ASA.

(2) ASA 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 AASA provider. When a FRV is the first arriving unit, the clock will stop on their arrival if two conditions are met:

(a) The FRV arrives within the prescribed ambulance response time standard

(b) The subsequent ambulance arrives within the extended response time standard.

A FRV may be used to extend the arrival time of the ASA provider when a minimum of one person arrives with the equipment who is licensed to operate

within the scope of practice for the level of care at the Advanced EMT Scope of practice or above. This will extend the allowed response time by ten (10) minutes.

ASA providers must assure that staffing for FRVs meets plan standards when it uses a FRV to extend arrival time. The ASA 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. ASA providers are encouraged to support FRVs and improve patient care practices.

(~~2~~**3**) Level of Care.

(a) An ambulance operating in Lane County must consist of a qualified driver and one certified EMT~~-Basic~~ or above. The EMT must always be with the patient in the patient compartment of the ambulance.

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

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

(~~3~~**4**) Non-Emergency Services. An ASA provider is responsible for the provision of all operated and contracted ambulance services in their ASA, including both emergency and non-emergency services except as provided in LC Chapter 18. This does not include non-EMT attended transports.

(~~4~~**5**) Personnel. When operating an ambulance in Lane County, all personnel must meet the requirements of ORS 682.017 through 682.245 and OAR 333-255-0070 through 333-255-0073. The practice of staffing an ambulance on a part-time basis with EMTs certified to a higher level of care than is possible at other times does not create a requirement that the ambulance provide the same level of care on a regular basis.

(~~6~~**5**) Medical Supervision. **ASA** ~~P~~**p**roviders utilizing EMTs must ensure that EMTs are supervised by a physician licensed under ORS chapter 677, who is registered and in good standing with the Oregon Medical Board.

(~~6~~**7**) Patient Care Equipment. Patient care equipment must meet or exceed the Oregon Health Authority's requirements as specified in ORS 682.017 through 682.245 and OAR 333-255-0070 through 333-255-0073. The ~~ambulance service~~**ASA** provider must maintain a list of equipment for their ambulances and provide the list to the Director if requested.

(~~7~~**8**) Vehicles. All ambulances must be either a Type I, II, or III and be licensed by the Oregon Health Authority. All ambulances must meet or exceed the requirements as set forth in ORS 682.017 through 682.245 and OAR 333-255-060. An ASA provider must provide as up-to-date list of each provider's ambulances to the Director if requested ~~.~~

(~~8~~**9**) Training. Each **ASA** provider in Lane County shall provide for continuing medical education which meets re-certification standards as specified by the Oregon Health Division. EMT re-certification and continuing medical education must be obtained through in-house training programs, seminars that are sponsored by local EMS agencies or accredited teaching institutions as authorized by law. ~~Lane Community College is the accredited teaching institution primarily providing EMT and First Responder training in Lane County.~~ If necessary, individuals may obtain training at other

accredited teaching institutions. All **ASA** providers shall maintain continuing medical education and re-certification standards required by the Oregon Health Authority.

(~~9~~**10**) Quality Assurance. In order to ensure the delivery of efficient and effective pre-hospital emergency medical care, an EMS Quality Assurance Program is hereby established.

(a) Process.

(i) The Board, in order to ensure the delivery of the most efficient and effective ambulance services possible with the available resources, has directed that ASA administration responsibility be established with the Director with assistance from the Committee.

(ii) **Each ASA provider's Supervising Physician must approve and participate in a Quality Improvement Process with their agency in accordance with OAR 333-250-0041. Copies of Quality Improvement Policies of each ASA will be submitted annually.** Quality Assurance in Lane County is accomplished **by the ASA providers** through frequent case review, peer review, and periodic review by the supervising physicians~~ and/or ambulance governing bodies. Complaints regarding violation of this ASA Plan, or questions involving ambulance services provided, must be submitted in writing to the Director who shall forward them to the Committee. The Committee shall then review the matter and make recommendations on such complaints or questions to the Director. The Director shall also resolve any problems involving system operations (changing protocols to address recurring problems, etc.). Ongoing input may be provided to the Director by consumers, providers or the medical community, any individual on the Board or members of the Committee. Input may be provided through the Ambulance Service Feedback link on the Department of Health & Human Service page on the Lane County website. The Director, in turn, will present the complaint, concern, idea or suggestion (in writing) to the full Committee for consideration~~.

