



**Washington County, Oregon  
Emergency Medical Services  
Ambulance Service Area Plan**

July 2009

**WASHINGTON COUNTY, OREGON - ASA PLAN  
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**Web Resources by link:**

Much of the Washington County EMS Ambulance Service Area Plan is a compilation of excerpts from the regulatory documents which grant authority, provide direction and establish standards for EMS in the county. These documents are available on the Washington County EMS website at: [www.co.washington.or.us/HHS/EMS/](http://www.co.washington.or.us/HHS/EMS/), click on regulations.

The direct URLs for these documents are provided below:

**County Code 8.23 – April, 2008**

[http://www.co.washington.or.us/HHS/EMS/upload/code\\_8\\_32.pdf](http://www.co.washington.or.us/HHS/EMS/upload/code_8_32.pdf)

**Administrative Rules – January, 2009**

<http://www.co.washington.or.us/HHS/EMS/upload/Admin-Rules-Final.pdf>

**Franchise Agreement – September, 2005**

<http://www.co.washington.or.us/HHS/EMS/upload/Franchise-Agreement.pdf>

**Control Center Protocols – January, 2007**

<http://www.co.washington.or.us/HHS/EMS/upload/CommunicationsCenterProtocols.pdf>

# **Ambulance Service Area Plan – 2009**

## **Emergency Medical Services**

### **Washington County**

#### **Oregon**

*“The modern EMS system in the United States developed only within the past 50 years... is a critical component of the nation’s emergency and trauma care system... (it) encompasses the initial stages of the emergency care continuum. It includes emergency calls to 9-1-1; dispatch of emergency personnel to the scene of an illness or trauma; and triage, treatment, and transportation of patients by ambulance and air medical services. The speed and quality of emergency medical services are critical factors in the patient’s ultimate outcome... the decisions made and actions taken by EMS personnel may determine the outcome as much as the subsequent hospital-based care...”*

*Future of Emergency Care  
Emergency Medical Services at the Cross Roads  
Institute of Medicine of the National Academies – 2007*

### **An Introduction to Washington County EMS**

Washington County has one of the more progressive and sophisticated emergency medical services (EMS) systems similar to those described by the Institute of Medicine in its *EMS at the Cross Roads* report. The EMS system provides a tiered emergency response of Advanced Life Support (ALS) and Basic Life Support (BLS) first responders from local fire departments and paramedic ambulance transportation from a single franchised private ambulance company. An emergency medical response in Washington County has the potential to involve CPR/AED/First Aid trained citizens, dispatchers, law enforcement, firefighters, first responders, emergency medical technicians, paramedics, emergency nurses and physicians; working in conjunction with hospital emergency departments and tertiary specialty care receiving facilities.

Residents and visitors of Washington County benefit daily from an established and comprehensive EMS system and a cadre of public health and public safety professionals. Their collaborative and coordinated efforts are directed by the Washington County Ambulance Service Area (ASA) Plan. This plan allows for a dynamic EMS system which can be modified and updated to accommodate changes in the delivery of prehospital and out-of-hospital emergency medical care.

The plan, the system, the document, as presented here reflects the current, and evolving, emergency medical services and ambulance transportation system in Washington County. It is expected that this system will continue to undergo changes to remain contemporary with changes in healthcare, emergency medicine and the ambulance industry – on local, regional, state and national levels.

## **Regulatory Intent for EMS in Washington County**

It is the responsibility of Washington County as the local EMS regulatory agency to assure that safe and reliable EMS response and ambulance transportation are available to the citizens and visitors of the county.

It is the intent of the Washington County Board of County Commissioners to regulate, but not restrict, non-emergency ambulance, inter-facility ambulance and wheelchair car services within the county.

It is the intent of the Washington County Board of County Commissioners to regulate, and restrict emergency ambulance service within the county.

The Washington County ASA Plan designates the county as a single ambulance service area (ASA). The ASA is awarded to a single emergency ambulance service provider in the form of a franchise. To assure that the public's safety and interest continue to be served by this arrangement, the County actively promotes and monitors Quality Improvement, program development and system performance.

To ensure the effective and efficient provision of emergency medical services within Washington County, the Board reserves the right, giving consideration to subjects and items required by law, to make modifications and enhancements to the ASA Plan.

Oregon Revised Statute 682.062 requires the County to develop a plan for the coordination of ambulance services. Washington County Code 8.32 provides rule making authority for matters relating to ambulance service. Under these statutes the Washington County ASA Plan is intended to support and assist in the regulation of EMS within the county. The ASA Plan shall from time-to-time be modified through a process established by the County.

**1. CERTIFICATION BY BOARD OF COUNTY COMMISSIONERS**

The Washington County Board of County Commissioners hereby certifies that:

- The County has included in this ASA Plan each of the subjects or items set forth by state rule. Substantive consideration was given to each of these subjects or items in the process of addressing them.
- In the Board's judgment, the continuation of a single ambulance service area in Washington County allows for the most efficient and effective provision of emergency ambulance services.
- To the extent they are applicable, Washington County has complied with ORS 682.062 and 682.063 and with existing local ordinances and rules.

\_\_\_\_\_  
Tom Brian, Chairman  
Washington County Board of Commissioners

\_\_\_\_\_  
Date

## **2. OVERVIEW OF THE COUNTY**

The Provisional Legislature created Washington County as Tuality District on July 5, 1843, as one of the four original counties created in Oregon. Clackamas County bordered Tuality County on the north by latitude 54 degrees, 40 minutes, on the east, on the west by the Pacific Ocean, and on the south by Yamhill County. In 1844, the Columbia River was made the northern boundary of Tuality County and Clatsop County was created from Tuality County's western half. In 1849, the Territorial Legislature changed the name of Tuality County to Washington in honor of President George Washington. Washington County obtained its present boundaries in 1854 with the creation of Columbia County to the north and Multnomah County to the east. The area of Washington County is 727 square miles.

Washington County is one of the fastest developing areas in Oregon with a population of 522,514 in 2007. This represents a 36% increase in population since 1997. Current projections (2009) are that Washington County will exceed a population of 1,000,000 by 2040, surpassing Multnomah County as the most populous county in the state.

Washington County is Oregon's most ethnically diverse, drawing immigrants from Europe, Central and South America, Asia, Indo-China, the Pacific nations and Africa. The result of that diversity is that residents and institutions alike reflect a global perspective.

The county's developed regions are home to traditional suburban and new mixed-use neighborhoods, electronics leaders such as Intel, IBM and Tektronix, and world headquarters for both Nike and Columbia Sportswear. Intel's investment in Washington County exceeds that of any Intel site worldwide. Outside the Urban Growth Boundary, the county transitions to nurseries, wineries and other farm and forest enterprises. Washington County ranks first in manufacturing and third in agriculture production in Oregon.

Major industries in Washington County are technology, agriculture, lumber, manufacturing, and food processing with a significant educational presence at the university and community college levels. These have provided the county with a broad and stable economic base.

### **Washington County Facts (July 2009)**

<b>Established:</b> -----	July 5, 1843
<b>Population:</b> -----	522,541
<b>Elev. at Hillsboro:</b> -----	196'
<b>Area:</b> -----	727 sq. mi.
<b>Average Temperature:</b> -----	January 40°, April 51.5°, July 68.5°, October 54.5°
<b>Assessed Value:</b> -----	\$43,863,121,846
<b>Real Market Value:</b> -----	\$79,498,936,760
<b>Annual Precipitation:</b> -----	36.3"

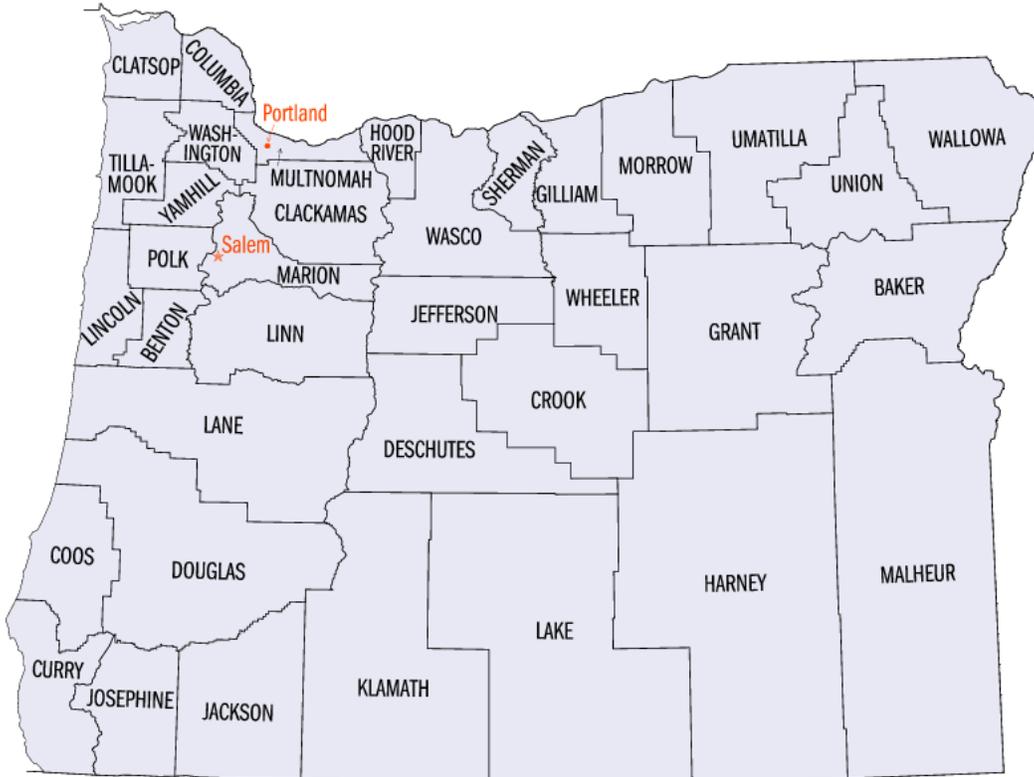
**Population Facts**

	<b>Washington County</b>	<b>Oregon</b>
Persons of Hispanic or Latino origin, percent (2006)	14.50%	10.20%
White persons not Hispanic, percent (2006)	72.60%	81.00%
Foreign born persons, percent (2000)	14.20%	8.50%
Language other than English spoken at home, pct age 5+ (2000)	18.60%	12.10%
High school graduates, percent of persons age 25+ (2000)	88.90%	85.10%
Bachelor's degree or higher, pct of persons age 25+ (2000)	34.50%	25.10%
Median household income (2004)	\$55,933	\$42,568
Persons below poverty, percent (2004)	9.30%	12.90%

**Business Facts**

	<b>Washington County</b>	<b>Oregon</b>
Private nonfarm establishments (2005)	13,578	108,571
Private nonfarm employment (2005)	217,451	1,409,576
Private nonfarm employment, percent change (2000-2005)	1.40%	4.00%
Nonemployer establishments (2005)	30,290	246,129
Total number of firms (2002)	36,916	299,505
Hispanic-owned firms, percent (2002)	2.40%	2.10%

**State of Oregon – County Map**



Source: U.S. Census Bureau

## Washington County Contacts

**County Seat:** ..... Public Services Building  
155 N 1st Ave., Hillsboro 97124-3072

**Phone:** ..... 503-846-8611 Operator  
503-846-8699 EMS Office

**Fax:** ..... 503-846-4545 County Administrator  
503-693-8996 EMS Office

**E-mail:** ..... [cao@co.washington.or.us](mailto:cao@co.washington.or.us)  
[ems@co.washington.or.us](mailto:ems@co.washington.or.us)

**Web:** ..... [www.co.washington.or.us](http://www.co.washington.or.us)  
[www.co.washington.or.us/HHS/ems](http://www.co.washington.or.us/HHS/ems)

### **3. DEFINITIONS**

Division 260 (Chapter 333) of the Oregon Administrative Rules (County Ambulance Service Area Plans) set forth by the Oregon Department of Human Services, Emergency Medical Services and Trauma Systems Section, provides some standard definitions for use in establishing ASA plans. Washington County has established some additional definitions in Chapter 8.32 of the Washington County Code (Emergency Medical and Transportation Services Ordinance). The definitions provided below shall serve in this (Washington County) ASA plan.

"**9-1-1**" means a universal telephone number used to request emergency medical assistance. (8.32)

"**Administrative Rules**" means the rules relating to emergency medical services adopted as provided for in this chapter. Duly promulgated rules shall have the force of law. (8.32)

"**Advanced Life Support (ALS)**" means pre-hospital emergency care, which encompasses procedures, treatments, and techniques as defined by rule. (8.32)

"**Advanced Life Support (ALS) Ambulance**" means an ambulance, which meets all County and State requirements and is staffed and equipped to provide service at the EMT-Paramedic level. (8.32)

"**Ambulance**" means any privately or publicly owned motor vehicle, aircraft, or marine craft operated by a Division-licensed ambulance service and that is regularly provided or offered to be provided for the emergency and non-emergency transportation of persons suffering from illness, injury or disability. (8.32 and OAR 333-260)

"**Ambulance Service**" means any individual, partnership, corporation, association, governmental agency or other entity that holds a Division-issued ambulance service license to provide emergency and non-emergency care and transportation to sick, injured or disabled persons. (OAR 333-260)

"**Ambulance Service Area (ASA)**" means a geographic area, which is served by one ambulance service provider, and may include all, or a portion of a county, or all or portions of two or more contiguous counties. (OAR 333-260)

"**Ambulance Service Plan (Plan)**" is a plan that addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules. Approval of a plan shall not depend upon whether it maintains an existing system of providers or changes the system. For example, a plan may substitute franchising for an open-market system. (OAR 333-260)

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

**"Base Fee"** means the fee charged for the pick-up of a patient, exclusive of mileage. This fee shall be all-inclusive and shall not include "flag drop" or any other charges. (8.32)

**"Basic Life Support (BLS)"** means pre-hospital emergency care, which encompasses procedures, treatments, and techniques as defined by rule. (8.32)

**"Basic Life Support (BLS) Ambulance"** means an ambulance, which meets all County and State requirements and is staffed and equipped to providing service as defined by rule. (8.32)

**"Board"** means the Washington County Board of County Commissioners. (8.32)

**"County"** means Washington County, Oregon

**"Division"** means the Oregon Health Division, Department of Human Services. (OAR 333.260)

**"Do Business"** or **"Operate an Ambulance"** in the county means to provide private or public ambulance and/or wheelchair car service in the county, including transporting patients from within the county to points outside the county, but not including transporting patients from outside the county to within the county. (8.32)

**"Emergency"** means those medical or trauma conditions that manifest themselves by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of a person, or the fetus in the case of a pregnant woman, in serious jeopardy. An emergency condition also includes any condition specifically dealt with in the emergency medical dispatch system adopted by the Washington County or those conditions covered in 8.32.420 (G) of this ordinance. (8.32)

**"Emergency Ambulance Provider"** means that ambulance provider designated by the Board as the sole provider of emergency ambulance service in Washington County. (8.32)

**"Emergency Medical Dispatch (EMD)"** means that system adopted by the County used to interrogate a caller requesting medical transportation in an effort to determine the severity of the medical condition. (8.32)

**"Emergency Medical Services (EMS)"** means those pre-hospital functions and services which are required to prepare for and respond to medical emergencies, including transport, treatment, communications, evaluation and public education. (8.32)

**“Emergency Medical Services Program Supervisor”** means the person designated by the Board to administer and enforce the provisions of this chapter. (8.32)

**“Emergency Medical Technician (EMT)”** means a person so certified by Oregon Emergency Medical Services and Trauma Systems at the Basic, Intermediate, or Paramedic level. (8.32)

**“Employee”** means an employee, agent, driver, or attendant employed by a licensee. (8.32)

**“First Responder”** means a person so certified by Oregon Emergency Medical Services and Trauma Systems at the First Responder level. (8.32)

**“Franchise”** means a contract wherein Washington County grants a privilege to do business under the terms and conditions set forth therein. (8.32)

**"Hospital"** means an establishment as defined by OAR 333-071-0000(1)(a).

**"Inter-Facility Transfer"** means a transfer between hospitals or transfers from a hospital to a residential care facility, assisted living facility, adult foster care home, convalescent hospital or private residence. (8.32)

**“Intermediate Life Support (ILS)”** means pre-hospital emergency care, which encompasses procedures, treatments, and techniques as defined by rule. (8.32)

**"Intermediate Life Support (ILS) Ambulance”** means an ambulance which meets all County and State requirements and is staffed and equipped to providing service as defined by rule. (8.32)

**“License”** means a nontransferable, non-assignable authorization, personal to who it is issued, issued by the Washington County EMS Office (WCEO) and authorizing the person whose name appears thereon to do business in the County. (8.32)

**“Mass Casualty Incident (MCI)”** means any incident involving, or potentially involving, multiple patients as defined by rule. (8.32)

**"Medical Director (Officer)"** means a Physician contracted with or employed by the County to act as the Physician Supervisor and who shall perform those functions as stated in ORS 183.205 and OAR 847-035-0020. (8.32)

**“Medical Resource Hospital (MRH)”** means the medical communications facility which provides on-line-medical-control for Multnomah and Clackamas counties.

**"Non-Emergency"** means those medical or trauma conditions that are not specifically dealt with in the emergency medical dispatch system adopted by the County. The County by rule shall further delineate categories contained in the emergency medical dispatch system that may be handled by a non-emergency ambulance provider. Unless specified by rule, those conditions that fall within the emergency medical dispatch system shall immediately be transferred to the emergency ambulance providers designated by Washington County. (8.32)

**"Non-Emergency Transportation Service"** means a person who holds a valid license to provide non-emergency ambulance transportation. (8.32)

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

**"Online Medical Control (OLMC)"** means a medical facility designated by the county as authorized to provide on-line-medical-control advice and support to EMTs and first responders. (WC AR 600-210)

**"Operations Committee"** means a group who shall provide advice to the WCEO relating to non-medical issues. (8.32)

**"Oregon Emergency Medical Services and Trauma Systems" or "Oregon EMS and TS"** means the EMS and TS section of the Department of Human Services of the State of Oregon, or its successor. (8.32)

**"Party"** means each person or agency entitled as of right to a hearing; Any person requesting to participate as a party or in a limited party status whom is determined either to have an interest in the outcome of the proceeding or represents a public interest in such results. (8.32)

**"Patient"** means an individual who, because of acute or chronic illness or injury, needs immediate medical assessment, treatment and/or transport. (8.32)

**"Per Mile Charge"** means a charge per mile in addition to the base charge. (8.32)

**"Person"** means an individual, partnership, company, association, corporation, or any other legal entity, including any receiver, trustee, assignee, or similar representative. (8.32)

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

**"Quality Improvement Committee"** means a group who shall provide advice to the WCEO relating to a comprehensive quality improvement process. (8.32)

**"Regional Hospital (RH)"** means the medical communications center which facilitates and manages the distribution of patients in a declared mass casualty incident.

**"Residential Care Facility"** means a program within a physical structure, which provides or coordinates a range of services, available on a 24-hours basis, for support of residential independence in a residential setting. (OAR 411-054-0005)

**"Response Time"** means the length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene. (OAR 333-260)

**"Semi-Reclining Wheelchair"** means a wheelchair with a back, which locks in a variety of positions from upright vertical to no more than forty-five (45°) reclining. (8.32)

**"Stretcher Car"** means any vehicle configured to carry a patient in the reclining position, less than thirty degrees (30°), and/or without a person, other than the driver, attending to the patient or staffed by someone not certified at the EMT level. The use of Stretcher Cars is prohibited within Washington County. (WC AR 300-150)