(iii) Each ASA provider must have a complaint process in accordance with OAR 333-250-0085.

(b) **ASA** Provider Reporting Requirements. During the month following the end of each calendar quarter (January, April, July, October) each Lane County **ASA** ~~area ambulance~~ provider **and emergency dispatch center will** ~~shall~~ submit the following information to the Director:

(i) **Each ASA provider will submit a written response time zone report on forms or in a format approved by the Director and will** ~~Written notice when emergency system response time falls below 85% compliance of the limits defined by the Lane County Ambulance Service Areas & Estimated Emergency System Response Time Map (Appendix #1) in the response time contour. The report must list the actual system response time and pick up location of each transport that exceeded the response time and~~ list any factors (weather, road conditions etc.) that may have contributed to the delay **if the overall response times were below the 90% response time for the reporting period**.

(ii) **Each ASA provider will submit the number and disposition of** ~~A~~all non-confidential complaints made by consumers, the Oregon Health Authority, ~~EMS and Trauma Section,~~ providers or the medical community related to ~~clinical quality or~~ operational standards.

(iii) **Each emergency dispatch center will submit a written notification dispatch report on the forms or in a format approved by the**

Director. The report must list the number of emergency calls received, the number dispatched within two minutes and the number exceeding the two minute dispatch time.

(iv) ASA providers who:

(aa) Are based outside of Lane County, and

(bb) Are an ASA provider in their home county, and

(cc) Are a Lane County ASA provider in an ASA which accounts for less than 2% of the total number of households within Lane County boundaries

are not required to submit Provider Reports to Lane County.

~~If in any quarter no report is required by sections (i) and (ii) above, the provider shall submit a written certification of such to the Director.~~

(c) Area Trauma Plan Coordination. All ~~ambulance~~ **ASA** providers shall comply with the approved Area Trauma Advisory Board Plan for the treatment and transport of patients.

(d) Problem Resolution. Problems involving protocol deviation by EMTs or dispatchers should be referred to the respective supervising physician or dispatch supervisor, and problems involving a non-compliant provider to the Director. The Director may seek background data and recommendations from the Committee in such instances and may refer the problem to the Board. Any member of the Committee who may have a conflict of interest in the matter shall declare such conflict and refrain from participating in any recommendations made.

(e) Sanctions for Non-Compliant Personnel or Providers. Upon a recommendation by the ~~Committee~~**Director**, **who may seek background data and recommendations from the Committee,** or upon its own motion, the Board may suspend or revoke the assignment of an ASA upon a finding that the provider has:

(i) willfully violated applicable provisions of an ordinance, this ASA Plan or State or Federal laws and regulations; or

(ii) materially misrepresented facts or information given in the application for assignment of an ASA or as part of the review of the performance of the service furnished by the provider.

In lieu of the suspension or revocation of the assignment of an ASA, the Board may order that the violation be corrected and make the suspension or revocation contingent upon compliance with the order, within the period of time stated. Notice of the Board's action must be provided to the holder of the assignment and it must 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 will notify the holder that the assignment is suspended or revoked upon receipt of the notice.

A person affected by the action and receiving a notice of the assignment denial, suspension, revocation or contingent suspension or revocation of an ASA may request a hearing before the Board by filing with the Board a written request for a hearing within 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 stays the action, pending the hearing and final determination of the decision, unless a change is required due to an immediate hazard to the public safety. The Board shall set a time and place for the hearing. Within 14 days after the conclusion of the hearing, the Board shall affirm,

reverse or modify its original decision. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01; 5-10, 08.27.10; -11, 8.12.11; 14-20, 01.27.15)*

18.041 Designations.

Emergency, Pre-arranged Non-Emergency and Inter-facility Transfers.

(1) The Board designates only one emergency ambulance provider for each ASA and those designations are indicated on Appendix 1. Each of the designated ~~emergency ambulance~~**ASA** providers has the exclusive right to provide emergency ambulance services originating in their respective ASA, except if covered by an exemption or (3) of this section.

(2) Subject to any applicable exemption under this Code or (3) of this section, each of the designated ~~emergency ambulance~~**ASA** providers is also designated to exclusively provide non-emergency and inter-facility ambulance services for transports originating in their ASA area, with a right to subcontract such services in accordance with this Plan and ordinance, LC Chapter 18. No other designations are made, but the Board reserves its right to designate more than one provider for these services per ASA in the future.

(3) A hospital may directly provide NICU ambulance service transfers. In the alternative, a hospital may provide these services through a contractor as long as the contractor is a duly licensed ambulance service provider. The hospital may, but is not required to contract with the designated ASA provider for the area.

(4) Nothing in this LC Chapter 18 prevents an ASA provider from using ambulances and personnel deployed to meet its emergency responsibilities in non-emergency service, provided that the ASA provider's emergency service is not reduced below the level required.

(5) An ASA provider may subcontract non-emergency and inter-facility ambulance services within their ASA subject to the following:

(a) ASA providers will use an open competitive selection process~~.~~, including qualifications, standards and requirements set forth in Lane Code Chapter 18, as well as any additional criteria and requirements deemed necessary by the ASA provider, except when the ASA provider has evidence through a public process that there is only one potential subcontractor (sole source) or the subcontractor would be another public entity **through an intergovernmental agreement**. In those exceptional circumstances, an open competitive process is not required.

(b) The selected contractor must demonstrate the ability to provide the subcontracted service;

(c) The selected contractor must be capable of and agree to comply with all standards and requirements of LC Chapter 18, as well as state and federal law and regulations which apply to the services. This includes, but is not limited to, liability insurance and obligation to indemnify Lane County in LC 18.070(h).

(d) The ASA provider must be capable of and agree to perform the subcontracted services upon default, or until another provider is selected.

(e) The County must provide approval before final contractor selection and contract execution based on compliance with LC Chapter 18. The ASA provider shall provide the Director of Health and Human Services with documents as requested.

(6) No other subcontracting is authorized unless pre-approved by the County. Any current subcontracts that have been executed with approval of the County prior to

adoption of these subcontracting provisions are enforceable for their~~-~~ duration. *(Revised by Ordinance No.5-10, Effective 08.27.10; -11, 8.12.11; 14-20, 01.27.15)*

18.045 Authority ~~For~~ for Ambulance Service Area Assignments.

(1) The Board has the authority to assign an ASA within Lane County in compliance with ORS 682.015 through 682.245. Applications by new providers, changes to an existing ASA or requests for a new ASA, and requests for assignment change or revocation will be considered for approval if they will improve efficient service delivery and benefit public health, safety and welfare. **Applications for new ASA assignment may be accepted only when the Director calls for the submittal of applications. This applies for all applications for ASA service areas based on vacancy or termination of the ASA provider as provided in this plan.** Cities have the authority to develop and apply ambulance licensing ordinances within their jurisdictional boundaries, and nothing in this Plan is intended to affect that authority. Initial assignment of ambulance service areas in Lane County was made in 1987 by the Board in accordance with the laws, ordinances and Plan provisions then existing.

(2) Future updates to this Plan and proposals for assignment changes, request for a new ASA, or to change all or part of an existing ASA, requests for assignment by new providers or requests for revocation of a service area assignment, ultimately will be the responsibility of the Board. In addition, the Board has the authority to review ~~service~~ **ASA** providers' records and initiate an assignment change or service area revocation.

(3) This ASA Plan was prepared with extensive input from all county ambulance service providers. This Plan requires that the ambulance services providers maintain service records in order that the County can carry out its ASA Plan responsibilities.