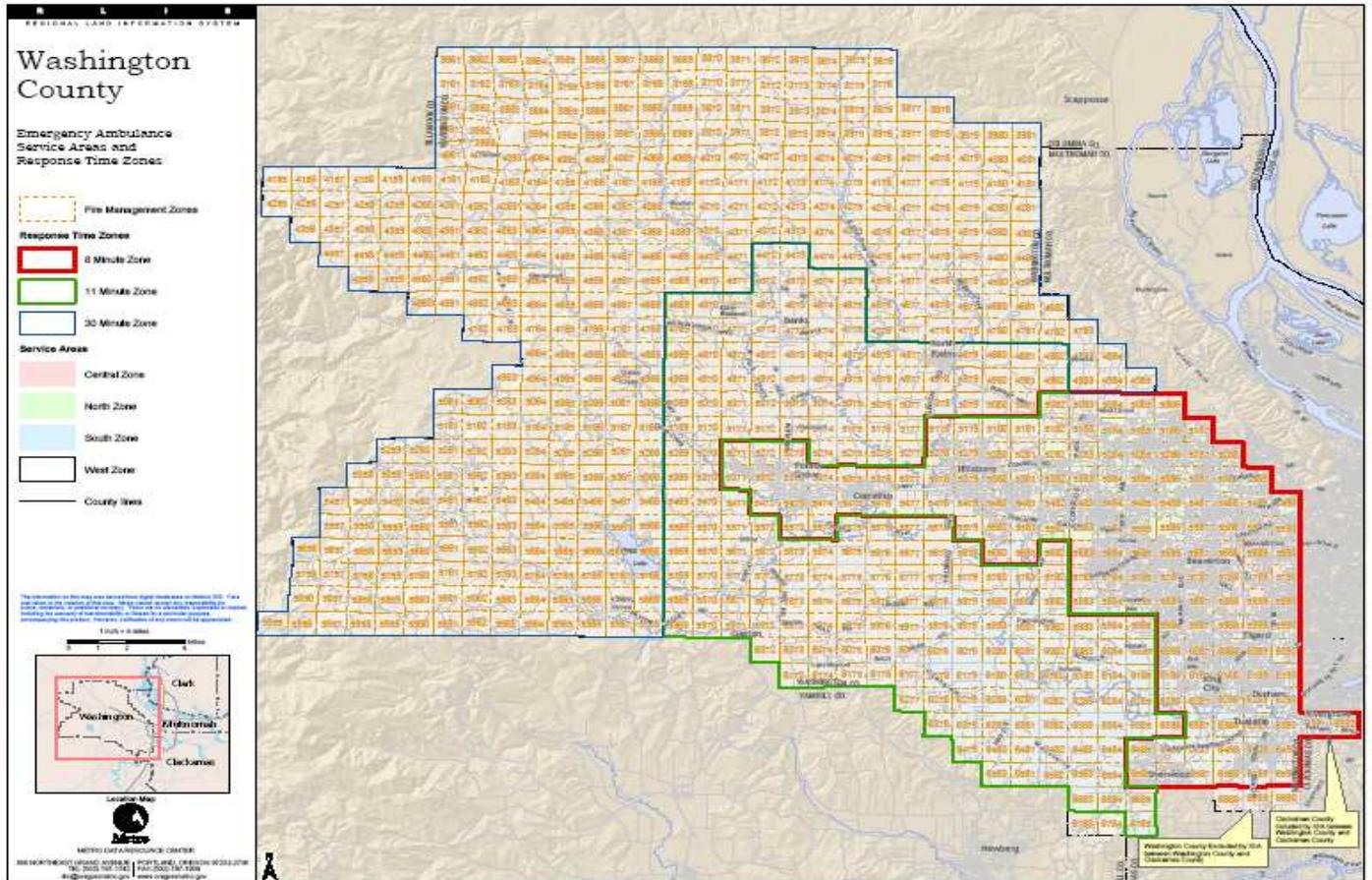
**"Trauma Control Center (TCC)"** means the medical communications center which enters and tracks regional patients in the state trauma system

**"Washington County EMS Office (WCEO)"** means the office within Washington County government which provides oversight and direction to EMS activities within the County. (8.32)

**"Wheelchair Car"** means a motor vehicle for hire that is constructed, equipped, or regularly provided for non-emergency transportation of persons in wheelchairs and semi-reclining wheelchairs (no more than forty-five (45°) reclining) or requiring wheelchair car transportation for reasons related to health conditions and not requiring an ambulance or transport in a supine or recumbent position. (8.32)

## 4. SERVICE AREA BOUNDARIES

### 4.1 Ambulance Service Area and Response Time Zones Map



### 4.2 Description of Ambulance Service Area

The Washington County Ambulance Service Area has been established by Administrative Rule. As set forth in rule, the county is a single ASA utilizing the county's jurisdictional boundaries as its base. Additions and exceptions to these boundaries have been established by jurisdictional Memorandum of Understanding (MOU) and agency Mutual Aid Agreements. The additions and exceptions are as follows:

- 1) That portion of the City of Tualatin within Clackamas County, which is subject to the intergovernmental agreement between Washington County and Clackamas County (Minute Order #01-0241, June 26, 2001), is included so long as the intergovernmental agreement is in effect.

*2) That portion of the City of Wilsonville within Washington County, which is subject to the intergovernmental agreement between Washington County and Clackamas County (Minute Order #01-0241, June 26, 2001), is excluded so long as the intergovernmental agreement is in effect.*

*3) That portion of the City of Lake Oswego within Washington County which is subject to the intergovernmental agreement between Washington County and Clackamas County (Minute Order #94-422, September 20, 1994) is excluded so long as the intergovernmental agreement is in effect.*

*4) That portion of the City of Rivergrove within Washington County which is subject to the intergovernmental agreement between Washington County and Clackamas County (Minute Order #94-422, September 20, 1994) is excluded so long as the intergovernmental agreement is in effect.*

*5) That area of Washington County south of Bell Road and Highway 99W (FMZ 6783 and 6784a) which is subject to the Mutual Aid Agreement between Metro West Ambulance and Newberg Ambulance executed on August 9, 1988 is excluded so long as that mutual aid agreement is in effect.*

See Washington County EMS Administrative Rules Section 200-100, (A).

### **4.3 Response Time Zones**

Washington County is divided into four sub-zones as specified in the Administrative Rules, Section 500-500, (A). Each subzone is further divided into eight (8), eleven (11) and thirty (30) minute zones as specified in Section 500-500, (C) of the Administrative Rules.

The eight (8) minute response area is defined as those areas of Washington County inside the Urban Growth Boundary as determined by Metro (regional government). This area is updated every even year. For the 2008 calendar year 95% of the emergency ambulance responses were in the eight (8) minute area.

The eleven (11) minute response area is defined as that area outside the Urban Growth Boundary and not included in the thirty (30) minute area. This area was established by mutual consensus of the Washington County EMS Operations Committee and includes those incorporated Cities outside the Urban Growth Boundary. For the 2008 calendar year 3.7% of the emergency ambulance responses were in the eleven (11) minute area.

The thirty (30) minute response area is that part of the County that is not included in the eight (8) or eleven (11) minute response areas. This area was established by mutual consensus of the Washington County EMS Operations Committee. For the 2008 calendar year 1.2% of the emergency ambulance responses were in the thirty (30) minute response area.

Response Area	2002-3: Percent of Responses	2008 Percent of Responses
8 minute	94.1	95.0
11 minute	4.3	3.7
30 minute	1.6	1.2

#### 4.4 911 Public Safety Answering Point / Dispatch Map

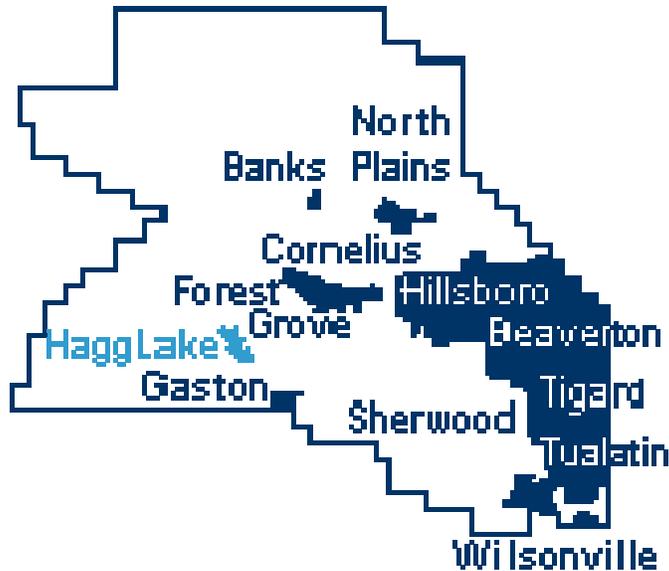
**9-1-1**

Washington County Consolidated Communications Agency

**WCCCA**  
POLICE · FIRE · MEDICAL

*Excellence in Emergency Communications*

### Washington County



**WCCCA handles all requests for Police/Fire/EMS in the following areas:**

- ALOHA
- BANKS
- BEAVERTON
- CORNELIUS
- DURHAM
- FOREST GROVE
- GASTON
- HILLSBORO
- KING CITY
- NORTH PLAINS
- SHERWOOD
- TIGARD
- TUALATIN
- WASHINGTON COUNTY\*

\* = unincorporated areas

*West Linn (Fire/EMS Only)*  
*Wilsonville (Fire/EMS Only)*





monitored and accommodated. To these ends: Washington County's ASA plan directs the ASA franchise holder to utilize a system status management plan which strategically deploys resources with the goal of minimizing response times; equity zones have been established to appropriately distribute resources; variable response time requirements at 8, 11 and 30 minutes were created to accommodate geography and population distribution; and a tiered deployment configuration is utilized to incorporate existing EMS resources within the community into the system.

Each of these mechanisms is employed as a means to promote systems performance, and therefore either directly or indirectly enhances response time performance. Recognizing that the Washington County EMS system operates in a dynamic and evolving environment, each of these tools is continually monitored, exercised and modified as appropriate to maximize system and response time performance.

The Washington County EMS System and ASA Plan have been designed to allow for and to accommodate both clinical and operational growth and enhancements.

## **5. SYSTEM ELEMENTS**

Washington County's EMS system is a cooperative effort of public and private entities which provide for all of the system elements set forth in Oregon Administrative Rules. This section of the ASA Plan will either directly address or reference the appropriate source documents which reflect how that element of the system has been provided for in Washington County. EMS is a team effort in Washington County.

### **5.1 911 Public Safety Answering Point / Dispatch Centers**

Washington County is a member of the Washington County Consolidated Communications Agency which serves as the County's public safety answering point (PSAP) and as the primary EMS dispatch center. The Washington County Consolidated Communications Agency (WCCCA) currently serves as the PSAP and dispatch center for the following jurisdictions: Aloha, Banks, Beaverton, Cornelius, Durham, Forest Grove, Gaston, Hillsboro, King City, North Plains, Sherwood, Tigard, Tualatin and unincorporated Washington County. WCCCA also serves as the fire and EMS (not law enforcement) PSAP and dispatch center for West Linn and Wilsonville, both of which are in Clackamas County.

Upon request for medical assistance, WCCCA will simultaneously dispatch the closest fire department first responder unit and advise the ambulance franchise holder's dispatch center. Connected by an electronic CAD interface, the franchise holder's dispatch functions as a secondary dispatch center which selects and assigns an ambulance to the call. With the use of a secondary ambulance dispatch center, it is acknowledged that a negligible, but measurable, delay does occur in the dispatch of ambulances to 911 calls. The offset to these delays is an increase in the number of ambulances available to the system, and the ability to better manage and utilize ambulance resources. Actual dispatch processing and performance is closely monitored and tracked, internally by the dispatch centers and externally by the Washington County EMS Office (WCEO). A transparent and secure method of data capture and transmission is the source for performance monitoring and provides the foundation for a verifiable and auditable quality measurement for the entire dispatching process.

The WCEO requires the use of an emergency medical dispatch (EMD) system for processing and dispatching requests for medical assistance. Washington County has adopted the Association of Public-Safety Communication Officials (APCO) EMD system. Standardization and implementation of the APCO EMD system will be complete by summer 2009. All calls classified as emergency calls will be immediately forwarded, transferred or otherwise communicated, in accordance with protocols established by the County, to WCCCA for dispatch of the appropriate public safety resources.