(4) Updates to this Plan, reassignment of ambulance service areas, requests for a new ASA, or to change all or part of an existing ASA, requests for assignment by new providers or requests for revocation of a service area assignment are processed as follows:

(a) The Director receives or initiates a request.

(b) The Committee reviews all information pertinent to the request and advises the Director.

(c) The Director prepares a proposal for Board consideration.

(d) The Board conducts a public hearing and takes action on the request.

(5) In developing their recommendations, the Committee and the Director shall determine compliance with ORS 682.025 through 682.245 and meet the following criteria for service:

(a) Substantially improve ambulance response time, quality and level of services to the proposed area without adversely impacting the existing first response system.

(b) Demonstrate that the call volume in the proposed service area is sufficient to financially justify the service provided or otherwise demonstrate financial soundness.

(c) Does not jeopardize the financial ability of other ambulance service providers to provide efficient service to the remainder of Lane County.

(6) Existing and proposed providers shall make available information necessary for the Director to make a recommendation. The information must include, but not be limited to, run logs, physician advisor correspondence, audit reports, personnel

training records, procedure manuals and equipment inventories. In the case of a proposed service provider, records, reference and audit reports may be requested in order to determine qualifications and experience.

(7) The Director may initiate a request for revocation and reassignment of a service area if there is evidence that an existing provider or personnel of that provider is not meeting minimum standards, is not providing minimum response times to their assigned area or if another provider can improve efficient service delivery and benefit public health, welfare and safety. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 1-01, 12.20.01; 5-10, 08.27.10; 14-20, 01.27.15)*

18.050 Coordination.

(1) Mutual Aid Agreements. Each ~~ambulance service~~**ASA** provider shall sign a mutual aid agreement with the other **ASA** providers in the County and with other **ASA** providers in adjoining counties to respond with needed personnel and equipment in accordance with the agreement. All requests for mutual aid must be made through the appropriate PSAP.

(2) Disaster Response.

(a) The ~~Committee~~ **Director** will coordinate ~~the~~ **with** EMS **as required** ~~medical function of~~ disaster planning with any formal disaster management plan developed by the Lane County Sheriff (designated as County Emergency Services Coordinator) or other appropriate county authorities.

(b) Ambulance provider personnel faced with a multiple-casualty incident should examine the situation in terms of its potential or actual magnitude of disaster, and request any appropriate additional resources that may be available.

(c) When County resources other than ambulances are required for the provision of emergency medical services during a disaster, a request for additional resources will be made to the appropriate agency through the County Emergency Management Office.

(i) The Director of the County Emergency Management Office is responsible for locating and coordinating all county EMS resources any time that the Mass Casualty Incident (MCI) Plan is implemented.

(ii) The Director of the County Emergency Management Office will work directly with local agencies, departments and governments to coordinate necessary resources during any implementation of the MCI Plan.

(d) When resources from outside Lane County are required for the provision of emergency medical services during a disaster, a request for those resources will be made through the appropriate PSAP to the appropriate agency. The Director of the County Emergency Management Office will be responsible for requesting and coordination all out of county resources any time the MCI Plan is implemented.

(e) The Mass Casualty Incident (MCI) Plan is a component of the **Lane County Health & Human Services Emergency Operations Plan, which is part of the** Lane County Emergency Operations Plan (EOP) ANNEX ~~E~~ **H** - Medical Services. The EOP is the responsibility of the Lane County Sheriff as mandated by the state. ~~The Committee may provide guidance to the Lane County Sheriff in development of the MCI Plan for Lane County.~~ If this ASA Plan conflicts with the MCI Plan, then the MCI Plan prevails unless otherwise specified by the Board.

The purpose of the MCI Plan is to provide guidance to EMS response personnel in the coordination of response activities relating to mass casualty

incidents in Lane County. The MCI 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 Health Officer. It is expected the MCI Plan will address the responsibility of providers concerning:

(i) coordination;
(ii) communication;
(iii) move up;
(iv) triage; and
(v) transportation.

The ~~Committee~~ **Director or designee** will periodically review the MCI Plan and recommend revisions to meet the County's need. Following ~~Committee~~ review, the Director **will work with the Preparedness Coordinator to review recommendations**~~of Emergency Management will be asked to append the changes to the medical component of the Lane County Operations Plan and the modified MCI Plan will be promulgated~~.

(f) All ASA providers shall follow Hazard Specific Annex 1 titled Terrorism Incident/Hazard Specific Annex 1 of the Lane County Emergency Operations Plan in response to terrorism. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 1-01, 12.20.01; 5-10, 8.27.10; -11, 8.12.11; 14-20, 01.27.15)*

18.060 Personnel and Equipment Resources.
Under special circumstances, additional specialized resources may be required for the management of unusual problems and situations. The initial response agency or the agency with jurisdiction will coordinate with the following agencies to the extent specialized resources are needed.

(1) Non-Transporting EMS Providers:
(a) McKenzie Fire & Rescue
(b) Lane County Fire District #1
(c) Goshen Rural Fire District
(d) Mohawk Valley Rural Fire Department
(e) Lake Creek Rural Fire Protection District
(f) Lorane Rural Fire Protection District
(g) Junction City Rural Fire Protection District
(h) Santa Clara Fire District
(i) Dexter Rural Fire Protection District
(j) Lowell Rural Fire Protection District
(k) Coburg Fire District
(l) Pleasant Hill Fire District
(m) Upper McKenzie Rural Fire Protection District
(n) Deadwood Creek
(o) Siuslaw Valley Fire and Rescue
(p) Mapleton Fire Department
(q) Monroe Rural Fire Protection District

(2) Hazardous Materials:
(a) Emergency Responder Services (ERS): provides notification and activation of State Agencies

(b) Environmental Services: provides oil spill contaminate ~~clean~~ **clean-**up 24 hours a day

(c) US Coast Guard: responsible for response in bays and most navigable waters

(d) HAZMAT

(3) Search and Rescue:

(a) Lane County Sheriff Office

(b) Eugene Mountain Rescue

(4) Specialized Rescue:

~~(a) Eugene~~ **Springfield** Fire & EMS Dept Technical Rescue Team

~~(b) Springfield Fire & Life Safety Technical Rescue Team~~

~~(c) Hwy 58 Technical Rescue Team~~

~~(d) South Oregon Urban Search and Rescue Team~~

(5) Extrication:

(a) McKenzie Fire & Rescue

(b) Lane County Fire **Authority**~~District #1~~

(c) Goshen Rural Fire District

(d) Mohawk Valley Rural Fire Dept

(e) Lake Creek Rural Fire Protection District

(f) Lorane Rural Fire Protection District

(g) Junction City Rural Fire Protection District

(h) Santa Clara Fire District

(i) Dexter Rural Fire Protection District

(j) Lowell Rural Fire Protection District

(k) Coburg Fire District

(l) Pleasant Hill Fire District

(m) Upper McKenzie Rural Fire Protection District

(n) Emergency Action Services (EASE)

(o) South Lane Fire & Rescue

(p) Eugene Fire & EMS Dep

(q) Springfield Fire & Life Safety

(r) Lane Rural Fire Rescue

(s) Siuslaw Valley Fire and Rescue

(t) Monroe Rural Fire Protection District

(6) Emergency Communication Access:

(a) Telephone:

(i) To establish single access throughout Lane County, 9-1-1 must be available to all telephone exchanges within Lane County.

(ii) Advertising for or otherwise soliciting requests for emergency medical services utilizing any telephone number other than 9-1-1 is prohibited.

(iii) All requests for emergency medical services must be received by one of the three Public Safety Answering Points (PSAP's). NOTE: This requirement will be reviewed, and modified as appropriate, after the recently legislatively mandated consolidation of PSAP's in each county.

(b) Dispatch Procedures. To establish a minimum standard of medical dispatching within Lane County, all First Response Agencies, ASA Providers, PSAP's and Dispatch points shall:

(i) Follow the established standards of emergency medical dispatching and follow those procedures and protocols as approved by the **State Emergency Medical Services** Committee, Oregon Trauma System Area Trauma Board (ATAB) Rules, and OAR 333-260-0050(1) (2),

(ii) Conform to a call received to notification of Initial Responders and ASA providers of < 2 minutes ~~90~~**80**% of the time (*see* LC 18.040(1)(b)).