Washington County Administrative Rules speak specifically to 911 dispatching in sections:

100-400	Emergency Medical Dispatch
600-300	Dispatch Coordination
600-310	Ambulance Diversion System (ADS)

600-320 Control Center Protocols  
600-330 Emergency Medical Dispatch (EMD) Cards

The County's administrative rules are available on the EMS website at:

[www.co.washington.or.us/deptmts/ems/pdf/adminrule.pdf](http://www.co.washington.or.us/deptmts/ems/pdf/adminrule.pdf)

## **5.2 Non-Emergency and Inter-Facility Transfers**

Through County Ordinance 8.32 and this ASA plan, the Board has established regulation of non-emergency and inter-facility ambulance services within the County. This step is taken to ensure the safety and availability of ambulance services and to ensure that appropriate clinical and operational performance is provided to the community. Regulation of non-emergency and inter-facility ambulance services has been consistent since 1982.

The County reserves the right to grant exclusive market rights for non-emergency and inter-facility ambulance service in the future, at any time the Board determines that it is in the County's best interest.

The County has adopted regulations and requirements for the issuance of non-emergency and inter-facility ambulance licenses. Failure to meet any of these requirements may be grounds for the denial or revocation of an ambulance license.

The denial or revocation of any ambulance provider license by the County may be appealed to the Board, whose decision will be final. The Board may designate a hearings officer to perform that function if it so chooses.

## **5.3 Notification, Dispatch and Response Times of Emergency Ambulances**

Section 500-500 of Washington County's EMS Administrative Rules addresses the notification, dispatch and response times of emergency ambulances.

Subsection A creates Response Time Areas which provide the infrastructure for managing and monitoring response time performance.

*A) The standards for response time performance and response time monitoring of emergency ambulance service are set forth in the Washington County EMS Response Time Zones table. The table shows the geographic location of response time zones and equity areas within Washington County and that part of Clackamas County regulated by Washington County. The table is subject to periodic review and amendment, with the current table being posted on the EMS website under Resource Documents:*

[www.co.washington.or.us/DEPTMTS/ems/pdf/AppendixD.pdf](http://www.co.washington.or.us/DEPTMTS/ems/pdf/AppendixD.pdf)

Subsection B establishes the parameter for notification and dispatching of emergency ambulances at 60 seconds:

*B) The designated emergency ambulance provider shall have 60 seconds from the time of receipt of the call until a unit is dispatched. Response time calculations start when the provider is notified of the call by the Washington County 9-1-1 center through the electronic interface, or if the interface is not functioning, by the time the call is dispatched on the fire dispatch frequency. Calls made directly to the provider and triaged as requiring emergency response using Washington County's EMD cards shall be included. The time taken by the provider to triage the call and determine a 9-1-1 response is required and transfer the call information to the 9-1-1 center is not included in the response time. Actual response times shall be rounded to the nearest minute for purposes of determining compliance.*

The standard notification time of 60 seconds may not be exceeded more than 11 times in a given month. Each call above 11 per month is subject to a penalty as set forth in the franchise agreement.

Subsection C divides the county up into four sub-zones (aka Equity Zones) and establishes the parameters for ambulance responses within those zones:

*C) The County shall be divided into four sub-zones as specified in the Response Time Zones table. Each sub-zone shall be further divided into eight (8) and/or eleven (11) and/or thirty (30) minute zones as specified in the table. The provider shall meet a response time performance of 88.000% in each zone and a 90.000% overall County average. Performance requirements may be further defined by the Franchise Agreement.*

- 1) In calculating compliance with response time requirements, calls dispatched code 1, second ambulances in, and calls where the wrong address is given shall be excluded.*
- 2) For response time performance purposes, if a unit is ordered to stage, it will be considered as "arrived at scene" when it reaches the staging location.*
- 3) Vehicle failure is not a valid basis for excluding a call from response time requirements.*
- 4) Calls where the ambulance is reduced from a code-3 (emergency) to a code-1 (non-emergency) response or canceled prior to arrival shall be calculated from the time of dispatch until cancellation or reduction. This time period shall be used to determine response time compliance.*

Failure to meet the response time requirements of 90.000% for the County as a whole for any three consecutive months or any five months in any twelve-month period shall be deemed a Major Default of the franchise agreement.

For those months that the provider fails to respond to the 88 percent zone standard or the 90 percent County overall response time standard, the County will review the providers system-status plans, unit hour utilization, or other factors to determine the causes of noncompliance.

Calls referred to another ambulance provider under the mutual aid plan are included as part of the response-time requirements.

Subsection D describes the mechanism and checks and balances used in gathering official response time data:

*D) The provider is responsible for maintaining official response times for the County in a secure manner that prevents the changing of any information without such a change being permanently recorded. The WCEO shall issue monthly reports to the provider by the 15th of the month detailing performance against response time standards for the preceding month. Unless challenged, response time data is final 15 days after it is released to the provider. The ruling of the County on challenged response time data is final.*

Subsection E provides the standards and process by which the County may grant exemptions to the response time requirements:

*E) The WCEO may grant exceptions to response time requirements or penalties stated herein for unusual circumstances beyond the provider's reasonable control. These circumstances include manmade or natural disasters, (i.e., ice, snow, wind, flooding, earthquake or mass casualty incidents/multiple patient scenes) or other conditions as determined by the WCEO. Such calls shall be individually examined and, if the circumstances warrant, the WCEO will exclude them from penalties and/or monthly compliance statistics. Equipment failure, dispatcher error, or lack of a nearby ambulance does not constitute grounds for an exception to response time standards unless such errors are beyond the control of the franchise holder. The process used to assess emergency ambulance response time performance is set forth in the Washington County EMS's, Response Time Compliance Process. This process will be periodically reviewed and amended; the current process shall be posted on the EMS web site at:*

[www.co.washington.or.us/DEPTMTS/ems/pdf/AppendixK.pdf](http://www.co.washington.or.us/DEPTMTS/ems/pdf/AppendixK.pdf)

Subsection F allows ambulances to be utilized for both emergency and non-emergency service provided it does not negatively impact emergency ambulance response times:

*F) The provider may respond to non-emergency and inter-facility ambulance requests. The provider shall furnish sufficient production capacity, sufficient on-call crew capacity and shall manage its available resources so as to provide non-emergency and inter-facility ambulance services without interfering with provisions of emergency paramedic ambulance service in compliance with this Agreement.*

## 5.4 Failure to Meet Response Time/Performance Criteria

Ambulance provider response time performance is reviewed monthly based on the standard set forth in Washington County Code 500-500 reference in Section 5.3 above.

Enforcement of these standards is addressed in Section III, E, *Penalties and Liquidated Damages*, of the franchise agreement:

### *E. PENALTIES AND LIQUIDATED DAMAGES*

#### *1. Administrative Rules:*

*County may enforce the required standards relating to emergency ambulance service provided in County ordinances and administrative rules, in accordance with the enforcement provisions set forth in Washington County Code (WCC) Code Chapter 8.32.420, 8.32.430, 8.32.440 and 8.32.450 and the administrative rules adopted thereunder, including but not limited to, the civil penalty schedules. (WCC reference numbers amended to 2008 version of the Code.)*

#### *2. Liquidated Damages*

*County, in its discretion in lieu of enforcement in accordance with Chapter 8.32 and the administrative rules, shall recover the amounts set forth in Appendix A as liquidated damages and not a penalty. [Franchisee] and County concur that such amounts constitute a reasonable attempt to estimate fair compensation for the foreseeable but not readily ascertainable damages likely to arise from [Franchisee's] failure to meet the standards set forth therein. [Franchisee] and County concur that this is an independent contractual provision, provided only that County may not recover both a civil penalty and liquidated damages for the same failure to comply.*

#### *3. Waiver*

*The levying of a penalty or liquidated damages or any waiver or failure to require compliance by Washington County as it relates to this Agreement shall not be deemed a waiver of that or any other term of this Agreement.*

The liquidate damage assessment for response time performance in each zone shall be \$1,000 per percentage point below 88.000% in each zone calculated on a monthly basis.

## 5.5 Ambulance Levels of Care

Section 200-100 of Washington County's EMS Administrative Rules establishes the following ambulance licenses:

- *Emergency Ambulance*
- *Non-Emergency Ambulance*
- *Inter-Facility Ambulance*
- *Air Ambulance*
- *Wheelchair Car*

## 5.6 Ambulance Personnel

Section 400 of Washington County's EMS Administrative Rules states: "*Providers of Emergency and Non-Emergency medical transportation in Washington County shall staff commensurate to the level of their licensure in the County: Advanced Life Support, Intermediate Life Support, Basic Life Support and Wheelchair Car Transportation.*"

The specific requirements of each level of ambulance service are set forth in their respective subsections of Section 400 – Staffing:

### **400-210 Advanced Life Support (ALS) Ambulance Provider**

*A) Advanced Life Support (ALS) Ambulance Provider means an ambulance which meets all County and State requirements and is staffed and equipped to provide service at the EMT-Paramedic level.*

*B) At least one (1) person staffing the ambulance must be certified to practice at the EMT-Paramedic level. The other person staffing the ambulance must, at a minimum, be certified at the EMT-Basic level.*

### **400-220 Intermediate Life Support (ILS) Ambulance Provider**

*A) Intermediate Life Support (ILS) Ambulance Provider means an ambulance which meets all County and State requirements and is staffed and equipped to provide service at the EMT-Intermediate level.*

*B) At least one (1) person staffing the ambulance must be certified to practice at the EMT-Intermediate level. The other person staffing the ambulance must, at a minimum, be certified at the EMT-Basic level.*

### **400-230 Basic Life Support (BLS) Ambulance Provider**

*A) Basic Life Support (BLS) Ambulance Provider means an ambulance which meets all County and State requirements and is staffed and equipped to provide service at the EMT-Basic level.*

*B) Both persons staffing the ambulance must, at a minimum, be certified to practice at the EMT-Basic level.*

**400-260 Requirements Specific to Air Ambulance**

*A) An air ambulance must have a minimum staff of a pilot and one EMT-Paramedic, RN, non-physician advanced practitioner, or physician having documentation that at least one member of the medical crew successfully completed the current U.S. Department of Transportation's Air Medical Crew National Standard Curriculum or equivalent.*

*B) The crewmember providing patient care must possess a current ACLS and PALS course completion document and a TEAM, TNCC, PHTLS or BTLS course completion document. The TEAM or TNCC must include a supplemental pre-hospital rapid extrication training session.*