(iii) Notify Initial Responders and ASA Providers by the use of radio communications including pagers and other tone activated devices.

(iv) Include in every radio dispatch the following:

(aa) Announcement identifying agency(ies) to respond, nature of problem identified through the use of dispatch priority protocols and the exact location of the patient; and

(bb) Any specific instructions or information pertinent to the emergency.

(cc) Repeat the announcement to each agencies first response unit(s) when they respond to include any additional information obtained about the patient's situation, history or problem.

(dd) Simultaneously dispatch Advanced Life Support (ALS) Assist according to protocols approved by the **State Emergency Medical Services** Committee and ATAB on all EMS calls identified as ALS in nature.

(c) Radio System

(i) Each PSAP/Dispatch shall: (note that in some cases, the PSAP and Dispatch Center are at separate locations, e.g., Central Lane 9-1-1 PSAP, Junction City Police Dispatch)

(aa) Restrict access to authorized personnel only;

(bb) Meet future state or county standards;

(cc) Maintain radio consoles capable of communication directly with all Initial Response agency(ies) dispatched by them;

(dd) Maintain radio logs which contain all information required by the Federal Communications Commission and Oregon Revised Statues, including, but not limited to: Location of call; nature of the emergency; reporting party; time received, dispatched, en-route, arrived, transported, arrived at destination, in-service and in quarters; number of patient(s); and type of response to the scene and transport destination; and

(ee) Utilize plain English.

(ii) All ASA Providers shall:

(aa) Equip each ambulance with an FCC approved, multi-channel radio with the highest allowable wattage;

(bb) Equip each ambulance with a portable handheld radio with a minimum of two channel capability;

(cc) Install the Hospital Emergency Ambulance Radio (HEAR) frequency of 155.340mHz in each installed and portable handheld radios;

(dd) License and operate all radio equipment subject to FCC licensure in accordance with current FCC rules and regulations; and

(ee) Coordinate communications with the appropriate dispatch center for that agency. Times kept by the dispatch center will be times of record. The dispatch center appropriate for that agency must be notified when in-service units are no longer available for responses.

(d) Emergency Medical Services Dispatcher Training. All emergency medical services dispatchers must successfully complete an Oregon Department of Public Safety Standards and Training (DPSST) approved Emergency Medical Dispatch (EMD) course, and continuing education and training as required by DPSST to maintain EMD certification. *(Revised by Ordinance No.5-10, Effective 08.27.10; -11, 8.12.11; 14-20, 01.27.15)*

18.070 Application for New Assignment or Reassignment.

(1) Any person desiring to provide new or reassigned ambulance services within Lane County must submit an application to the Director to be assigned an ASA.

(2) In addition to information required by LC 18.070(3) below, the Director, the Committee or the Board may require additional information deemed necessary to insure compliance with this Plan and applicable law.

(3) The applicant must provide the following information:

(a) The name and address of the person or agency applying.

(b) The ASA the person desires to serve, the location(s) from which ambulance services will be provided, and the level of service to be provided.

(c) A statement as to whether or not the person will subcontract for any service to be provided. If some service will be provided by subcontract, a copy of that subcontract must be provided.

(d) A list of vehicles to be used in providing ambulance services including year, make and model, and verification that each vehicle is licensed by the Health Division.

(e) A statement that all equipment and supplies in each ambulance conforms to Health Division standards.

(f) A list of personnel to be used in providing ambulance service and their current Emergency Medical Technician level and certificate number, or other appropriate certification.

(g) Proof of financial ability to operate, including an operating budget for public bodies or financial statement for private entities, references and/or statement of past ambulance service. Private companies must include a profit and loss statement in addition to the above materials. Other appropriate financial information, such as income tax returns, or reports by governmental authorities must also be submitted upon request. Public bodies must provide information regarding the sources and amounts of funding for ambulance services.

(h) Proof of liability insurance in the amounts not less than that required by ORS 682.105 through 682.109 or the Oregon Tort Claims Act. The applicant shall provide to the County a certificate of insurance, letter from the carrier, or letter from the Oregon Health Authority approving ~~self~~ **self-**insurance. In addition, upon the County's decision to approve an application, in whole or in part, or otherwise change service boundaries or providers under LC Chapter 18, the applicant shall defend, indemnify and hold Lane County, its officers, agents and employees harmless from all claims, liability or damage resulting from any error, omission or act on the part of the successful applicant, its officers, agents or employees, arising out of performance or failure to perform activities described in LC Chapter 18. This indemnity obligation is subject to any applicable legal limitations and applies to any County decision that is effective on or after November 1, 2001. Nothing in this provision limits any other legal right to defense or indemnification that is otherwise available to the County related to actions of any other providers under LC Chapter 18.

(i) A statement of experience in providing ambulance service of a comparable quality and quantity to insure compliance with this ASA Plan.

(j) Proof of ability to comply with the terms and conditions of this ASA Plan and applicable county ordinances, in the form of a narrative summary.

(k) A description of any prepaid Ambulance Service Plan, including number of members, number of years of operation, funding and term.

(l) Information, in the form of run logs, medical records, medical director correspondence, audit reports, training records, policy and procedure manuals and equipment records and inventories, and any other records or materials requested.

(m) In the case of an application to transfer or take over an already assigned ASA:

(i) A detailed summary of how the proposed change will improve ambulance response time, and the quality and level of services to the ASA. The application must also include an assessment of how the proposed change will impact the existing first response system.

(ii) Evidence that the call volume in the ASA is sufficient to financially or otherwise justify the change in service.

(4) The new applicant must submit a non-refundable application fee in an amount determined by order of the Board to defray the actual reasonable cost incurred by Lane County in processing the application.

(5) The Board may from time to time, by order, amend the amount of application fees to defray the actual reasonable costs incurred by Lane County in processing applications. The Board may also adopt annual fees applicable to all providers assigned an ASA to defray the reasonable costs of Lane County in administering this Plan.

(6) The Director and the Committee will review applications and make a recommendation on the assignment of the ASA to the Board under LC 18.045 above. The assignment or reassignment of an ASA is made by an Order of the Board. *(Revised by Ordinance No.10-87, Effective 9.3.87; 7-97, 6.6.97; 13-01, 1.5.02; 5-10. 08.27.10; -11, 8.12.11; 14-20, 01.27.15)*

18.075 Review of Application for New Assignment or Reassignment.

(1) The Director and the Committee will review applications for new or reassigned ambulance services under LC 18.045 above, and make such investigation as deemed appropriate and they may request assistance of other persons as necessary.

(2) The Director shall notify the holder of an assignment for providing ambulance service to an ASA of any applications by another person to take over that area.

(3) Unless the time is extended by the Board for good cause, the Director shall make its recommendation to the Board to grant, deny, modify or attach appropriate conditions to the application within 90 days after the application and any required supplemental information has been received. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 5-10, 08.27.10; 14-20, 01.27.15)*

18.080 Board Action on Application for New Assignment or Reassignment.
Following receipt of a recommendation, the Board, consistent with LC 18.045 above:

(1) Will publish notice in a newspaper of general circulation in Lane County of its intent to hold a public hearing on the application and recommendations at least 10 days, but not later than 30 days following publication of notice.

(2) May require additional investigation by the Committee if it finds that there is insufficient information on which to base its action.

(3) Will, upon the basis of the application, the Committee's recommendation, such other information as is permitted by this Plan, and such information as is presented to the Board at the public hearing make an order granting, denying or modifying the application or attaching conditions thereto.