*C) The crewmember providing patient care must have the ability to properly assist in extricating, lifting and moving a patient and have knowledge to properly operate all patient care equipment that may be used.*

**400-270 Requirements Specific to Emergency Ambulance Franchisee**

*A) At a minimum, the County requires emergency ambulance service to be provided by properly licensed ambulances, staffed with two (2) EMTs, of which one must be certified at the EMT-Paramedic level and possess Senior Paramedic status as defined in the Franchise Agreement. The other member staffing an emergency ambulance shall be, at a minimum, certified at an EMT-Basic level.*

*B) If the personnel staffing an emergency ambulance consist of only one (1) EMT-Paramedic, the EMT-Paramedic shall accompany the patient during transport. An EMT-Basic or EMT-Intermediate may accompany a patient during transport only if the patient's care falls within their respective scope of practice*

The following requirements set forth in Section 400-250 apply to all providers:

**400-250 Requirements of All Providers**

*A) Uniform Requirements:*

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

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

3) *Off-duty or volunteer personnel responding directly to the scene shall make reasonable efforts to comply with identification and uniform requirements. Baseball type hats, T-shirts and/or vests authorized by their respective agency for this purpose will be deemed reasonable effort.*

*B) Anyone staffing an ambulance or wheelchair car must not have consumed alcoholic beverages in the eight hours before working or in any way be impaired by the ingestion of alcohol. Personnel must not be taking any medications that impair the giving of proper patient care or impair the safe operation of an ambulance or wheelchair car.*

*C) Employee Screening:*

*1) An ambulance or wheelchair car provider shall have in-place a pre-employment and for-cause drug and alcohol-screening program. This program shall be on-file with the WCEO.*

*2) An ambulance or wheelchair car provider shall have in-place a criminal background check program. This program shall be on file with the WCEO. Upon a reasonable request by the WCEO, a criminal background check may be required of any person providing direct patient services.*

## **5.7 Medical Supervision**

Medical Supervision is addressed in both the County's EMS Administrative Rules and in the franchise agreement.

### **400-400 Physician Supervision (EMS Administrative Rule)**

*A) The County shall employ or contract with a Physician, who is board certified in Emergency Medicine, to serve as the Washington County EMS Medical Director. The EMS Medical Director shall perform all Medical Director/Supervising Physician functions as stated in ORS 682.245(4) and OAR 847-035-0025.*

*B) Unless granted a written variance by the WCEO, all licensees who use Oregon DHS-EMS certified providers shall have as their Agency Medical Director the County EMS Medical Director. Upon providing a written request and evidence that a provider has in place an Agency Medical Director meeting the*

*requirements of ORS 682.245(4) and OAR 847-035-0025, the WCEO may exempt the provider from using the County EMS Medical Director as their Agency Medical Director.*

*C) A copy of standing orders dated within one year and signed by the Agency Medical Director must be available in all licensed ambulances.*

**Section II, L: Medical Control** (Franchise Agreement)

*[Franchisee] acknowledges that the State of Oregon, along with Washington County, have the authority to develop overall plans, policies, rules, medical standards and protocols to assure that effective levels of ambulance and emergency advanced life support care are maintained within the County; and that [Franchisee] and its employees and subcontractors are subject to said plans, policies, standards, rules, and protocols. EMTs employed by [Franchisee] shall have as their physician supervisor, for the purposes of providing services under this Agreement, the Medical Director designated by Washington County who shall meet and fulfill all the requirements established for Physician Supervisors by the Oregon Medical Board (OMB) as contained in OMB Administrative Rules. [Franchisee] shall not establish any relationship with another medical professional for the purposes of medical direction or oversight, regarding services provided under this Agreement, without the permission of the County. Patient care shall be provided consistent with standards approved by rule and the County's Medical Director. A patient care form approved by the Medical Director shall be completed and distributed as required by the County.*

**5.8 Advisory Committees**

Acknowledging that medical supervision does not occur in a vacuum, EMS Medical Directors are essential members of both the EMS Operations Committee and the EMS Quality Improvement Committee. The County recognizes the integration of operational and clinical missions in the EMS environment. Both committees are advisory to the WCEO and are defined in the EMS Code.

**8.32.210 Operations Committee Duties**

*The Operations Committee shall advise the WCEO on all non-medical matters relating to emergency medical services. In those areas that overlap with the duties and responsibilities of the quality improvement committee, the Operations Committee shall work cooperatively with the quality improvement committee.*

### **8.32.220 Operations Committee Membership**

*The membership of the Operations Committee shall consist of the following:*

- A. One representative from Meridian Park, Tuality, St. Vincent's, and Tuality at Forest Grove Hospitals;*
- B. One representative from each provider of EMS;*
- C. One representative from each 9-1-1 emergency communications center;*
- D. One representative from each licensee and franchisee.*

*The WCEO may appoint additional members to the Operations Committee as needed.*

### **8.32.240 Quality Improvement Committee Duties**

*The quality improvement committee shall advise the WCEO and serve as a foundation for a comprehensive quality improvement process. The committee shall evaluate the EMS system in terms of structure, performance, and outcome.*

### **8.32.250 Quality Improvement Committee Membership**

*The membership of the quality improvement committee shall consist of the following:*

- A. One representative from Meridian Park, Tuality, St. Vincent's, and Tuality at Forest Grove Hospitals;*
- B. One representative from each provider of EMS;*
- C. One representative from each 9-1-1 emergency communications center;*
- D. One representative from each ambulance licensee and franchisee.*

*The WCEO may appoint additional members to the committee as needed.*

### **8.32.270 Subcommittees**

*The WCEO shall create as many subcommittees as necessary to assist the Operations Committee and Quality Improvement Committee in the performance of their duties.*

## **5.9 Patient Care Equipment**

The foundation for patient care equipment and supplies is established in Oregon's EMS administrative rules and further directed by regional treatment guidelines and local medical direction. These corporate requirements are set forth in Section 400 of the Washington County EMS Administrative Rules.

### **400-300 Equipment**

*A) All ambulances shall carry the equipment specified in the Oregon Administrative Rules (OAR) 333-255, respective to the type of ambulance and level of service being provided.*

*B) In addition, ambulances shall carry the equipment and medications necessary to execute their standing orders/scope of practice as authorized by the County EMS Medical Director or Agency Medical Director. Certain procedures and/or medications may be omitted from a specific agency scope of practice on a case by case basis as requested by the Agency Medical Director and approved by the WCEO.*

*C) Changes to the standing orders/scope of practice will occur annually with the recommendations of the Tri-County Protocol Committee, and on occasion at the recommendation of the County EMS Medical Director. Changes deemed to be in the best interest of patient care may be done outside of the normal process and timelines. If such changes are made, the WCEO will work with the provider agencies to facilitate the timely implementation of these changes.*

### **400-320 Requirements Specific to Air Ambulance**

*A listing of equipment beyond that required by OAR 333-255 shall be on file with the WCEO.*

### **400-330 Requirements Specific to Emergency Ambulance Franchisee**

*Specific equipment required of emergency franchise ambulances in addition to that required by OAR 333-255, shall be addressed in the franchise agreement.*

### **400-350 Equipment and Vehicle Sanitation**

*A) Ambulances and Wheelchair Cars shall be maintained in a clean condition with the interior being thoroughly cleaned after each use as appropriate.*

*B) Equipment shall be stored in a manner protected from contamination and be readily accessible.*

*C) Linens shall be clean and changed or discarded after each use.*

*D) Reusable equipment shall be cleaned after each use. This cleaning shall be in the form of sanitizing or sterilization as necessary and shall be completed before use on a subsequent run.*

*E) All equipment, except disposable items, shall be designed, constructed, and made of materials that under normal conditions and operations shall be durable and capable of withstanding repeated cleaning.*

*F) Equipment intended for single use only, shall not be reused.*

## **5.10 Vehicles**

Ambulance providers shall use ambulances which shall be in good condition, and shall meet or exceed the Federal KKK standards or their successors at the time of the vehicles' original manufacture. When such standards conflict with State of Oregon standards, the State standards shall prevail. A standardized vehicle floor plan shall be submitted to the County for approval. The provider shall replace any ambulance in its fleet having over 250,000 miles on its chassis unless an exception is granted by the County based upon a written request supported by an upgraded vehicle preventative maintenance program acceptable to the County.

The provider shall adhere to the preventative maintenance program and reporting system approved by the County. Chronological maintenance records for each ambulance shall be maintained.

Inspection of ambulances by the WCEO is provided for in EMS Administrative Rule Section 700-240:

### **700-240 Inspections**

*A) Annual inspections will be conducted to assure compliance. Inspection forms shall be provided with licensing applications so the applicant knows the inspection standards to be followed. Current inspection forms are posted on the Washington County EMS website, as periodically amended, under Resource Documents.*

[www.co.washington.or.us/DEPTMTS/ems/pdf/ambulance\\_inspect.pdf](http://www.co.washington.or.us/DEPTMTS/ems/pdf/ambulance_inspect.pdf)

[www.co.washington.or.us/DEPTMTS/ems/pdf/wheelchair\\_inspect.pdf](http://www.co.washington.or.us/DEPTMTS/ems/pdf/wheelchair_inspect.pdf)

*B) Initial inspections shall be scheduled with the applicant. In the event an applicant fails an inspection, the WCEO shall notify the applicant of those points that need to be corrected and will reschedule an inspection at a mutually agreeable time.*

*C) At the discretion of the WCEO and taking into consideration those parts of the inspection not passed, the applicant may be allowed to continue/start service prior to re-inspection.*

*D) Inspections completed by another branch of government may be substituted at the discretion of the WCEO as long as the minimum standards reflected in the current inspection forms are met.*

*E) The WCEO may conduct as many unannounced inspections as necessary to enforce the Code.*

### **5.11 Training**

Washington County accepts Oregon's, level specific, state certification education/training requirements and standards for EMS providers. These education and training standards are set forth in OAR 333-265:

[http://arcweb.sos.state.or.us/rules/OARs\\_300/OAR\\_333/333\\_265.html](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_333/333_265.html)

Washington County accepts Oregon's, level specific, continuing education requirements for EMS providers. These requirements are contained in Appendix 1 of OAR 333-265:

[http://egov.oregon.gov/DHS/ph/ems/docs/2008/TempRuleOAR265Effective6-20-08a\\_appendix\\_1.pdf](http://egov.oregon.gov/DHS/ph/ems/docs/2008/TempRuleOAR265Effective6-20-08a_appendix_1.pdf)

Additional educational/training requirements may be required by the EMS Medical Directors or the WCEO, to accommodate such things as protocol inservice, quality improvement, system enhancements (procedures/equipment/Rx) and individual remediation.