(4) Will make any order adverse to the applicant or to the holder of, or applicant for, another assignment effective at least 30 days after the date of such order and will notify such persons in writing of the order. The Board may suspend operation of this subsection and enter an emergency order if it finds that there is an immediate and serious danger to the public or that a health hazard or public nuisance would be created by a delay. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 14-20, 01.27.15)*

18.090 Notification of Vacating an ASA.
In the event that a**n ASA** provider wishes to vacate their ASA, the provider must provide at least sixty (60) days written notice to the Board. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.095 Maintenance of Level of Service.
In the event that a**n ASA** provider is unable to comply with the standards promulgated for the ASA by this Plan, the provider will notify the Board in writing of its inability to comply and identify which standards are involved. The Board will determine if other qualified providers are available for the ASA who can comply with the standards. *(Revised by Ordinance No. 7-97, Effective 6.6.97)*

18.100 Transfer of Assignments.
Except as provided in LC 18.030, a**n ASA** provider may transfer an assignment to another **ASA** provider only upon written notice to and approval by the Board. Review of an application for transfer of an assignment is conducted in the same manner as an application for assignment or reassignment. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 14-20, 01.27.15)*

18.110 Preventing Interruption of Service.
Whenever the Board finds that the failure of service or threatened failure of service would adversely impact the health, safety or welfare of the residents of this county, the Board will, after reasonable notice, but not less than 24 hours notice to the **ASA** provider, hold a public hearing. Upon appropriate findings after the hearing, the Board may authorize another provider or other person to provide services. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 14-20, 01.27.15)*

18.115 Appeals, Abatement and Penalties.

(1) All the decisions of the Board are reviewable by the Circuit Court of the State of Oregon for the County of Lane, by way of writ of review.

(2) The provision of ambulance service by any person or provider in violation of this Plan, or regulations promulgated thereunder, is a nuisance and the Court may, in

addition to other remedies provided by law institute injunctive abatement or other appropriate legal proceedings to temporarily or permanently enjoin or abate such emergency ambulance service.

(3) The provision of ambulance services covered by this Plan, by any person who is not the assigned ASA provider will constitute a failure to comply with this section.

(4) Failure to comply with this section is enforceable under the applicable provisions of Lane Code Chapter 5, except as follows:

(i) Responsible Person is defined as any person providing Ambulance Services, who has not received the area assignment under this Chapter

(ii) Fines for failure to comply with 18.115(3) are assessed under LC18.130. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 5-10, 08.27.10; 14-20, 01.27.15)*

18.120 Duties of Ambulance Service Providers.

Any **ASA** provider operating in Lane County:

(1) Shall conduct its operation in compliance with all applicable state and federal laws, rules and regulations, and this ASA Plan;

(2) Shall not fail or refuse to respond to an emergency call for service when an ambulance is available for service;

(3) Shall not respond to a medical emergency located outside its assigned ASA except:

(a) When the provider assigned to the ASA is unavailable to respond and the responding provider is requested by that provider or 9-1-1 dispatcher to respond; or

(b) When the response is for supplemental assistance or mutual aid.

(4) Shall not voluntarily discontinue service to an assigned ASA until the ~~ambulance service~~**ASA** provider has:

(a) Given 60 days written notice to the Director, or

(b) Obtained written approval of the Board.

(5) This section does not apply to:

(a) Change, restriction or termination of service when required by any public agency, public body or court having jurisdiction; or

(b) Transfer of assignments. *(Revised by Ordinance No. 5-10, Effective 5-10, 08.27.10; 14-20, 01.27.15)*

18.130 Classification of Failure to Comply.

A responsible person as defined in LC 18.115(4) is subject to the following penalty amounts for Failure to Comply:

(1) Initial Failure to Comply – For Initial Failure to Comply, the monetary penalty is $500.

(2) Second Failure to Comply - If the responsible person had a prior occurrence of failure to comply within 12 months of the date of the failure to comply, the monetary penalty is $1000.

(3) Third and Subsequent Failure to Comply – If the responsible person had two or more prior occurrences of failure to comply within 12 months of the incident, the monetary penalty is $2,500. *(Revised by Ordinance No. 7-97, Effective 6.6.97; 5-10, 08.27.10; 14-20, 01.27.15)*