### **5.12 Quality Improvement (QI)**

Washington County EMS is committed to and actively promotes quality improvement. Washington County has a long standing EMS QI committee which draws its authority and direction from the County Code, Section 8.32. In 2007, a full-time EMS QI/Education Coordinator position was created. At this time (2009) electronic documentation, universal banding with a unique patient identifier (UPI) and an integrated data warehouse are currently under development.

The following is excerpted from the County's franchise agreement Section II, L.:

*All system related quality improvement issues shall be referred to the County for review and resolution. [Franchisee] shall participate in, cooperate with and support the emergency medical services system's quality improvement process by gathering data, submitting requested materials, providing committee members and leadership as requested, making system improvement suggestions to the County and maintaining a feedback loop to the County of actions taken on its requests. Annually, an audit shall be submitted to the County listing instances of superior performance, performance problems identified through [Franchisee's] quality improvement process, and medical procedures used and not used by Paramedics in the field.*

*[Franchisee] shall provide the County with all data points on the Oregon Pre-hospital Data Base and Electronic Patient Care Report Form by an electronic means which allows the County to receive and manipulate the data. [Franchisee] shall bear the cost of establishing this system. The County reserves the right to modify the medical control system or establish a system of independent medical control for oversight of clinical performance. [Franchisee] acknowledges that it, and its employees and subcontractors are willing to operate under qualified independent medical direction or under such modification to the medical control system as the County may establish. [Franchisee] shall retain all training, quality assurance, quality improvement and other related records regarding the performance of EMTs and Paramedics providing medical care under the supervision of the County Medical Director. These records shall not be destroyed without the permission of the County.*

### **5.13 Violation of Administrative Rule**

The authority to establish Administrative Rules for EMS is granted in Chapter 8.32.280 of the Washington County Code.

#### ***8.32.280 Rule adoption – Scope***

*The WCEO may adopt, amend, or repeal the administrative rules deemed necessary to achieve the purpose of this chapter.*

In defining Administrative Rules, the Code empowers them with the “force of law”.

#### ***8.32.030 Definitions***

*B. "Administrative rules" means the rules relating to emergency medical services adopted as provided for in this chapter. Duly promulgated rules shall have the force of law.*

Section 700-600 of the Administrative Rules provides the WCEO the parameters and the mechanism for enforcing these rules.

#### ***700-600 Violation of Administrative Rules***

##### ***A) Process***

*The following process shall be used if the WCEO determines there is substantial evidence of an administrative rule violation that may result in the issuance of a fine or corrective action.*

*1) Investigation is conducted and a draft report issued to the party(s)/licensee(s) involved.*

*2) The WCEO is available to meet with the involved party(s)/licensee(s) to discuss the report. A request to meet shall be made within fourteen (14) days of issuance of the report.*

3) *A final report is issued with recommendations for corrective action.*

4) *Party(s)/Licensee(s) have fourteen (14) days from the date the final report is mailed to submit written evidence rebutting the factual and legal basis for the findings of a rule violation and request a reconsideration of the findings. If no request for reconsideration is filed with the WCEO within fourteen (14) days the findings shall become final.*

5) *If a request for reconsideration is filed, the WCEO shall evaluate the evidence submitted and issue a written response affirming, modifying or withdrawing the notification of an administrative rule violation within fourteen (14) days of the receipt of the request.*

6) *The party(s)/licensee(s) have the right to appeal the decision of the WCEO to the Board of County Commissioners or its designated agent. The decision of the Board of County Commissioners or its designated agent is final.*

#### *B) Penalty*

1) *Upon determining that a violation of an administrative rule has occurred, the WCEO may impose a penalty. The WCEO will provide written notice citing the administrative rule violation, the legal and factual basis for finding a violation of the administrative rule, the penalty, and the procedure for appeal.*

2) *In addition to civil remedies the County may impose a fine of not more than two hundred fifty (250) dollars per occurrence. Each day of violation is deemed a separate occurrence.*

3) *At the discretion of the WCEO, violations of rules which do not endanger patients/clients may be corrected without civil penalties. Correction(s) of a violation(s) without the assessment of civil penalties shall not be considered as the withdrawal of violation(s).*

4) *The provisions of this section are in addition to and not in-lieu of any other procedures and remedies provided by other law and administrative rule.*

#### *C) Payment*

*Any monetary penalty imposed under these rules shall be paid within 45 days of issuance of a final order. If the penalty is not paid within 45 days, all licenses issued to the provider shall be suspended. No license shall be issued or renewed until all penalties have been paid.*

## **6. COORDINATION**

The Washington County EMS Office is in the Department of Health and Human Services and part of the Public Health Division. The Emergency Medical Services Program Supervisor, under the direction of the Public Health Division Manager, is responsible for the administration of this ASA Plan. The Board of County Commissioners of Washington County is responsible for the content and revisions to the plan.

The duties and authority of the EMS Program Supervisor are set forth in Sections 170 and 180 of Chapter 8.32 of the County Code:

### ***8.32.170 EMS Program Supervisor Duties***

*The EMS program supervisor shall administer and enforce this chapter and shall perform such duties as established by the county administrator or by resolution and order of the board.*

### ***8.32.180 EMS Program Supervisor Authority***

*The EMS program supervisor shall have the authority to issue, suspend or revoke licenses, propose administrative rules or amendments thereto, adopt emergency rules, administer and enforce any franchise, seek judicial enforcement of this code and take such other action to carry out this chapter and the rules adopted pursuant thereto.*

## **6.1 Procedure for Acting on System Complaints**

The WCEO approaches complaints as an opportunity to evaluate and improve the system. Responding to complaints and issues is part of the EMS Office's regulatory function as well as its commitment to quality improvement. The authority, direction and parameters in which the WCEO addresses complaints are set forth in the County Code and Administrative Rules along with Oregon Revised Statutes.

### ***8.32.020 Purpose and Intent (Code)***

*A. The Board of County Commissioners finds that the County is authorized to regulate emergency and non-emergency ambulance and wheelchair car services provided by vehicles for hire pursuant to the County Charter and ORS 221.485-221.495.*

*B. The Board of County Commissioners determines that protection of the health, safety and welfare of persons needing emergency ambulance, non-emergency ambulance and wheelchair car transport services who cannot be transported by regular motor vehicle due to health conditions but must be transported in a special vehicle capable of transporting the person in an ambulance, wheelchair or semi-reclining wheelchair, requires that such services be regulated so as to promote efficient, effective and safe transportation.*

*C. The Board of County Commissioners finds that it is required by State law to develop a plan relating to the need and coordination of ambulance services, for the efficient and effective provision of such services and is authorized to provide regulations more stringent than those adopted by the Oregon Emergency Medical Services and Trauma Systems Section.*

**700-500 Procedure for Acting on Complaints** (Administrative Rule)

*E) Complaint Process*

*Complaints originating from the general public, public safety provider or a public health provider will be processed in the same manner.*

- 1) Upon receipt of a concern/complaint regarding the delivery of ambulance or wheelchair service, the WCEO shall open an investigation. The investigation shall be opened within one (1) working day of receipt. The complaint must be first hand or determined to be credible by the WCEO.*
- 2) The WCEO shall interview as many individuals as necessary to obtain sufficient information about the complaint. The WCEO may request written statements/explanations from the parties involved and has the power to obtain patient care forms as allowed by ORS 41.685 and these Rules.*
- 3) Upon completion of the investigation, the WCEO may issue a written report and shall inform the complainant of the conclusions and any action taken by the WCEO, within the legal limits of the law.*
- 4) The WCEO shall report those conditions as set forth in OAR 333-265-0160 to the Oregon Department of Human Services – Emergency Medical Service Section within five (5) working days of issuing a final report.*

Specific reference and incorporation of the protections legislatively afforded, at the State level, the quality improvement process reflects the WCEO's commitment to QI. The use of QI as a tool in addressing complaints creates the opportunity to identify the root cause of the issue and address it. Item D of Section 700-500 of the County Administrative Rules states:

*ORS 41.675 and ORS 41.685 limit access to information provided for peer review. ORS 41.675 and ORS 41.685, as may be amended periodically, are incorporated into these (Washington County) rules.*

## **6.2 Mutual Aid Agreements**

Washington County recognizes the importance of both receiving and providing ambulance mutual aid. Washington County requires that the franchised emergency ambulance provider establish and participate in mutual aid agreements with neighboring emergency ambulance providers or jurisdictions.

The parameters for this are set forth in EMS Administrative Rules:

**600-400 Mutual Aid Agreement**

*The County's designated emergency ambulance provider shall maintain mutual-aid agreements with surrounding ambulance providers. The agreements must specify the duties and responsibilities of the agreeing parties. All agreements shall be approved and on file with the WCEO.*

The specific procedure and details for executing a mutual aid request are found in the Communication Center Protocols – page 29:

**MUTUAL AID REQUESTS**

*All requests for mutual aid shall be made through designated emergency ambulance provider and will be honored as long as the County ambulance coverage level is at least three (3).*

*Requests and coordination for mutual aid assistance shall be the responsibility of the provider. The provider will establish and maintain a mutual aid plan, which shall be approved by the EMS Office. Any request from outside Washington County for EMS mutual aid shall be handled as dictated by the Emergency Medical Dispatch and Minimum Ambulance Coverage Protocol for Washington County.*

*If the provider requests mutual aid and then has a unit become available, the provider shall contact the mutual aid provider and obtain the location of the mutual aid ambulance. If the provider's unit is closer, the mutual aid ambulance shall be canceled. If the mutual aid ambulance is closer, the provider shall cancel their response. The overall policy is that the nearest ambulance will respond. All instances where a mutual aid ambulance is canceled will be reviewed by the EMS Office.*

*If the provider receives a request to respond to a 9-1-1 call in:*

- *Multnomah County they must clear the response with AMR's dispatch center, unless AMR is the caller.*
- *Clackamas County they must clear the response with AMR's dispatch center, unless AMR is the caller.*
- *Yamhill County they must clear the response with Y-Com or Newberg Dispatch unless they are the caller.*
- *Tillamook County they must clear the response with Tillamook 9-1-1, unless they are the caller.*

*WCCCA or a local fire department does not have the authority to request Washington County's emergency ambulance provider to respond mutual aid outside the county unless it has been cleared with the primary ambulance provider for that area.*

*WCCCA or a local fire department does not have the authority to request an outside ambulance provider to respond mutual aid into Washington County without first clearing it with Washington County's emergency ambulance provider.*

### **6.3 Disaster Response**

Washington County's Disaster response will vary tremendously dependent on the nature of the event. Direction for the County's overall EMS response will come from the Communications Center Protocols which addresses: *Ambulance Coordination During Major Emergencies* – page 14, *Fire Department Paramedic Rescue Transport When An Ambulance is Unavailable* – page 44, *Mutual Aid* – page 29 (see section 6.2 – above) and *Out of County Ambulance Utilization* – page 31.

#### **AMBULANCE COORDINATION DURING MAJOR EMERGENCIES**

*When a major emergency is declared in Washington County, these guidelines will help guide the coordination of ambulances. [Franchisee's] Control Center shall be designated as the ambulance control center for Washington County. [Franchisee's] Control Center shall be responsible for the coordination of ambulance resources to medical requests. This shall include ambulance response into and out of the county as well as requests originating from within the county.*

*Dispatch of ambulance resources shall be done according to the major emergency version of the Emergency Medical Dispatch (EMD) cards. Note: WCCCA may or may not continue triaging all requests for medical assistance using the EMD cards. If WCCCA discontinues triaging calls, [Franchisee] may be asked to take over that responsibility.*

#### ***Coordination of Ambulance Resources to Medical Calls***

*Patients shall be transported to the nearest emergency department. Exceptions to this are those patients requiring specialized medical care (burns, hyperbaric chamber, obstetrical emergencies.) The Washington County EMS Office shall suspend inter-facility transports until the lifting of the major emergency and/or authorization.*

#### ***Trauma System Entries***

*Patients requiring trauma system entry shall be transported to OHSU/Emanuel Hospital only if transportation routes allow. If highways are congested or blocked, trauma patients shall be transported to St. Vincent Hospital. Under the most extreme conditions, trauma patients may have to be taken to the nearest hospital.*

*Patients must still be entered into the trauma system as normal by contacting the Trauma Communications Center (TCC) and providing them with the necessary patient information, including trauma band number. If the patient is diverted to a non-trauma facility, TCC must be notified of the diversion as soon as possible. If a patient meets trauma system entry criteria but must be diverted*

*to a non-trauma hospital, the State EMS Office's Trauma Division must be contacted immediately. Provided them with the patient's name, trauma band # and destination hospital.*

*Ambulance units will not be sent "stand-bys" unless there is the highest possibility that injuries may occur. Stand-by for non-medical events (i.e. fires, downed power lines) shall occur only if the county ambulance level is above three.*

### **FIRE DEPARTMENT PARAMEDIC RESCUE TRANSPORT WHEN AN AMBULANCE IS UNAVAILABLE**

*A paramedic staffed/equipped fire unit may transport if after assessment, the patient requires a code-3 transport and the ambulance have not arrived.*

*The following conditions are a non-exclusive list of when code 3 transport is necessary:*

- Inability to secure an adequate airway*
- Inability to stabilize blood pressure (<90mmHg systolic).*
- Trauma entry patients*
- Cardiac or respiratory arrest*
- Seizure, unresponsive to treatment*
- Abnormal childbirth*
- Severe respiratory distress unresponsive to treatment*
- Cardiac chest pain with dysrhythmias or unrelieved by Nitroglycerin*
- An MCI or MPS when transport will be delayed due to ambulance depletion*

*If the patient's condition does not require a code-3 transport and the ETA of the code-3 ambulance is 15 or more minutes and the patient is ready for transport, (packaged and in the back of the rescue), transport is authorized.*

*The PIC must request the location and ETA of the ambulance when the patient is ready for transport. If the ambulance fails to respond, the PIC shall again request the information. If the ambulance fails to respond, PIC shall use their judgment in determining the ETA. The PIC attempt to communicate directly with the ambulance on the TAC channel. If ambulance fails to arrive within 15 minutes after the ETA is requested, transport is authorized.*

*The EMS Office shall review all transports by a paramedic fire unit. Based on the signs and symptoms listed on the PCF, the EMS Office will determine if the patient needed to be transported to the hospital Code-3. In the case of a non-critical patient, the EMS Office shall also determine if the ETA requirements were followed.*

*The EMS Office shall make a finding if the protocol was followed and, at its discretion, take appropriate regulatory action. All units used to fulfill this protocol must have all State and Local licenses or variances.*

*The criteria for determining transport shall be the same as for a paramedic-staffed unit. Fire units staffed by EMT-Is, EMT-Bs or First Responders shall utilize all necessary means to have the patient transported by ambulance. This could mean meeting the ambulance mid-way and transfer the patient or providing all necessary care possible to minimize scene time when the ambulance arrives. An EMT-I, EMT-B or First Responder staffed unit must contact the responding ambulance with a report on the patient's condition and seeking advice on transport prior to transport being authorized.*

### **OUT-OF-COUNTY AMBULANCE UTILIZATION**

*This protocol shall be used only when there are no available Washington County emergency ambulances.*

*An out-of-county ambulance is any State licensed, paramedic staffed and equipped ambulance based outside of Washington County. For mutual aid purposes, any State licensed ambulance staffed and equipped to the paramedic level can be used in Washington County.*

*Washington County's emergency ambulance provider shall coordinate of out-of-county ambulance response.*

The provision of additional ambulance capacity by the County's emergency ambulance provider is addressed in Section II, G. of the franchise agreement:

#### **G. DISASTER RESPONSE**

*Washington County's emergency ambulance provider shall develop and implement a plan for the immediate recall of personnel for the staffing of additional units in a disaster situation or times of peak overload. During a man-made or natural disaster, (i.e., ice, snow, wind, flooding, earthquake or multiple patient scene or mass casualty incident) or other condition as determined by County, declared by an appropriate governmental agency, emergency ambulance provider's normal mode of operation shall be enhanced or otherwise modified in order to provide services which are appropriate for the nature of the disaster and which are consistent with local disaster plans and protocols. If, despite the best efforts of [Franchisee], the disaster necessarily impairs [Franchisee's] ability to conform to the requirements of this Agreement as determined in good faith and reasonably by County, the emergency ambulance provider shall not be subject to penalty or declared in breach. During the course of the disaster, the emergency ambulance provider shall use best efforts to provide Code-3 (emergency) as a priority over Code-1 (non-emergency) service.*

*In the event of a man-made or natural disaster, (i.e., ice, snow, wind, flooding, earthquake multiple patient scene or mass casualty incident) or other condition as determined by County, the emergency ambulance provider shall not bill the County for additional costs unless a federal or state source of funds is available, or the County determines that billing is appropriate under the circumstances. The emergency ambulance provider shall not include in its cost statement any*

*charges for services rendered by volunteer employees. The cost statement associated with rendering aid under disaster conditions shall be based entirely upon the actual costs incurred by the emergency ambulance provider in the course of rendering such disaster assistance, and shall not include costs of maintaining production capacity that would have been borne by the emergency ambulance provider to meet normal service requirements if the disaster had not occurred.*

Disaster medical operations are addressed by reference in Section 500-600 of the Washington County EMS Administrative Rules.

### **600-500 Disaster Medical Operations**

*The following resources are tools to assist in the management of the system:*

- *Major Emergency Dispatch Guidelines*
  - *See Ambulance Coordination During Major Emergencies in the Communications Center Protocols*  
[www.co.washington.or.us/deptmts/ems/pdf/control\\_center\\_protocols.pdf](http://www.co.washington.or.us/deptmts/ems/pdf/control_center_protocols.pdf)
- *Mass Casualty Incident (MCI)*
  - *See MPS/MCI section of the current Treatment Guidelines*  
[www.co.washington.or.us/deptmts/ems/pdf/ems\\_protocol.pdf](http://www.co.washington.or.us/deptmts/ems/pdf/ems_protocol.pdf)
- *Multiple Patient Scene (MPS)*
  - *See MPS/MCI section of the current Treatment Guidelines*  
[www.co.washington.or.us/deptmts/ems/pdf/ems\\_protocol.pdf](http://www.co.washington.or.us/deptmts/ems/pdf/ems_protocol.pdf)
- *School Terrorism Plan*
  - *See School Terrorism Incident in the Communications Center Protocols*  
[www.co.washington.or.us/deptmts/ems/pdf/SchoolTerrorismIncident.pdf](http://www.co.washington.or.us/deptmts/ems/pdf/SchoolTerrorismIncident.pdf)
- *Scoggins Dam Failure*
  - *See the Scoggins Dam Failure/Tualatin River Flooding in the Communications Center Protocols*  
[www.co.washington.or.us/deptmts/ems/pdf/ScogginsDamFailure.pdf](http://www.co.washington.or.us/deptmts/ems/pdf/ScogginsDamFailure.pdf)

## **6.4 Personnel and Equipment Resources**

The requirements and expectations of ambulance personnel are addressed throughout the County Code, EMS Administrative Rules, the Emergency Ambulance Franchise Agreement and this ASA Plan. Washington County has no direct authority over non-transporting EMS agencies. This "authority" is indirect via state and local regulation of certified EMS providers.

Washington County EMS Administrative Rules on Level of Care and Medical Direction address EMS providers functioning in Washington County. Sections 300-110, 300-120 and 300-130 address Advanced, Intermediate and Basic Life Support Providers respectively, while Section 100-300 addresses medical direction and standing orders of certified providers functioning in the county.

**300-110      *Advanced Life Support (ALS)***

*A) Advanced life support means out of hospital emergency care which encompasses procedures, treatments, and techniques within the EMT-Paramedic or Registered Nurse scopes of practice and are authorized by their Agency Medical Director. The EMT-Paramedic scope of practice shall not exceed that listed in OAR 847-035-0030.*

*B) Medications and medical procedures authorized for ALS providers are set forth on a regional basis by the Tri-County Protocol Development Committee and adopted by the WCEO and authorized by the Agency Medical Director. Certain procedures and/or medications may be omitted from a specific agency scope of practice on a case by case basis as determined by the WCEO and the Agency Medical Director.*

*C) Upon the recommendation of the County EMS Medical Director, changes to the scope of practice deemed to be in the best interests of patients may be done without going through the administrative rule process. If such changes are made notice shall be provided to all EMS providers and the change shall be formalized at the next administrative rule hearing.*

**300-120      *Intermediate Life Support (ILS)***

*A) Intermediate life support means pre-hospital emergency care which encompasses procedures, treatments, and techniques within the EMT-Intermediate scope of practice authorized by the Agency EMS Medical Director. The scope of practice shall not exceed that listed in OAR 847-035-0030.*

*B) Certain procedures and/or medications may be omitted from a specific agency scope of practice on a case by case basis as determined by the WCEO and the Agency Medical Director.*

*C) Upon the recommendation of the County EMS Medical Director, changes to the scope of practice deemed to be in the best interests of patients may be done so without going through the administrative rule process. If such changes are made notice shall be provided to all EMS providers and the change shall be formalized at the next administrative rule hearing.*

**300-130      *Basic Life Support (BLS)***

*A) Basic life support means pre-hospital emergency care which encompasses procedures, treatments, and techniques within the EMT-Basic and/or First Responder scope of practice as authorized by the Agency EMS Medical Director. The scope of practice shall not exceed that listed in OAR 847-035-0030.*

*B) Certain procedures and/or medications may be omitted from a specific agency scope of practice on a case by case basis as determined by the WCEO and the Agency Medical Director.*

*C) Upon the recommendation of the County EMS Medical Director, changes to the scope of practice deemed to be in the best interests of patients may be done so without going through the administrative rule process. If such changes are made notice shall be provided to all EMS providers and the change shall be formalized at the next administrative rule hearing.*

**100-300 Medical Direction**

*A) ORS 682.245 prohibits emergency medical technicians from providing patient care or treatment without written authorization and standing orders from a supervising physician. As part of its regulatory program, Washington County will contract/employ a County EMS Medical Director.*

*B) ORS Chapter 190 encourages units of local government to enter into agreements for the provision of services by one entity from another. These administrative rules shall apply to those first responders who, through an inter-governmental agreement, use the County EMS Medical Director as their Supervising Physician.*

*1) The services provided by the County EMS Medical Director/Agency Medical Director/ Supervising Physician shall be as set forth in OAR 847-035-0025 or as such rules may be amended. Medical Directors shall be reasonably available to answer questions from and provide support for the EMS Officers and EMTs.*

*2) Medical Directors shall have all of the authority and powers provided by law and administrative rule to issue standing orders and otherwise perform the functions of a Supervising Physician.*

Specialty operations and related specialty equipment within the county shall fall to the appropriate lead agency having jurisdiction. The EMS interface shall be through a Unified Command Structure utilizing the ICS system.

In Washington County the lead agencies with jurisdiction are generally:

- Hazardous Materials: Fire Department
- Search and Rescue: Sherriff's Office
- Specialized Rescue: *(incident specific)*
- Extrication/Rescue: Fire Department

**6.5 Emergency Communications and System Access**

Washington County has 911-Enhanced level service throughout the county. This service is provided by the Washington County Consolidated Communications Agency (WCCCA). WCCCA serves as the County's 911 PSAP and is integrated into the public telephone exchange receiving both landline and cellular calls. Requests for assistance are dispatched to the appropriate response agency via an 800 megahertz trunking radio system. The 911 system is described in section 5.1 of this document.

Formal dispatch procedures and requirements are stipulated in County EMS Administrative Rule:

**600-320      *Communication/Control Center Protocols***

*A) The WCEO, in conjunction with licensed ambulance and wheelchair car providers, shall develop and maintain dispatch protocols.*

*B) These protocols, as periodically amended, are available on the EMS website at:*

*[www.co.washington.or.us/deptmts/ems/pdf/control\\_center\\_protocols.pdf](http://www.co.washington.or.us/deptmts/ems/pdf/control_center_protocols.pdf)*

Both WCCCA and the emergency ambulance provider's dispatch centers operate off of standardized EMD card systems and require recognized EMD certification of their dispatchers. This is a formal requirement in the franchise agreement.

***Section II, E. (franchise agreement excerpt)***

*Control center personnel shall be EMD trained and perform call review and other functions required by administrative rule. EMD training shall consist of meeting the standards and requirements of Oregon Board of Public Safety Standards and Training (BPSST) for EMD certification and as established by administrative rule.*

## **7. EMERGENCY PROVIDER SELECTION**

The authority to regulate emergency ambulance service and intent to create a franchise by the County Board of Commissioners are established in Chapter 8.32.020 of the County Code. The process by which the franchise is awarded is set forth in Section 500-300 of the EMS Administrative Rules:

### ***500-300 Open Process for Selection of a New Franchise Provider:***

*A) In the event that the decision is made not to continue the renewable contract with the current franchise holder, the County shall open a process for selection of a new franchise provider. At that time, any provider may apply for an ASA by submitting a proposal utilizing appropriate format and process set forth in the County's Request for Proposals.*

*B) Prior to the termination of the current franchise agreement, an ambulance provider for the Washington County Ambulance Service Area will be assigned according to the following procedure:*

- 1) The WCEO will prepare for Board approval a Request for Proposal (RFP) and a process for evaluating the proposals submitted in response to the RFP.*
- 2) The RFP prepared by the WCEO will be subject to Board approval and will describe or require:
  - a) The minimum credential requirements in order to qualify to submit a proposal;*
  - b) Sufficient information to allow bidders to prepare ambulance service proposals;*
  - c) Maximum response times;*
  - d) Performance security provisions and remedies for breach of performance standards;*
  - e) The bid evaluation process;*
  - f) Submission of information or minimum standards on the following subjects:
    - i) Organizational structure of bidder*
    - ii) Financial structure of bidder*
    - iii) Insurance*
    - iv) Investigative authorizations*
    - v) Work-force qualifications and compensation*
    - vi) Prior experience*
    - vii) Equipment and vehicles*
    - viii) Quality Assurance (QA) / Quality Improvement (QI) plan*
    - ix) Initial coverage plan*
    - x) Price for service (rates)*
    - xi) Program for equipment retrieval, letters of exchange, and standardization of equipment with other EMS providers;***

- g) A mechanism for reimbursing the County for appropriate expenses and in-kind subsidies associated with the normal operation of ambulance services;*
- h) A description of how the respondent intends to integrate services with first responder agencies and other EMS components;*
- i) Other standards or requirements as determined by the Board.*

*C) The Board will evaluate the proposals submitted; utilizing such staff or independent assistance as the Board determines to be advisable. If the Board determines that it is in the public interest, it will issue a franchise to the provider submitting the best overall proposal. The franchise will include the exclusive right to provide emergency ambulance service within the ASA, and may or may not include exclusive rights to non-emergency services. The structure and term of the franchise agreement shall be as set forth in Section 500-200 of these rules.*

*D) The term, conditions and requirements of the franchise agreement shall be as requested in the RFP and as offered in the provider's proposal. These shall be incorporated into a contract entered into by the County and the provider.*

Guidance and expectations for vacating the franchise agreement are also set forth in Section 500 of the Administrative Rules with specific details being provided in Section VI of the Franchise Agreement.

**500-700 Notification of Vacating an Ambulance Service Area**

*The designated emergency ambulance provider must comply with the requirements of franchise agreement when serving notice of its intent to vacate the County ambulance service area. The agreement contains security measures that are adequate to assure uninterrupted service. The Franchise Agreement requires adequate notice and full cooperation with the County in the takeover of emergency ambulance responsibilities.*

**500-800 Maintenance of Level of Service**

*In the event that the designated emergency ambulance provider vacates the ASA, the County will turn to other EMS providers to continue service to the County while the County undertakes the process to designate another emergency ambulance service provider.*

**VI. End of Term Requirements (Franchise Agreement)**

- In the event that [Franchisee] is not the winner of County's next ASA award/ambulance provider selection process, [Franchisee] shall:*
- a. Continue to provide services during any "lame duck" period, (lame duck period is defined as the period of time between designation of a new provider and the end of this agreement;*

- b. *Cooperate fully with County and its new emergency ambulance provider in effecting a safe and orderly transition;*
- c. *Cease doing emergency ambulance business in the ASA after the end of any lame duck period and assert no claim of right to emergency ambulance business in the ASA, nor assert any claim of compensation owed relative to the loss of such business.*

*During any lame duck period, [Franchisee] shall continue all operations essentially at the same level of effort and level of performance as were in effect prior to the award of the subsequent proposal to a competing bidder, and [Franchisee] shall specifically be prohibited from making any changes in [Franchisee's] methods of operation which could reasonably be considered to be aimed at cutting [Franchisee's] operating costs to maximize profits during the final stages of the contract. However, the County recognizes that, if a competing proposer is awarded the contract in a subsequent proposal cycle, [Franchisee] may reasonably begin to prepare for transition of service to the new [Franchisee] during the lame duck period, and the County shall not unreasonably withhold its approval of [Franchisee's] requests to begin an orderly transition process (within six (6) months), including reasonable plans to relocate staff, scale down certain inventory items, etc., so long as such transition activities do not impair [Franchisee's] performance during the lame duck period. By accepting this Agreement, including the competitive award of certain market rights, [Franchisee] acknowledges and accepts periodic ambulance provider selection processes, as structured under this or subsequent contracting procurement process, as a safe, fair and economically effective method of awarding and periodically reallocating business and market rights in the ambulance service industry. [Franchisee] shall not penalize or bring personal hardship to bear on any of its employees who may apply for work with a competing bidder in the future bid cycles, and shall specifically allow, without penalty, its employees to sign contingent employment agreements with competing bidders at the employee's discretion. It is the County's intention under this and future procurement that adequately performing supervisory personnel, driver, paramedic personnel, and control center personnel serving in the ambulance service system shall have reasonable expectation of long-term employment in this system, even though [Franchisee] may change from time-to-time over the years. [Franchisee] hereby expresses its understanding, acceptance, and endorsement of this provision.*

## **8. COUNTY REGULATORY DOCUMENTS**

The Washington County Board of Commissioners have established Chapter 8.32 of the County Code to specifically address the provision of emergency medical services and in doing so authorized the creation of County EMS Administrative Rules.

These two documents along with the Franchise Agreement for Emergency Ambulance Services and the Communications Center Protocols have been repeatedly referenced and cited throughout this ASA Plan. All four of these documents may be found on the Washington County EMS website at:

[www.co.washington.or.us/DEPTMTS/ems/emsmain.htm](http://www.co.washington.or.us/DEPTMTS/ems/emsmain.htm)

The specific URL for the Chapter 8.32 of the County Code is:

[www.co.washington.or.us/HHS/EMS/upload/code\\_8\\_32.pdf](http://www.co.washington.or.us/HHS/EMS/upload/code_8_32.pdf)

The specific URL for the County EMS Administrative Rules is:

[www.co.washington.or.us/HHS/EMS/upload/Admin-Rules-Final.pdf](http://www.co.washington.or.us/HHS/EMS/upload/Admin-Rules-Final.pdf)

The specific URL for the Agreement for Emergency Ambulance Services is:

[www.co.washington.or.us/HHS/EMS/upload/Franchise-Agreement.pdf](http://www.co.washington.or.us/HHS/EMS/upload/Franchise-Agreement.pdf)

The specific URL for the Communications Center Protocols is:

[www.co.washington.or.us/HHS/EMS/upload/CommunicationsCenterProtocols.pdf](http://www.co.washington.or.us/HHS/EMS/upload/CommunicationsCenterProtocols.pdf)

### **8.1 Changes by the Board**

The Board reserves the right, after further addressing and considering the subjects or items required by law, to make changes to any portion or provision of this ASA Plan in order to provide for the effective and efficient provision of emergency medical services.